Arkansas DHS #710-24-0013

Proposal for Medicaid Enterprise Phamracy System and Services

Table of Contents

Proposal Signature Page

Agreement and Compliance Pages

Signed Addenda

E.O. 98-04 – Contract Grant and Disclosure Form

Proposed Subcontractors Form

Exhibits

Attachment D - Technical Proposal Packet

- Business Proposal
- System Proposal

Attachment G – Requirements Traceability Matrix

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PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	MedImpact Healthcare Systems, Inc.				
Address:	10181 Scripps Gateway Court				
City:	San Diego	State:	CA	Zip Code:	92131
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:	Rob Coppola, PharmD, MBA	Title:	Group Sales Director
Phone:	858.291.5591	Alternate Phone:	339.210.3884
Email:	Robert.Coppola@medimpact.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:** Chief Financial Officer
Use Ink Only

Printed/Typed Name: James Gollaher, CPA **Date:** September 29, 2023

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.*

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: James Gollaher, CPA **Date:** September 29, 2023

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

September 29, 2023
Date

MedImpact Healthcare Systems, Inc.
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.

Vendor Signature

September 29, 2023
Date

MedImpact Healthcare Systems, Inc.
Company

AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY POLICY

MedImpact Healthcare Systems, Inc. (hereinafter "Company") has an enduring commitment to the concept and practice of equal employment opportunity and affirmative action as well as to affirming the value of diversity and promoting a workplace free from discrimination.

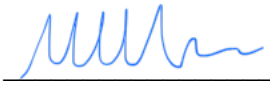
It is the policy of the Company to provide equal employment opportunities without regard to race, color, religion, sex, sexual orientation, gender identity or expression, national origin, genetic information, age, disability, marital status, veteran status, or a person's relationship or association with a protected veteran, including spouses and other family members or any other protected characteristic under applicable law. This policy relates to all aspects of employment, including recruitment, selection, job assignment, training, compensation, benefits, discipline, promotion, transfer, the use of facilities, participation in all company-sponsored employee activities, layoff, and termination processes. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity or age limitations will be adhered to by the company where appropriate. Regular review helps ensure compliance with this policy.

The Company has developed and maintained a written Affirmative Action Program (AAP). The Company maintains an audit and reporting system to determine overall compliance with its equal employment opportunity mandates. I have delegated overall responsibility of the AAP to the Affirmative Action Officer, Thomas Hutton, Chief Human Resources Officer. Thomas Hutton oversees the affirmative action plan development, modification, implementation, effectiveness, reporting requirements and conducts management updates. The Company invites any applicant and/or employee to review the Company's written Affirmative Action Plan. This plan is available for inspection during normal business hours. Please request an appointment by contacting Thomas Hutton at 858-790-5675.

The Company will ensure that employees and applicants shall not be subjected to harassment due to their status described above, or any harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities; (1) filing a complaint with the Company or with federal, state, or local agencies regarding status covered under this AAP, (2) assisting or participating in any investigation, compliance review, hearing, or any other activity related to the administration of any federal, state, or local equal employment opportunity or affirmative action statute pertaining to the status covered under this AAP; (3) opposing any act or practice made unlawful by section 503 and/or VEVRAA, and (4) exercising any other right protected by section 503 and/or VEVRAA or its implementing regulations in this part. Concerns and complaints related to equal opportunity based on aspects of diversity protected under federal, state, and local law, including sexual harassment complaints should be directed to the attention of Thomas Hutton at 858-790-5675.

As Chief Executive Officer of MedImpact Healthcare Systems, Inc., I fully support our affirmative action program and am committed to the implementation of the company's equal opportunity and affirmative action policies. I urge each employee to commit to carrying out the intent of these policies. Specifically, it is the responsibility of the each supervisor to ensure implementation of these policies to avoid any discrimination in employment. Violation of these policies is a disciplinary offense.

01/01/2023



Frederick Howe
Chief Executive Officer

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.**

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: MedImpact Healthcare Systems, Inc.

TAXPAYER ID NAME: MedImpact Healthcare Systems, Inc

IS THIS FOR: Goods? ☐ Services? ☑ Both? ☐

YOUR LAST NAME: Gollaher FIRST NAME James M.I.:

ADDRESS: 10181 Scripps Gateway Court

CITY: San Diego STATE: CA ZIP CODE: 92131 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**

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 Chief Financial Officer Date September 29, 2023

Vendor Contact Person Rob Coppola, PharmD, MBA Title Group Sales Director Phone No. 858.291.5591

Agency use only

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

- Decisioned Medicare prior authorization/utilization management cases in PAHub using drug policies, compendia, RxNova, and clinical judgment while exceeding quality and production goals

Humana Pharmacy Solutions

PGY-1 Managed Care Pharmacy Resident **July 2016 to June 2017**

- Academy of Managed Care Pharmacy (AMCP) and American Society of Health-System Pharmacists (ASHP) dually-accredited one-year residency program with focus on the Medicare line of business
- Areas of training: formulary strategy, trend and pipeline, patient safety, medication therapy management, prior authorization review, and provider outreach

Arkansas Secretary of State
John Thurston
State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

MEDIMPACT HEALTHCARE SYSTEMS, INC.

formed under the laws of the state of California, and authorized to transact business in the State of Arkansas as a Foreign For Profit Corporation, was granted a Application for Certificate of Authority by this office November 12, 2002.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 9th day of August 2023.

John Thurston
Secretary of State

Online Certificate Authorization Code: a9ffeca1e31128a
To verify the Authorization Code, visit sos.arkansas.gov



Business Insurance
Employee Benefits
Auto
Home

August 24, 2023

STATE OF ARKANSAS
Department of Human Services Office of Procurement
700 Main Street
Little Rock, Arkansas 72201

RE: MedImpact Healthcare Systems, Inc. Bondability Letter
Medicaid Enterprise Pharmacy System and Services
Solicitation No: 710-24-0013

To Whom It May Concern,

The Hartford, through its various operating entities, has issued surety bonds to MedImpact Healthcare Systems, Inc. since 2016, during which time we have favorably considered projects up to $30,000,000.00 on an aggregate basis. Our experience with MedImpact Healthcare Systems, Inc. has been excellent, and we highly recommend them to you.

Hartford's decision to issue any bond is conditioned upon acceptable review of contract terms, contract amount, bond forms, and financing for each project as well as other pertinent underwriting information at the time of the request.

Please understand that any arrangement for any bonds is a matter between MedImpact Healthcare Systems, Inc. and The Hartford and we assume no liability to third parties or you if, for any reason, we do not issue requested bonds.

This letter will expire one hundred and eighty (180) days from the above date.

Very Truly Yours,

Vanessa Fong, Attorney-In-Fact
The Hartford

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On AUG 24 2023 before me, R. Rivas, Notary Public, personally appeared Vanessa Fong who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity~~(ies)~~, and that by ~~his~~/her/~~their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

R. RIVAS
Notary Public - California
Orange County
Commission # 2315435
My Comm. Expires Dec 13, 2023

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature R. Rivas
Signature of Notary Public

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: AON RISK INS SERVICES WEST INC
Agency Code: 72-254300

X	**Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
X	**Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
X	**Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Rosa E. Rivas of Irvine CA, Tracy Aston, Vanessa Fong, Meghan Hanes, Samantha Russell, Mary Y. Volmar of LOS ANGELES, California

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by l ke authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of _____.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

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

Attachment N

Arkansas Medicaid Pharmacy Program (AMPP) Client History Form

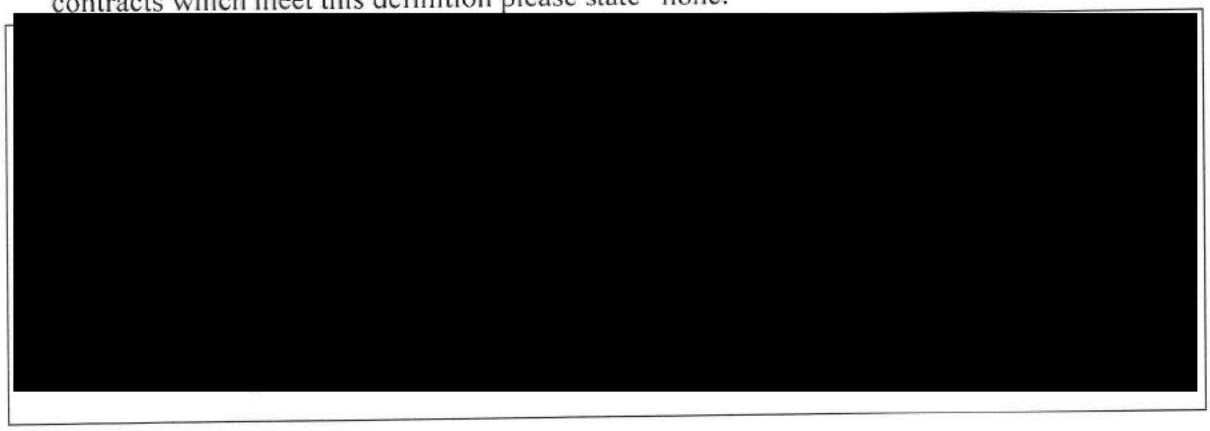
Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's Pharmacy solution experience. This form **must** be completed completely and accurately.

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."



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 <u>implement, modify or maintain</u> 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."

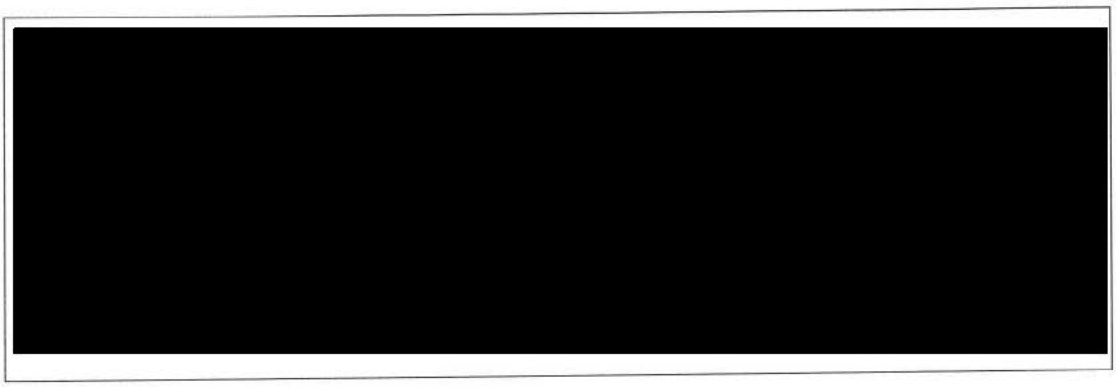
[redacted]

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 <u>implement, modify, or maintain</u> 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."

Not applicable. MedImpact is not proposing subcontractors for this opportunity.

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 <u>design, develop or implement</u> 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.



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 <u>design, develop or implement</u> 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.

Not applicable. MedImpact is not proposing subcontractors for this opportunity.

Authorized Signature: _____ **Title:** Chief Financial Officer

Use Ink Only

Printed/Typed Name: James Gollaher, CPA **Date:** September 29, 2023

State of Arkansas

Medicaid Enterprise Pharmacy System and Services

PROJECT MANAGEMENT PLAN

ARKANSAS

Medicaid Enterprise Pharmacy System and Services

(Solicitation Number: 710-24-0013)

Table of Contents

Table of Contents 2
Revision History 4
Project Summary 5
Document Purpose 5
Project Scope Management 5
Scope Verification 5
Schedule Management 6
Schedule Monitoring and Changes 7
Schedule Management Plan/Work Breakdown Structure 7
Stakeholder Management 7
Stakeholder Register 8
Communication Management 8
Communication Plan 9
Subcontractor Management 9
Contractual Project Deliverables 9
Project Deliverable and Maintenance Process Document 10
Product/Service Overview 10
Project Artifacts 11
Project Organization and Staffing 12
Project Staffing 12
Staffing Management Plan 12
Life Cycle Model 12
Risk and Issue Management 13
Risk Management Plan 13
Issue Management Plan 13
Resource Management 13
Staffing Management Plan 13

Configuration Management 14
Change Management 14
Change Management Plan 14
Measurement & Analysis 14
Quality Management 15
Quality Management Plan 15
Integration and Test 16
Facilities/Tools/Equipment 16
Requirements Analysis/Architecture 16
Design and Implementation 16
Transition Management 16
Transition Milestones 17
Contingencies and Plans 17
Project Deliverable and Maintenance Process 17
Project Deliverable and Maintenance Process Document 17

Revision History

Initiated By / Date	Reviewed By / Date	ASET Reviewed By / Date	Approved By / Date	Details of Change

Project Summary

The Project Management Plan (PMP) is a formal, approved document that defines how DHS and MedImpact will plan, execute, monitor and control, and close projects for the Pharmacy and Drug Rebate Services (PDRS) project. This PMP is intended to be a living document, reviewed, and updated at least annually or as requested by DHS.

The project managers are to assist the DHS with management of their IT projects to a successful completion. They are facilitating, managing, monitoring, and reporting. They are not decision makers on behalf of DHS but will gather the information to keep DHS informed so that they can make timely decisions.

Document Purpose

The Project Management Plan is a formal, approved document that defines how the project is planned, executed, monitored and controlled, and closed. It is progressively elaborated by updates throughout the course of the project.

Project Scope Management

The PDRS solution comprises 4 components, which provide high-level functions:

- The Preferred Drug List (PDL) and Supplemental Rebate component drives the maintenance of a statewide PDL, supports the supplemental rebate program, and coordinates drug file management among the MMIS, POS (point of sale) vendor, and MCOs (managed care organizations).
- The Drug Utilization Review (DUR) Board Administration component underpins the DUR services that promote the appropriate use of medications in Medicaid clients as mandated by OBRA 1990 (the Omnibus Budget Reconciliation Act of 1990).
- The Pharmacy Benefit Manager (PBM) component provides claims receipt and adjudication services for DHS's prescription drug benefit program.
- The Medicaid Drug Rebate (MDR) component facilitates the administration of the federal drug rebate program.

[This PMP will be updated after Contract award to include the appropriate modules in scope for MedImpact.]

Scope Verification

As the project progresses, the Project Manager will verify interim project deliverables against the original scope as defined in the scope of the project. For scope changes, the Requirements Definition and Management and Change Management Process will be followed, as defined in the Change Control section of the MedImpact Configuration Management Process Checklist. This process ensures project work remains within the scope of the project on a consistent basis throughout the life of the project, and that any changes occur in a defined and controlled manner.

Schedule Management

A Project Plan (also referred to as the project schedule) is developed, maintained, and used as the roadmap for the project team. It includes a deliverables-based Work Breakdown Structure (WBS) with clear milestones identifying all known deliverables and tasks. Task dependencies with predecessors and resource allocations are also identified.

After the Project Plan is approved, the start and finish date will be baselined and saved for future reference and comparisons. Schedule deviation will be discussed in project status meetings.

Schedule Monitoring and Changes

The Work Plan is used for task tracking, resource analysis, and timeline management and is maintained throughout the life of the project. The project team reviews where the team is according to the schedule and discusses project progress, including any deviations from planned tasks. If it is discovered a task is causing a schedule lag or impacts a major milestone, remediation actions may be utilized to remain on schedule. Remediation actions applied may be:

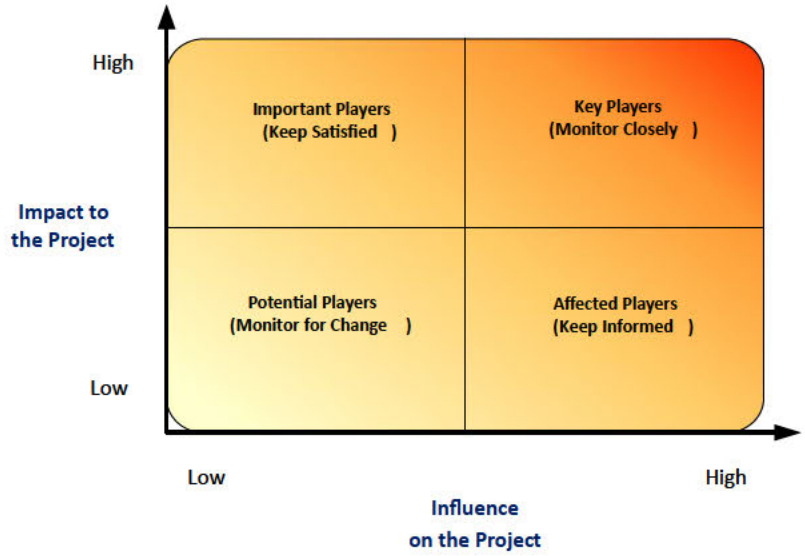
- Crashing the schedule – allocating more resources so an activity on the critical path can be completed on time or before time, assuming that by deploying more resources the activity can be completed earlier. Adding additional resources, requires the approval of the Project Manager/Leadership, as appropriate.
- Fast tracking – performing tasks in parallel that would otherwise be done in sequence.
- Changing the scope of the work – requesting an addition or subtraction to the agreed upon scope following the project's Change Management process. Any fundamental changes to milestones that impact a core function will require the approval of the Project Manager and the customer, if applicable.
- Updating the schedule – requires the agreement of the Project Manager and/or the customer.

Schedule Management Plan/Work Breakdown Structure

MedImpact has developed a (WBS) draft work breakdown structure based on our understanding of DHS requirements and solution outcomes. Using the WBS, we created a draft PWP (project work plan) submitted with the proposal. The PMP will not only include the WBS and resulting PWP but will also document MedImpact's approach for creating and maintaining the PWP for the life of the contract. The PWP is a crucial tool used to monitor and manage the work of the project and verify that MedImpact meets its milestones and due dates as expected. Our schedule management plan included as part of the PMP defines the processes for updating actual hours and dates on a routine cadence to support analysis and status reporting depicting project progress and health and addressing slippage as needed.

Stakeholder Management

Stakeholder Management ensures stakeholders are effectively involved in project decisions and executions. The following Influence versus Impact Model is used by the Project Manager to help understand which stakeholders have the most influence and the impact they can make on project success. The stakeholder's position on the grid is used to help develop a stakeholder management strategy.



Stakeholder Register

An initial list of stakeholders is included below. During planning and execution, the Stakeholder Register will be updated and further details concerning influence and impact will be added.

Organization	Name	Title	Role	Influence (e.g. ability to effect changes to planning or execution) Low or High?	Impact (e.g. level of impact/ involvement) Low or High?
<Add as needed>					
<Add as needed>					
<Add as needed>					
<Add as needed>					

Communication Management

Ongoing communication is an essential ingredient to any project. The MedImpact Project Manager helps facilitate communication throughout the course of the project and acts as the primary point of contact. Additionally, the MedImpact Project Manager is the key contact for any contract and performance issues and conducts day-to-day project management.

The Communication Matrix below is used to schedule and assign communication responsibilities:

Type	Description	Frequency	Format	Participants Distribution	Owner

Team Meeting	Internal team meeting	Weekly	In person/ conference call		Project Manager
DHS Meeting	Meeting with project team and DHS	Weekly	In person/con-ference call		Project Manager
<Additional Type>					
<Additional Type>					
<Additional Type>					
<Additional Type>					

Communication Plan

Organized and efficient communication among all relevant project stakeholders is a critical factor in successful implementation and operations. MedImpact plans and performs project communication following the communication management process described previously under Communication and Training Requirements. MedImpact develops and follows our formal communication plan throughout the project to coordinate communications with DHS, our solution interface partners, MES and other pharmacy module vendors (if applicable), and other DHS-designated stakeholders. The plan includes a complete inventory of stakeholders mapped to their communication needs and preferred/recommended communication channels. It also includes a RACI defining roles and responsibilities for communications.

Subcontractor Management

The subcontractor relationship will be managed following the MedImpact Supplier Agreement Management Process.

Contractual Project Deliverables

The planned delivery and timeframe for each deliverable is tracked throughout the project using the Project Work Plan/Schedule. The deliverables will be reviewed by the designated product owner or customer business owner, as well as the entity that will perform the verification and validation (QA) tasks in the project.

The table below contains a list of project deliverables and corresponding due dates:

Deliverable	Due Date
<Add as needed>	
<Add as needed>	

<Add as needed>	
<Add as needed>	

[This PMP will be updated after Contract award to include the appropriate deliverables for the modules defined as in scope for MedImpact.]

Project Deliverable and Maintenance Process Document

The project deliverable and maintenance process document define MedImpact's approach and processes for managing deliverables, including step-by-step procedures for the creation, quality review, submission, review, and approval of required project deliverables. We describe our deliverable management approach in more detail later in this Technical Narrative in section E. Deliverables and Due Dates.

Product/Service Overview

MedImpact's PDRS solution leverages leading and emerging technologies such as APIs, microservices, containers, DevOps, and more to meet the program's business needs – both current and future – while providing a superior user experience. The technology platform underpinning the PDRS is focused on delivering operational excellence through the following principles:

- Enhanced user experience
- Modular, interoperable architecture
- Value configuration over coding, making incorporating updates and enhancements fast and easy.
- Fast and efficient scalability to grow as the Arkansas Medicaid program grows.
- Strong security and privacy
- Resiliency through elastic capacity and continuous availability
- Assemble, simulate/test, publish development style.

Our PDRS solution directly aligns with current MITA (Medicaid information technology architecture) principles and framework. We employ a modular architecture based on industry standard interface capabilities with business rules separated from the application code to facilitate configuration over coding. In addition, we maximize the use of COTS products in lieu of proprietary systems and custom coding. Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices. This sets us up for success with certification from the beginning. Highlights of our PDRS solution design include:

- A modular, flexible approach to systems development including the use of open interfaces and exposed APIs.
- Business rules separated from core programming.
- Business rules available in both human and machine-readable formats

- Use of formal system development methodology and open, reusable system architecture
- Support for CMS certification with minimal effort
- Logging and audit controls to support audit and contingency requirements, in accordance with MITA.

MedImpact's PDRS solution is built to support the mission-critical nature of pharmacy and drug rebate services. Our solution and supporting communication infrastructure are designed and implemented with active redundant component architecture to deliver 100% availability, 24 hours per day, 7 days per week, 365 days per year, with no unscheduled downtime.

Our architecture includes automatic failover between data centers to minimize any service disruption. Failover does not result in service disruption. System architecture and supporting technologies are highly configurable and robust, enabling MedImpact to achieve consistent and high performance. We also leverage the full active redundancy of our platform to eliminate the need for downtime associated with routine maintenance, affording increased flexibility, agility, and responsiveness, as well as the ability to quickly adapt to meet Arkansas's changing business needs.

[This PMP will be updated after Contract award to include the appropriate modules in scope for MedImpact.]

Project Artifacts

The table below identifies the project artifacts and external plans available for this project:

Artifact	Update Frequency	Owner
Project Management Plan	*[TBD]*	Project Manager
Project Work Plan	*[TBD]*	Project Manager
<Additional Artifacts>		
<Additional Artifacts>		

[This PMP will be updated after Contract award to include the appropriate deliverables in scope for MedImpact based on modules selected for implementation.]

Project Deliverable SharePoint

MedImpact will deliver project artifacts in the SharePoint or comparable site that meets DHS' needs.

Project Organization and Staffing

The Project Manager monitors progress of the project and ensures the project is adequately staffed to complete tasks as planned.

Project Staffing

The table below provides a listing of project staff resources utilized by the project:

Name	Role	% Utilization	Responsibilities
[TBD]			
[TBD]			
[TBD]			
[TBD]			
[TBD]			
[TBD]			

Staffing Management Plan

MedImpact has extensive experience developing and implementing clearly defined staffing models that reflect and adjust to the ever-changing needs of the Medicaid programs we support. Leveraging these experiences, we analyze PDRS project requirements (for all modules)—including reviewing DHS provider, member, and drug manufacturer/labeler needs—to determine the types and numbers of staff required and document them within the staffing management plan. Hiring and staffing estimates will be based upon the volume of anticipated claims, PAs, and other transaction volumes and on historical comparisons based on our experience with other engagements of similar size and scope. The staffing management plan will also define our approach and strategies for managing staff retention, minimizing attrition, recruiting qualified staff, and provision staff with the training necessary to best perform their roles.

[This PMP will be updated after Contract award to include the appropriate staffing for MedImpact based on modules selected for implementation.]

Life Cycle Model

MedImpact follows an industry standard SDLC (software development life cycle) methodology to achieve optimal outcomes. We support both Waterfall and Agile development frameworks. We follow a waterfall approach for the distinct phases within the larger scope of the project, while Agile is used to facilitate iterative and incremental system development where sprints are most effective.

We use the Scrum methodology to facilitate early and frequent releases of system functionality. Led by certified Scrum Masters, our teams work in sprints (e.g., time-boxed system development iterations) to facilitate the continual delivery of quality operational system functionality in the shortest time possible. It allows our teams to collaborate effectively with our customers and engage as a well-organized, cross-functional team.

MedImpact analyses activities throughout the SDLC and its phases and determines the best method to move through each sprint and phase efficiently and effectively, upholding the schedule outlined in the PWP. We use Jira for tracking and monitoring purposes through the SDLC which includes tracking of change requests and defects.

Risk and Issue Management

As risks and issues arise within the project, they are recorded in Jira following the Risk Management Plan and Issue Management Plan. When a risk or issue is escalated, it is flagged accordingly in Jira. A Risk and Issue Register can be exported out of Jira for status reporting.

Each risk or opportunity is assigned an owner and is proactively managed through closure. The status, probability of occurrence, category, impact, and a mitigation/action plan are all maintained in Jira. Comments are added in Jira to update status. Risks and opportunities are communicated to clients via status reporting.

Risk Management Plan

Early and proactive identifying and mitigation of project risks helps prevent risks from developing into issues and roadblocks that negatively impact scope, schedule, or cost. MedImpact employs are methodical process for managing project risk. Our risk management plan will describe our approach and strategies for risk management. If it is determined a risk requires a change request, we develop required change request documentation and initiate our change management process. If a risk becomes an issue, we follow our associated issue management plan to analyze the problem and define and implement a resolution.

Issue Management Plan

MedImpact's issue management approach is based upon transparent and constant communication between the project team and DHS, proactive identification of project risks, methodical analysis and resolution plan development, and expedited yet data-driven decision making. Our issue management plan will define MedImpact's approach to management of routine project issues and resolution, including escalation of issues, where warranted by issue severity, impact to implementation/operations, or priority. Of particular note, as part of our issue management approach, we employ a process by which tasks that fall behind schedule in the PWP trigger an issue to be logged, allowing MedImpact to address slippage and apply corrective measures at the earliest possible opportunity.

Resource Management

MedImpact will monitor resources and ensure that the processes in the DHS-approved Staffing Management Plan are followed. It is the duty of the MedImpact project manager to bring to the attention of DHS any deviations that have been identified in regard of staffing management and when necessary, make recommendations on how it can be addressed.

Staffing Management Plan

MedImpact has extensive experience developing and implementing clearly defined staffing models that reflect and adjust to the ever-changing needs of the Medicaid programs we support. Leveraging these experiences, we analyze PDRS project requirements (for all modules)—including reviewing DHS provider, member, and drug manufacturer/labeler needs—to determine the types and numbers of staff required and document them within the staffing management plan. Hiring and staffing estimates will be based upon the volume of anticipated claims, PAs, and other transaction volumes and on historical comparisons based on our experience with

other engagements of similar size and scope. The staffing management plan will also define our approach and strategies for managing staff retention, minimizing attrition, recruiting qualified staff, and provision staff with the training necessary to best perform their roles.

Configuration Management

All source code control and releases will be managed in accordance with the Configuration Management Process.

Change Management

MedImpact will follow a formal change control process, mutually defined, and agreed to with DHS, before implementing any change to a PDRS solution (or component module). As part of PDRS project governance, MedImpact will work together with DHS to establish the CCB to manage the change control process. We will document the approach to change control along with specific, executable change control protocols and procedures in our change management plan, which is a component of our PMP. The change management plan will define the processes and steps for identifying and logging a change request, performing change impact analysis, conducting change review with DHS CCB, and executing approved changes accordingly. We will manage the change control process using Atlassian Jira, an industry leading change and issue tracking and project management. Jira is used by over 180,000 customers in 190 countries to track and monitor critical project work. It provides robust workflow capabilities to allow change requests to be routed as needed to ensure quick and timely decision making with a full audit history.

Change Requests will be submitted to the Project Manager for approval. The Project Team will evaluate the scope change and conduct an estimate and impact to schedule and effort Upon official approval of scope changes, the related project documents will be updated. Change Requests are tracked and maintained in Jira using the 'Change Request' Issue Type. Status of Change Requests will be reported via regular status reporting channels as documented in the Communication Management section.

Change Management Plan

MedImpact will apply rigorous change control protocols for the PDRS project (including all modules) following the change control process. To guide this process, MedImpact will collaborate with DHS to establish a change management plan that aligns with DHS change management processes. This includes defining how we collaborate with DHS to define procedures for assembling the CCB (change control board) and conducting CCB meetings to make decisions regarding change requests. The resulting change management plan documents our approach, strategies, and methods used for identifying, assessing, reviewing, and implementing (upon DHS approval) changes to the solution, scope, timeline, or deliverables.

Measurement & Analysis

[This PMP will be updated after Contract award to include the appropriate metrics based on modules selected for implementation.]

Metric	Frequency	Source	Medium

Planned Effort (Waterfall)	Monthly Per Jira Ticket	Estimates Worksheet	Project Metrics Dashboard
Actual Effort (Waterfall)	Monthly Per Jira Ticket	Big-time	Project Metrics Dashboard
Planned Duration (Waterfall)	Monthly Per Jira Ticket	Estimates Worksheet	Project Metrics Dashboard
Actual Duration (Waterfall)	Monthly per Jira Ticket	Project Schedule	Project Metrics Dashboard
Effort Variance (Waterfall)	Monthly per Jira Ticket	Calculated by Projects Metrics Dashboard	Project Metrics Dashboard
Schedule Variance (Waterfall)	Monthly per Jira Ticket	Calculated by Projects Metrics Dashboard	Project Metrics Dashboard
Story Points Planned (Agile)	Monthly Per Sprint	Jira Tool	Project Metrics Dashboard
Story Points Remaining (Agile)	Monthly Per Sprint	Jira Tool	Project Metrics Dashboard
% Story Points Burned (Agile)	Monthly per Sprint	Calculated by Projects Metrics Dashboard	Project Metrics Dashboard
Velocity (Agile)	Monthly per Sprint	Calculated by Projects Metrics Dashboard	Project Metrics Dashboard
Defects/Bugs/Findings	Monthly per Jira Ticket (Waterfall) Monthly per Sprint (Agile)	Comments/ Defect Tickets in Jira (Agile) Defects from testing spreadsheets/Defect Tickets in Jira (Waterfall)	Project Metrics Dashboard
Peer Review Findings	Monthly per Jira Ticket (Waterfall)	Comments in Jira, Peer Review Logs	Project Metrics Dashboard
	Monthly per Sprint (Agile)		
<Additional Metrics>			
<Additional Metrics>			

Quality Management

Quality Management is vital to the overall success of the project and delivery of high-quality deliverables. Quality Management will be done as per the DHS-approved Quality Management Plan.

Quality Management Plan

The MedImpact Project team will be responsible for performing and supporting the project with quality-related activities. This seasoned group of highly qualified and skilled Project staff will

utilize industry best practice program and project management tools and methodologies to help ensure seamless project management and leadership, and to meet and retain all performance standards defined in the project workplan. The Project team will deliver quality project management grounded in the PMI's PMBOK principles, representing the leading standard for defining project management processes, tools, techniques, and plans.

Integration and Test

A thorough evaluation of solution readiness will be conducted by the MedImpact project team prior to releasing the solution to the client for User Acceptance Testing. This evaluation will be conducted following the MedImpact Verification and Validation Process. Testing procedures are performed following this Process to ensure Quality Targets are met. Project testing types are specified in the System Test Plan. Any issues or defects found throughout the testing process will be logged in Jira and tracked to completion.

[This PMP will be updated after Contract award to include the appropriate testing approach and processes based on modules selected for implementation.]

Facilities/Tools/Equipment

The following table contains a list of tools and equipment used throughout the lifecycle of this project.

Tool	Purpose
SharePoint	Document Repository
MS-Project	Project Plans/work plans
MS-Word	Project related documentation
Jira	Project management and workflow
<Add as needed>	

Requirements Analysis/Architecture

Requirements will be gathered and maintained following the MedImpact Requirements Development and Management Process using standard templates and tools identified in the process.

Design and Implementation

Design and Implementation activities for the solution will be done in accordance with the MedImpact Implementation Plan

Transition Management

Transition is an essential part of the project planning process. A Transition Plan is a comprehensive list of objectives, assignments, and itineraries needed to fulfill the delivery of a project solution. The purpose of the Transition Plan is to identity the constraints, dependencies, roles, and tasks involved in transition planning, implementation, and transition to operations.

Transition Milestones

[This PMP will be updated after Contract award to include the appropriate milestones based on modules selected for implementation.]

No.	Milestone	Date
1	*<Add as needed>*	
2	*<Add as needed>*	
3	*<Add as needed>*	
4	*<Add as needed>*	
5	*<Add as needed>*	

Contingencies and Plans

[After Contract award, Contingency planning will be defined and documented within MedImpact's
Business Continuity Plan, as component of the Business Continuity and Disaster Recovery Plan.]

Project Deliverable and Maintenance Process

The project manager will provide review and coordination of the contractual and other applicable project deliverables based on the DHS-approved Project Deliverable and Maintenance Process document. They will provide a review of the deliverable to confirm the content is complete enough to send for DHS review as well as provide any comments for issues or request clarification on deliverable content as appropriate. They will coordinate the review cycles through acceptance of the deliverable.

They will track the planned delivery and timeframe for each deliverable throughout the project using the Project Work Plan/Schedule or other DHS approved tracking mechanism. The deliverables will be reviewed by the designated product owner or business owner as well as the entity that will perform the verification and validation (QA) tasks in the project as defined within the approved Responsible, Accountable, Consulted, and Informed (RACI) Matrix.

Project Deliverable and Maintenance Process Document

MedImpact affirms that we will provide deliverables and documentation in accordance with DHS requirements. MedImpact follows a rigorous deliverable management process to verify that our deliverables and work products conform to DHS expectations and meet requirements. During the Requirements and Design phase of the project, we will develop and submit for DHS review and approval a Project Deliverable and Maintenance Process document that defines

MedImpact's approach and processes for managing deliverables. Our process includes step-by-step procedures for the creation, quality review, submission, review, and approval of required project deliverables including the following high-level activities:

- Gather and document requirements for the Deliverable.
- Create a draft in DHS-approved format for the individual Deliverable.
- Perform internal quality control review(s) of the Deliverable, including, but not limited to:
- Readability
- Spelling
- Grammar
- Completion
- Requirements compliance
- Adhere to all required templates or development of templates.
- Perform modifications that include version control and tracked changes.

As a best practice and in accordance with DHS's guidelines, MedImpact begins by establishing DEDs (Deliverable Expectation Documents) to document the template, format, and content of each deliverable. We will take the following steps to develop the DEDs:

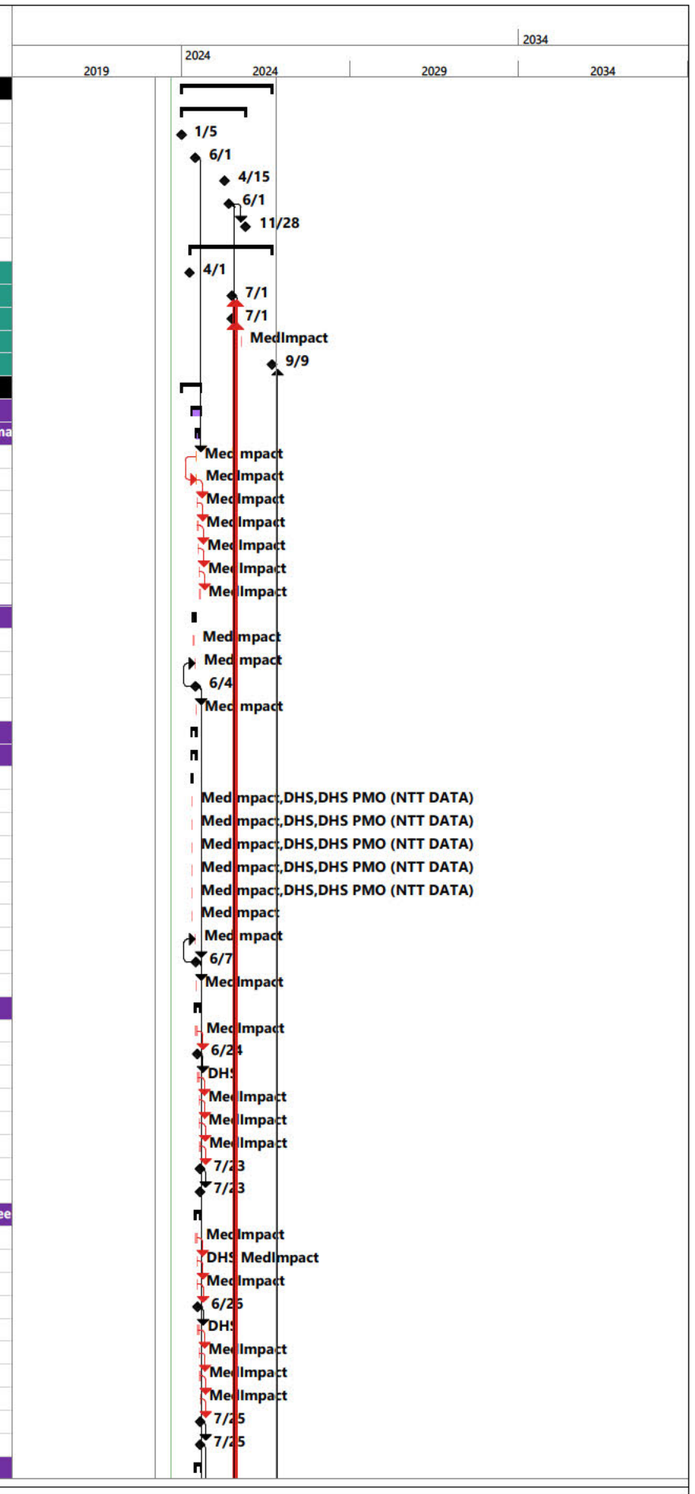
- Analyze the RFP requirements applicable to the section(s) covered by the plan.
- Review the final proposal content submitted by MedImpact for the section(s) covered by the DED.
- Coordinate with MedImpact subject matter experts who will be responsible for implementing the functions covered by each DED.
- Conduct cross-functional meetings to address nuances of the implementation approach for each section(s) covered by the plan.
- Draft detailed outlines (supporting the DED format) to show the organization and approach for each plan.
- Submit the DED in accordance with the deliverable management process and the schedule documented in the approved PWP.

After approval of the DED, we develop the draft deliverable, subject it to thorough MedImpact quality review, and submit according to the PWP-defined due date for DHS review. Department review will be completed within 10 days, after which MedImpact will receive feedback on any deliverable findings. MedImpact will address any findings and complete timely resolution and resubmittal within 5 days, upon which time DHS will have an additional 5 days to approve the deliverable. In the unlikely event that approval is not achieved within this timeframe, we will work with DHS to determine the schedule and plan for remediation and resubmittal. We understand that, based on the size and complexity of each deliverable, the time required to review may vary. MedImpact will work with DHS as we develop each DED to review the deliverable schedule and identify instances where a deliverable review period should be lengthened or shortened accordingly. If changes to a deliverable's review cycle are agreed upon, MedImpact will follow standard project change control processes to update the PWP accordingly. To make the deliverable review and comment process as easy as possible, MedImpact will also work with DHS to understand where joint walkthroughs would benefit DHS to ask questions and address concerns in a collaborative working session.

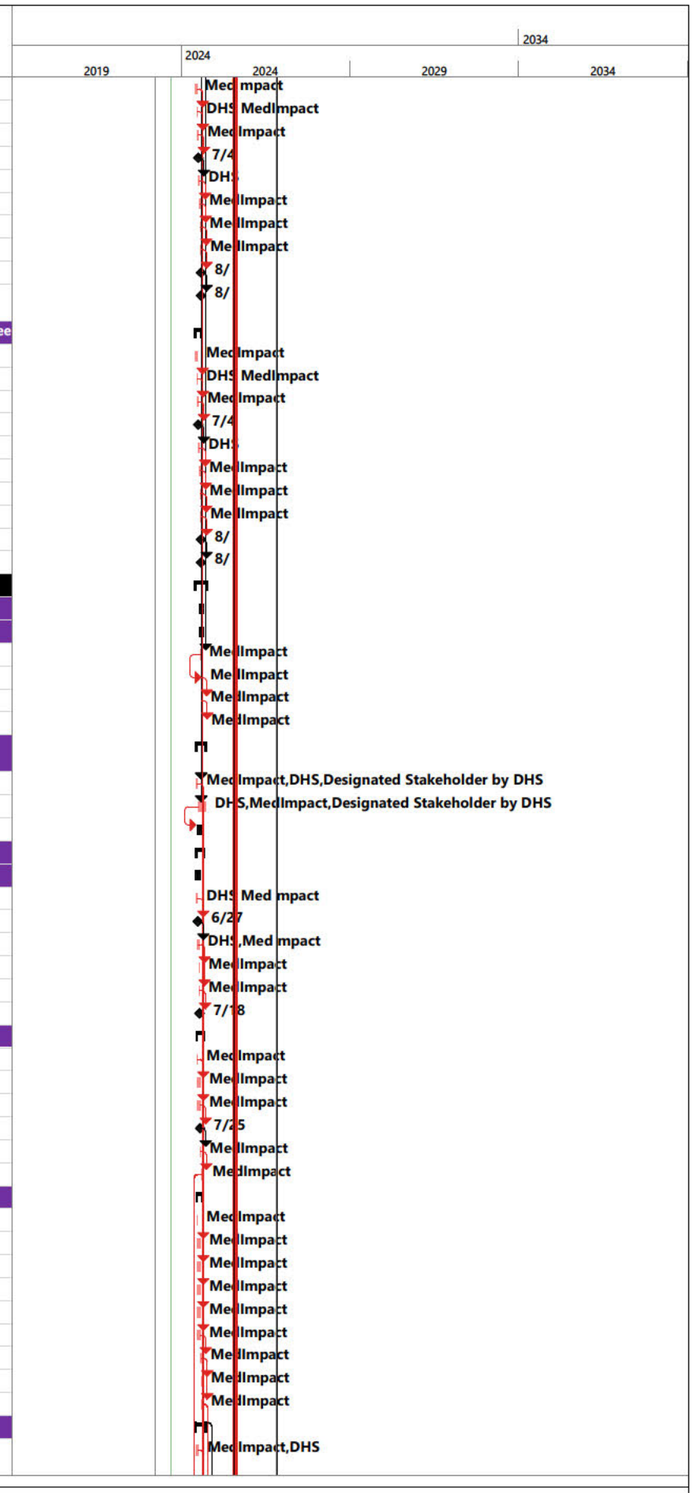
Our deliverable due dates and the tasks for review and approval by DHS are incorporated into our PWP. MedImpact understands that staggering the delivery of project deliverables helps reduce the burden on DHS staff and has factored this approach into our draft plan. MedImpact

will use DHS' SharePoint project repository to store, maintain, and provide access to project documentation and deliverables throughout the review and approval process.

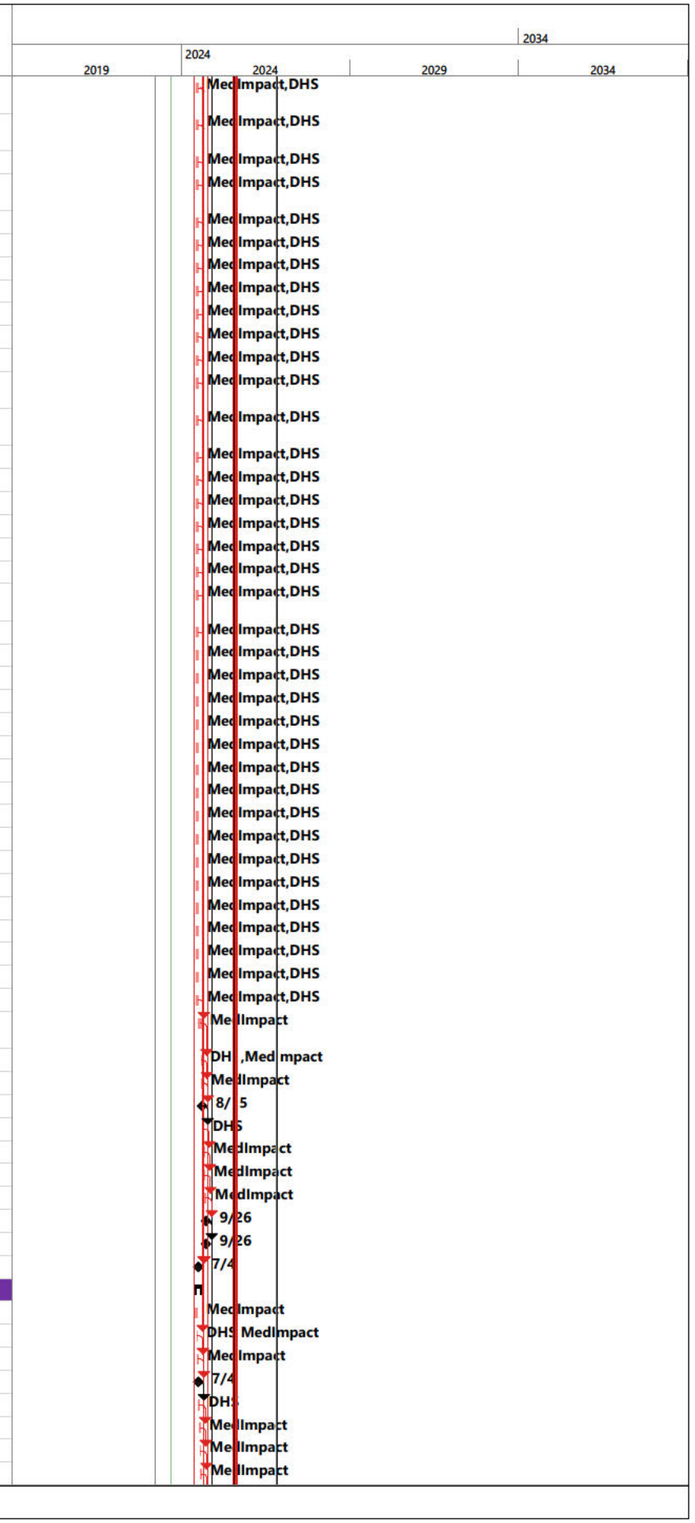
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
1	**01**		**Key Dates**	**698 days**	**Fri 1/5/24**	**Wed 9/9/26**		**NA**	**NA**	**0%**		
2	**01.1**		**Implementation Overview**	**495 days**	**Fri 1/5/24**	**Fri 11/28/25**		**NA**	**NA**	**0%**	**DHS,MedImpact**	
3	01.1.1		Contract Award	0 days	Fri 1/5/24	Fri 1/5/24		NA	NA	0%	MedImpact,DHS	
4	01.1.2		Implementation Contract Start Date	0 days	Sat 6/1/24	Sat 6/1/24		NA	NA	0%	MedImpact,DHS	
5	01.1.3		Operational Readiness Review	0 days	Tue 4/15/25	Tue 4/15/25		NA	NA	0%	MedImpact,DHS	
6	01.1.4		Operational Go-Live	0 days	Sun 6/1/25	Sun 6/1/25		NA	NA	0%	MedImpact,DHS	
7	01.1.5		Certification	0 days	Fri 11/28/25	Fri 11/28/25	6FS+130 days	NA	NA	0%	MedImpact,DHS	
8	**01.2**		**Milestones**	**637 days**	**Mon 4/1/24**	**Wed 9/9/26**		**NA**	**NA**	**0%**	**DHS,MedImpact**	
9	**01.2.1**		**M: CONTRACT EXECUTED**	**0 days**	**Mon 4/1/24**	**Mon 4/1/24**	**16**	**NA**	**NA**	**0%**	**MedImpact,DHS**	
10	**01.2.2**		**M: ORR Complete**	**0 days**	**Tue 7/1/25**	**Tue 7/1/25**	**877,878,879,892,893,**	**NA**	**NA**	**0%**	**MedImpact**	
11	**01.2.3**		**M: Operational Go-Live**	**0 days**	**Tue 7/1/25**	**Tue 7/1/25**	**877,878,879,892,893,**	**NA**	**NA**	**0%**	**MedImpact**	
12	**01.2.4**		**M: CMS Certification**	**1 day**	**Wed 10/8/25**	**Wed 10/8/25**		**NA**	**NA**	**0%**	**MedImpact**	
13	**01.2.5**		**M: Close Implementation**	**0 days**	**Wed 9/9/26**	**Wed 9/9/26**	**1055**	**NA**	**NA**	**0%**	**MedImpact**	
14	**02**		**Pre-Initiation Phase**	**150 days**	**Mon 1/8/24**	**Fri 8/2/24**		**NA**	**NA**	**0%**		
52	**02.14**		**Weekly Project Management Deliverables**	**74 days**	**Tue 4/23/24**	**Fri 8/2/24**		**NA**	**NA**	**0%**		
53	**02.14.1**		**D: Project Status Meetings (See Note)**	**31 days**	**Fri 6/7/24**	**Fri 7/19/24**		**NA**	**NA**	**0%**		**Once WBS and Status Report Forma**
54	02.14.1.1		Agendas & Minutes Week 1	1 day	Fri 6/7/24	Fri 6/7/24	4FS+4 days	NA	NA	0%	MedImpact	
55	02.14.1.2		Agendas & Minutes Week 2	1 day	Fri 6/14/24	Fri 6/14/24	54SS+5 days	NA	NA	0%	MedImpact	
56	02.14.1.3		Agendas & Minutes Week 3	1 day	Fri 6/21/24	Fri 6/21/24	55FS+4 days	NA	NA	0%	MedImpact	
57	02.14.1.4		Agendas & Minutes Week 4	1 day	Fri 6/28/24	Fri 6/28/24	56FS+4 days	NA	NA	0%	MedImpact	
58	02.14.1.5		Agendas & Minutes Week 5	1 day	Fri 7/5/24	Fri 7/5/24	57FS+4 days	NA	NA	0%	MedImpact	
59	02.14.1.6		Agendas & Minutes Week 6	1 day	Fri 7/12/24	Fri 7/12/24	58FS+4 days	NA	NA	0%	MedImpact	
60	02.14.1.7		Agendas & Minutes Week 7	1 day	Fri 7/19/24	Fri 7/19/24	59FS+4 days	NA	NA	0%	MedImpact	
61	**02.14.2**		**Client Kick-off**	**23 days**	**Tue 5/7/24**	**Thu 6/6/24**		**NA**	**NA**	**0%**		
62	02.14.2.1		Schedule Client Kick-off	5 days	Tue 5/7/24	Mon 5/13/24	18SS-18 days	NA	NA	0%	MedImpact	
63	02.14.2.2		Prepare Agenda 5 Business Days Prior Kick-off	1 day	Tue 5/28/24	Tue 5/28/24	64SS-5 days	NA	NA	0%	MedImpact	
64	**02.14.2.3**		**Hold Client Kick-off**	**1 day**	**Tue 6/4/24**	**Tue 6/4/24**	**18**	**NA**	**NA**	**0%**	**DHS,MedImpact**	
65	02.14.2.4		Prepare Meeting Notes 2 Business Days After Kick-off	2 days	Wed 6/5/24	Thu 6/6/24	64	NA	NA	0%	MedImpact	
66	**02.14.3**		**Project Stakeholders**	**36 days**	**Tue 4/23/24**	**Tue 6/11/24**		**NA**	**NA**	**0%**		
67	**02.14.3.1**		**Stakeholder Kick-off**	**36 days**	**Tue 4/23/24**	**Tue 6/11/24**		**NA**	**NA**	**0%**		
68	**02.14.3.1.1**		**Identify Stakeholders from Each Partner**	**5 days**	**Tue 4/23/24**	**Mon 4/29/24**	**18SS-28 days**	**NA**	**NA**	**0%**	**MedImpact,DHS,DHS PMO (NTT DATA)**	
69	02.14.3.1.1.1		DHS	5 days	Tue 4/23/24	Mon 4/29/24	18SS-28 days	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
70	02.14.3.1.1 2		PMO Vendor	5 days	Tue 4/23/24	Mon 4/29/24	18SS-28 days	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
71	02.14.3.1.1 3		IV&V Vendor	5 days	Tue 4/23/24	Mon 4/29/24	18SS-28 days	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
72	02.14.3.1.1.4		Integrated Module Vendor	5 days	Tue 4/23/24	Mon 4/29/24	18SS-28 days	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
73	02.14.3.1.1 5		Security Vendor(s)	5 days	Tue 4/23/24	Mon 4/29/24	18SS-28 days	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
74	02.14.3.1.2		Schedule Stakeholder Kick-off	5 days	Tue 4/23/24	Mon 4/29/24	18SS-28 days	NA	NA	0%	MedImpact	
75	02.14.3.1.3		Prepare Agenda 5 Business Days Prior Kick-off	1 day	Fri 5/31/24	Fri 5/31/24	76SS-5 days	NA	NA	0%	MedImpact	
76	02.14.3.1.4		Hold Stakeholder Kick-off	1 day	Fri 6/7/24	Fri 6/7/24	64FS+2 days	NA	NA	0%	DHS,MedImpact	
77	02.14.3.1.5		Prepare Meeting Notes 2 Business Days After Kick-off	2 days	Mon 6/10/24	Tue 6/11/24	76	NA	NA	0%	MedImpact	
78	**02.14.4**	**No. 1**	**D: Deliverable Expectation Document**	**36 days**	**Tue 6/4/24**	**Tue 7/23/24**		**NA**	**NA**	**0%**		**Initial Due Date 15 Days**
79	02.14.4.1		Draft Deliverable Expectation Document (DED)	15 days	Tue 6/4/24	Mon 6/24/24	18SS	NA	NA	0%	MedImpact	
80	02.14.4.2		Deliver DED	0 days	Mon 6/24/24	Mon 6/24/24	79	NA	NA	0%	MedImpact	
81	02.14.4.3		Review DED and Accept or Reject	10 days	Tue 6/25/24	Mon 7/8/24	80	NA	NA	0%	DHS	
82	02.14.4.4		Revise DED if Rejected	5 days	Tue 7/9/24	Mon 7/15/24	81	NA	NA	0%	MedImpact	
83	02.14.4.5		Deliver Updated DED	3 days	Tue 7/16/24	Thu 7/18/24	82	NA	NA	0%	MedImpact	
84	02.14.4.6		Final Review of DED	3 days	Fri 7/19/24	Tue 7/23/24	83	NA	NA	0%	MedImpact	
85	02.14.4.7		Confirm and DED	0 days	Tue 7/23/24	Tue 7/23/24	84	NA	NA	0%	DHS	
86	02.14.4.8		D: Final DED Approved and Delivered	0 days	Tue 7/23/24	Tue 7/23/24	85	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
87	**02.14.5**	**No. 2**	**D: Status Report**	**40 days**	**Fri 5/31/24**	**Thu 7/25/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Days 15 Days - then wee**
88	02.14.5.1		Draft Status Report	15 days	Fri 5/31/24	Thu 6/20/24	18SS	NA	NA	0%	MedImpact	
89	02.14.5.2		Review Status Report with DHS	2 days	Fri 6/21/24	Mon 6/24/24	88	NA	NA	0%	DHS,MedImpact	
90	02.14.5.3		Update Status Report Based on Feedback	2 days	Tue 6/25/24	Wed 6/26/24	89	NA	NA	0%	MedImpact	
91	02.14.5.4		Deliver Status Report	0 days	Wed 6/26/24	Wed 6/26/24	90	NA	NA	0%	MedImpact	
92	02.14.5.5		Review Status Report and Accept or Reject	10 days	Thu 6/27/24	Wed 7/10/24	91	NA	NA	0%	DHS	
93	02.14.5.6		Revise Status Report if Rejected	5 days	Thu 7/11/24	Wed 7/17/24	92	NA	NA	0%	MedImpact	
94	02.14.5.7		Deliver Updated Status Report	3 days	Thu 7/18/24	Mon 7/22/24	93	NA	NA	0%	MedImpact	
95	02.14.5.8		Final Review of Status Report	3 days	Tue 7/23/24	Thu 7/25/24	94	NA	NA	0%	MedImpact	
96	02.14.5.9		Confirm and Accept Status Report	0 days	Thu 7/25/24	Thu 7/25/24	95	NA	NA	0%	DHS	
97	02.14.5.10		D: Final Status Report Format Approved and Delivered	0 days	Thu 7/25/24	Thu 7/25/24	96	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
98	**02.14.6**	**No. 3**	**D: Project Management Plan**	**46 days**	**Fri 5/31/24**	**Fri 8/2/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Days 25 Days**



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
99	02.14.6.1		Draft Project Management Plan (PMP)	15 days	Fri 5/31/24	Thu 6/20/24	18SS	NA	NA	0%	MedImpact	
100	02.14.6.2		Review PMP with DHS	2 days	Fri 6/21/24	Mon 6/24/24	99	NA	NA	0%	DHS,MedImpact	
101	02.14.6.3		Update PMP Based on Feedback	8 days	Tue 6/25/24	Thu 7/4/24	100	NA	NA	0%	MedImpact	
102	02.14.6.4		Deliver PMP	0 days	Thu 7/4/24	Thu 7/4/24	101	NA	NA	0%	MedImpact	
103	02.14.6.5		Review PMP and Accept or Reject	10 days	Fri 7/5/24	Thu 7/18/24	102	NA	NA	0%	DHS	
104	02.14.6.6		Revise PMP if Rejected	5 days	Fri 7/19/24	Thu 7/25/24	103	NA	NA	0%	MedImpact	
105	02.14.6.7		Deliver Updated PMP	3 days	Fri 7/26/24	Tue 7/30/24	104	NA	NA	0%	MedImpact	
106	02.14.6.8		Final Review of PMP	3 days	Wed 7/31/24	Fri 8/2/24	105	NA	NA	0%	MedImpact	
107	02.14.6.9		Confirm and Accept PMP	0 days	Fri 8/2/24	Fri 8/2/24	106	NA	NA	0%	DHS	
108	02.14.6.10		D: Final Project Management Plan Approved and Delivered	0 days	Fri 8/2/24	Fri 8/2/24	107	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
109	**02.14.7**	**No. 4**	**D: Project Schedule/Work Breakdown Structure (WBS)**	**46 days**	**Fri 5/31/24**	**Fri 8/2/24**		**NA**	**NA**	**0%**		**Initial Due Days 25 Days - then wee**
110	02.14.7.1		Draft WBS	15 days	Fri 5/31/24	Thu 6/20/24	18SS	NA	NA	0%	MedImpact	
111	02.14.7.2		Review WBS with DHS	2 days	Fri 6/21/24	Mon 6/24/24	99	NA	NA	0%	DHS,MedImpact	
112	02.14.7.3		Update WBS Based on Feedback	8 days	Tue 6/25/24	Thu 7/4/24	111	NA	NA	0%	MedImpact	
113	02.14.7.4		Deliver WBS	0 days	Thu 7/4/24	Thu 7/4/24	112	NA	NA	0%	MedImpact	
114	02.14.7.5		Review WBS and Accept or Reject	10 days	Fri 7/5/24	Thu 7/18/24	113	NA	NA	0%	DHS	
115	02.14.7.6		Revise WBS if Rejected	5 days	Fri 7/19/24	Thu 7/25/24	114	NA	NA	0%	MedImpact	
116	02.14.7.7		Deliver Updated WBS	3 days	Fri 7/26/24	Tue 7/30/24	115	NA	NA	0%	MedImpact	
117	02.14.7.8		Final Review of WBS	3 days	Wed 7/31/24	Fri 8/2/24	116	NA	NA	0%	MedImpact	
118	02.14.7.9		Confirm and Accept WBS	0 days	Fri 8/2/24	Fri 8/2/24	117	NA	NA	0%	DHS	
119	02.14.7.10		D: Final WBS Approved and Delivered	0 days	Fri 8/2/24	Fri 8/2/24	118	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
120	**03**		**Project Planning Phase/Requirement Validation**	**91 days**	**Fri 5/31/24**	**Fri 10/4/24**		**NA**	**NA**	**0%**		
121	**03.1**		**Weekly Project Management Deliverables (End date listed)**	**16 days**	**Fri 7/26/24**	**Fri 8/16/24**		**NA**	**NA**	**0%**		
122	**03.1.1**		**D: Project Status Report, WBS, Agenda & Minutes**	**16 days**	**Fri 7/26/24**	**Fri 8/16/24**		**NA**	**NA**	**0%**		
123	03.1.1.1		Project Status Report, WBS, Agendas & Minutes Week 8	1 day	Fri 7/26/24	Fri 7/26/24	97	NA	NA	0%	MedImpact	
124	03.1.1 2		Project Status Report, WBS, Agendas & Minutes Week 9	1 day	Fri 8/2/24	Fri 8/2/24	123SS+5 days	NA	NA	0%	MedImpact	
125	03.1.1 3		Project Status Report, WBS, Agendas & Minutes Week 10	1 day	Fri 8/9/24	Fri 8/9/24	124FS+4 days	NA	NA	0%	MedImpact	
126	03.1.1.4		Project Status Report, WBS, Agendas & Minutes Week 11	1 day	Fri 8/16/24	Fri 8/16/24	125FS+4 days	NA	NA	0%	MedImpact	
127	**03.2**		**Configuration Specification Document / Implementation Questionnaire (IQ)**	**74 days**	**Fri 6/14/24**	**Wed 9/25/24**		**NA**	**NA**	**0%**		
128	03.2.1		Clinical & Operations IQ JAD Sessions	10 days	Fri 6/14/24	Thu 6/27/24	64FS+4 days,76FS+4 d	NA	NA	0%	MedImpact,DHS,Designated Stakeholder by DHS	
129	03.2.2		Workgroup Sessions	60 days	Thu 7/4/24	Wed 9/25/24	64FS+18 days,76FS+18	NA	NA	0%	DHS,MedImpact,Designated Stakeholder by DHS	
130	**03.2.3**		**Gaps Definition and Planning**	**19 days**	**Thu 7/4/24**	**Tue 7/30/24**	**129SS**	**NA**	**NA**	**0%**	**MedImpact**	
134	**03.3**		**Requirements Review, Planning, & Analysis**	**53 days**	**Fri 6/14/24**	**Tue 8/27/24**		**NA**	**NA**	**0%**		
135	**03.3.1**		**Establish Connectivity**	**25 days**	**Fri 6/14/24**	**Thu 7/18/24**		**NA**	**NA**	**0%**		
136	03.3.1.1		identify all organizations connectivity is required for	10 days	Fri 6/14/24	Thu 6/27/24	18SS+10 days	NA	NA	0%	DHS,MedImpact	
137	03.3.1 2		Connectivity Form(s) Sent	0 days	Thu 6/27/24	Thu 6/27/24	136	NA	NA	0%	MedImpact	
138	03.3.1 3		Connectivity Form(s) Signed and Returned	10 days	Fri 6/28/24	Thu 7/11/24	137	NA	NA	0%	DHS,MedImpact	
139	03.3.1.4		Outbound Connectivity Tested	5 days	Fri 7/12/24	Thu 7/18/24	138	NA	NA	0%	MedImpact	
140	03.3.1 5		Inbound Connectivity Tested	5 days	Fri 7/12/24	Thu 7/18/24	138	NA	NA	0%	MedImpact	
141	03.3.1.6		Connectivity Complete	0 days	Thu 7/18/24	Thu 7/18/24	140	NA	NA	0%	MedImpact	
142	**03.3.2**		**Data Interfaces**	**48 days**	**Fri 6/21/24**	**Tue 8/27/24**		**NA**	**NA**	**0%**		
143	03.3.2.1		Data Interfaces Identified	5 days	Fri 6/21/24	Thu 6/27/24	18SS+15 days	NA	NA	0%	MedImpact	
144	03.3.2 2		All Sources Identified and Mapped to Interfaces	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
145	03.3.2 3		Data Interface Transfers Scheduled	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
146	03.3.2.4		Data Interface Schedule Shared with State	0 days	Thu 7/25/24	Thu 7/25/24	145	NA	NA	0%	MedImpact	
147	03.3.2 5		Data Interface Schedule Approved	3 days	Fri 7/26/24	Tue 7/30/24	146	NA	NA	0%	MedImpact	
148	03.3.2.6		Data Interface Transfer Specifications Complete	15 days	Wed 8/7/24	Tue 8/27/24	147FS+5 days	NA	NA	0%	MedImpact	Five days float
149	**03.3.3**		**Product Enhancements Identified**	**40 days**	**Fri 6/21/24**	**Thu 8/15/24**		**NA**	**NA**	**0%**		
150	03.3.3.1		Product Enhancements for MedAccess Identified	5 days	Fri 6/21/24	Thu 6/27/24	18SS+15 days	NA	NA	0%	MedImpact	
151	03.3.3 2		Product Enhancements for MedResponse Identified	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
152	03.3.3 3		Product Enhancements for MedOptimize Identified	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
153	03.3.3.4		Portal Enhancements for Consumer Portal	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
154	03.3.3 5		Portal Enhancements for Provider Portal	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
155	03.3.3.6		POS Enhancements	20 days	Fri 6/28/24	Thu 7/25/24	143	NA	NA	0%	MedImpact	
156	03.3.3.7		Compile all enhancements	10 days	Fri 7/26/24	Thu 8/8/24	155	NA	NA	0%	MedImpact	
157	03.3.3 8		Schedule enhancements with IT Project Manager	5 days	Fri 8/9/24	Thu 8/15/24	156	NA	NA	0%	MedImpact	
158	03.3.3 9		Establish feedback loop on enhancements	5 days	Fri 8/9/24	Thu 8/15/24	156	NA	NA	0%	MedImpact	
159	**03.4**	**No. 21**	**D: Requirements Validation**	**80 days**	**Fri 6/7/24**	**Thu 9/26/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**15 Days after RV Complete**
160	03.4.1		Complete Claims Processing and Payment Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
161	03.4.2		Complete Financial Records Payments Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
162	03.4.3		Complete Fee Schedule Administration Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
163	03.4.4		Complete PA Processing Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
164	03.4.5		Complete Pharmacy Call Center Service Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
165	03.4.6		Complete Onsite Pharmacy Audit Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
166	03.4.7		Complete Drug Rebate Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
167	03.4.8		Complete ProDUR Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
168	03.4.9		Complete RetroDUR Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
169	03.4.10		Complete PAD Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
170	03.4.11		Complete Preferred Drug List Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
171	03.4.12		Complete Provider Education Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
172	03.4.13		Complete Board and Committee Support Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
173	03.4.14		Complete Access and Presentation Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
174	03.4.15		Complete Integration Services Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
175	03.4.16		Complete Application Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
176	03.4.17		Complete Data Svcs Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
177	03.4.18		Complete Infrastructure Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
178	03.4.19		Complete Security Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
179	03.4.20		Complete Operations Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
180	03.4.21		Complete Development Architecture Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
181	03.4.22		Complete Interfaces Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
182	03.4.23		Complete Reporting Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
183	03.4.24		Complete Quality Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
184	03.4.25		Complete Pricing Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
185	03.4.26		Complete Call Center Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
186	03.4.27		Complete Provider Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
187	03.4.28		Complete Prescriber Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
188	03.4.29		Complete Communication Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
189	03.4.30		Complete Formulary Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
190	03.4.31		Complete Rebate Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
191	03.4.32		Complete Member Portal Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
192	03.4.33		Complete Provider Portal Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
193	03.4.34		Complete Prescriber Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
194	03.4.35		Complete POS Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
195	03.4.36		Complete Network Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
196	03.4.37		Complete PG Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
197	03.4.38		Document all Requirement Validation	20 days	Fri 6/7/24	Thu 7/4/24	18SS+5 days	NA	NA	0%	MedImpact,DHS	
198	03.4.39		Compile Requirements into Requirement Validation Document (RVD)	20 days	Fri 7/5/24	Thu 8/1/24	197	NA	NA	0%	MedImpact	
199	03.4.40		Review RVD with DHS	2 days	Fri 8/2/24	Mon 8/5/24	198	NA	NA	0%	DHS,MedImpact	
200	03.4.41		Update RVD Based on Feedback	8 days	Tue 8/6/24	Thu 8/15/24	199	NA	NA	0%	MedImpact	
201	03.4.42		Deliver RVD	0 days	Thu 8/15/24	Thu 8/15/24	200	NA	NA	0%	MedImpact	
202	03.4.43		Review RVD and Accept or Reject	10 days	Fri 8/16/24	Thu 8/29/24	201	NA	NA	0%	DHS	
203	03.4.44		Revise RVD if Rejected	5 days	Fri 8/30/24	Thu 9/5/24	202	NA	NA	0%	MedImpact	
204	03.4.45		Deliver Updated RVD	5 days	Fri 9/6/24	Thu 9/12/24	203	NA	NA	0%	MedImpact	
205	03.4.46		Final Review of RVD	10 days	Fri 9/13/24	Thu 9/26/24	204	NA	NA	0%	MedImpact	
206	03.4.47		Confirm and Accept RVD	0 days	Thu 9/26/24	Thu 9/26/24	205	NA	NA	0%	DHS	
207	03.4.48		D: Final RVD Approved and Delivered	0 days	Thu 9/26/24	Thu 9/26/24	206	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
208	03.4.49		M: Requirement Validation Complete	0 days	Thu 7/4/24	Thu 7/4/24	160,161,162,163,164,	NA	NA	0%	MedImpact	
209	03.5	No. 5	D: Project Schedule Management Plan (SMP)	46 days	Fri 5/31/24	Fri 8/2/24		NA	NA	0%		Initial Due Days 25 Days
210	03.5.1		Draft SMP	15 days	Fri 5/31/24	Thu 6/20/24	18SS	NA	NA	0%	MedImpact	
211	03.5.2		Review SMP with DHS	2 days	Fri 6/21/24	Mon 6/24/24	99	NA	NA	0%	DHS,MedImpact	
212	03.5.3		Update SMP Based on Feedback	8 days	Tue 6/25/24	Thu 7/4/24	211	NA	NA	0%	MedImpact	
213	03.5.4		Deliver SMP	0 days	Thu 7/4/24	Thu 7/4/24	212	NA	NA	0%	MedImpact	
214	03.5.5		Review SMP and Accept or Reject	10 days	Fri 7/5/24	Thu 7/18/24	213	NA	NA	0%	DHS	
215	03.5.6		Revise SMP if Rejected	5 days	Fri 7/19/24	Thu 7/25/24	214	NA	NA	0%	MedImpact	
216	03.5.7		Deliver Updated SMP	3 days	Fri 7/26/24	Tue 7/30/24	215	NA	NA	0%	MedImpact	
217	03.5.8		Final Review of SMP	3 days	Wed 7/31/24	Fri 8/2/24	216	NA	NA	0%	MedImpact	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
218	03.5.9		Confirm and Accept SMP	0 days	Fri 8/2/24	Fri 8/2/24	217	NA	NA	0%	DHS	
219	03.5.10		D: Final SMP Approved and Delivered	0 days	Fri 8/2/24	Fri 8/2/24	218	NA	NA	0%	DHS	
220	03.6	No. 6	D: Communications Management Plan	46 days	Fri 6/7/24	Fri 8/9/24		NA	NA	0%		Initial Due Date 30 Days
221	03.6.1		Draft Communications Management Plan	15 days	Fri 6/7/24	Thu 6/27/24	18SS+5 days	NA	NA	0%	MedImpact	
222	03.6.2		Review Communications Management Plan with DHS	2 days	Fri 6/28/24	Mon 7/1/24	221	NA	NA	0%	DHS,MedImpact	
223	03.6.3		Update Communications Management Plan Based on Feedback	8 days	Tue 7/2/24	Thu 7/11/24	222	NA	NA	0%	MedImpact	
224	03.6.4		Deliver Communications Management Plan	0 days	Thu 7/11/24	Thu 7/11/24	223	NA	NA	0%	MedImpact	
225	03.6.5		Review Communications Management Plan and Accept or Reject	10 days	Fri 7/12/24	Thu 7/25/24	224	NA	NA	0%	DHS	
226	03.6.6		Revise Communications Management Plan if Rejected	5 days	Fri 7/26/24	Thu 8/1/24	225	NA	NA	0%	MedImpact	
227	03.6.7		Deliver Updated Communications Management Plan	3 days	Fri 8/2/24	Tue 8/6/24	226	NA	NA	0%	MedImpact	
228	03.6.8		Final Review of Communications Management Plan	3 days	Wed 8/7/24	Fri 8/9/24	227	NA	NA	0%	MedImpact	
229	03.6.9		Confirm and Accept Communications Management Plan	0 days	Fri 8/9/24	Fri 8/9/24	228	NA	NA	0%	DHS	
230	03.6.10		D: Final Communications Management Plan Approved and Delivered	0 days	Fri 8/9/24	Fri 8/9/24	229	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
231	03.7	No. 7	D: Resource Management Plan	46 days	Fri 6/7/24	Fri 8/9/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 30 Days
232	03.7.1		Draft Resource Management Plan	15 days	Fri 6/7/24	Thu 6/27/24	18SS+5 days	NA	NA	0%	MedImpact	
233	03.7.2		Review Resource Management Plan with DHS	2 days	Fri 6/28/24	Mon 7/1/24	232	NA	NA	0%	DHS,MedImpact	
234	03.7.3		Update Resource Management Plan Based on Feedback	8 days	Tue 7/2/24	Thu 7/11/24	233	NA	NA	0%	MedImpact	
235	03.7.4		Deliver Resource Management Plan	0 days	Thu 7/11/24	Thu 7/11/24	234	NA	NA	0%	MedImpact	
236	03.7.5		Review Resource Management Plan and Accept or Reject	10 days	Fri 7/12/24	Thu 7/25/24	235	NA	NA	0%	DHS	
237	03.7.6		Revise Resource Management Plan if Rejected	5 days	Fri 7/26/24	Thu 8/1/24	236	NA	NA	0%	MedImpact	
238	03.7.7		Deliver Updated Resource Management Plan	3 days	Fri 8/2/24	Tue 8/6/24	237	NA	NA	0%	MedImpact	
239	03.7.8		Final Review of Resource Management Plan	3 days	Wed 8/7/24	Fri 8/9/24	238	NA	NA	0%	MedImpact	
240	03.7.9		Confirm and Accept Resource Management Plan	0 days	Fri 8/9/24	Fri 8/9/24	239	NA	NA	0%	DHS	
241	03.7.10		D: Final Resource Management Plan Approved and Delivered	0 days	Fri 8/9/24	Fri 8/9/24	240	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
242	03.8	No. 8	D: Requirement Management Plan	46 days	Fri 6/21/24	Fri 8/23/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 35 Days
243	03.8.1		Draft Requirement Management Plan	15 days	Fri 6/21/24	Thu 7/11/24	18SS+15 days	NA	NA	0%	MedImpact	
244	03.8.2		Review Requirement Management Plan with DHS	2 days	Fri 7/12/24	Mon 7/15/24	243	NA	NA	0%	DHS,MedImpact	
245	03.8.3		Update Requirement Management Plan Based on Feedback	8 days	Tue 7/16/24	Thu 7/25/24	244	NA	NA	0%	MedImpact	
246	03.8.4		Deliver Requirement Management Plan	0 days	Thu 7/25/24	Thu 7/25/24	245	NA	NA	0%	MedImpact	
247	03.8.5		Review Requirement Management Plan and Accept or Reject	10 days	Fri 7/26/24	Thu 8/8/24	246	NA	NA	0%	DHS	
248	03.8.6		Revise Requirement Management Plan if Rejected	5 days	Fri 8/9/24	Thu 8/15/24	247	NA	NA	0%	MedImpact	
249	03.8.7		Deliver Updated Requirement Management Plan	3 days	Fri 8/16/24	Tue 8/20/24	248	NA	NA	0%	MedImpact	
250	03.8.8		Final Review of Requirement Management Plan	3 days	Wed 8/21/24	Fri 8/23/24	249	NA	NA	0%	MedImpact	
251	03.8.9		Confirm and Accept Requirement Management Plan	0 days	Fri 8/23/24	Fri 8/23/24	250	NA	NA	0%	DHS	
252	03.8.10		D: Final Requirement Management Plan Approved and Delivered	0 days	Fri 8/23/24	Fri 8/23/24	251	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
253	03.9	No. 9	D: Asset Management Plan and Inventory	46 days	Fri 6/21/24	Fri 8/23/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 35 Days
254	03.9.1		Draft Asset Management Plan and Inventory	15 days	Fri 6/21/24	Thu 7/11/24	18SS+15 days	NA	NA	0%	MedImpact	
255	03.9.2		Review Asset Management Plan and Inventory with DHS	2 days	Fri 7/12/24	Mon 7/15/24	254	NA	NA	0%	DHS,MedImpact	
256	03.9.3		Update Asset Management Plan and Inventory Based on Feedback	8 days	Tue 7/16/24	Thu 7/25/24	255	NA	NA	0%	MedImpact	
257	03.9.4		Deliver Asset Management Plan and Inventory	0 days	Thu 7/25/24	Thu 7/25/24	256	NA	NA	0%	MedImpact	
258	03.9.5		Review Asset Management Plan and Inventory and Accept or Reject	10 days	Fri 7/26/24	Thu 8/8/24	257	NA	NA	0%	DHS	
259	03.9.6		Revise Requirement Management Plan if Rejected	5 days	Fri 8/9/24	Thu 8/15/24	258	NA	NA	0%	MedImpact	
260	03.9.7		Deliver Updated Requirement Management Plan	3 days	Fri 8/16/24	Tue 8/20/24	259	NA	NA	0%	MedImpact	
261	03.9.8		Final Review of Requirement Management Plan	3 days	Wed 8/21/24	Fri 8/23/24	260	NA	NA	0%	MedImpact	
262	03.9.9		Confirm and Accept Requirement Management Plan	0 days	Fri 8/23/24	Fri 8/23/24	261	NA	NA	0%	DHS	
263	03.9.10		D: Final Requirement Management Plan Approved and Delivered	0 days	Fri 8/23/24	Fri 8/23/24	262	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
264	03.10	No. 10	D: Facilities Management Plan	46 days	Fri 6/21/24	Fri 8/23/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 35 days
265	03.10.1		Draft Facilities Management Plan	15 days	Fri 6/21/24	Thu 7/11/24	18SS+15 days	NA	NA	0%	MedImpact	
266	03.10.2		Review Facilities Management Plan with DHS	2 days	Fri 7/12/24	Mon 7/15/24	265	NA	NA	0%	DHS,MedImpact	
267	03.10.3		Update Facilities Management Plan Based on Feedback	8 days	Tue 7/16/24	Thu 7/25/24	266	NA	NA	0%	MedImpact	
268	03.10.4		Deliver Facilities Management Plan	0 days	Thu 7/25/24	Thu 7/25/24	267	NA	NA	0%	MedImpact	
269	03.10.5		Review Facilities Management Plan and Accept or Reject	10 days	Fri 7/26/24	Thu 8/8/24	268	NA	NA	0%	DHS	
270	03.10.6		Revise Facilities Management Plan if Rejected	5 days	Fri 8/9/24	Thu 8/15/24	269	NA	NA	0%	MedImpact	
271	03.10.7		Deliver Updated Facilities Management Plan	3 days	Fri 8/16/24	Tue 8/20/24	270	NA	NA	0%	MedImpact	
272	03.10.8		Final Review of Facilities Management Plan	3 days	Wed 8/21/24	Fri 8/23/24	271	NA	NA	0%	MedImpact	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
273	03.10.9		Confirm and Accept Facilities Management Plan	0 days	Fri 8/23/24	Fri 8/23/24	272	NA	NA	0%	DHS	
274	03.10.10		D: Final Facilities Management Plan Approved and Delivered	0 days	Fri 8/23/24	Fri 8/23/24	273	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
275	**03.11**	**No. 11**	**D: Configuration Management Plan**	**46 days**	**Fri 6/28/24**	**Fri 8/30/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Days 45 Days**
276	03.11.1		Draft Configuration Management Plan	15 days	Fri 6/28/24	Thu 7/18/24	18SS+20 days	NA	NA	0%	MedImpact	
277	03.11.2		Review Configuration Management Plan with DHS	2 days	Fri 7/19/24	Mon 7/22/24	276	NA	NA	0%	DHS,MedImpact	
278	03.11.3		Update Configuration Management Plan Based on Feedback	8 days	Tue 7/23/24	Thu 8/1/24	277	NA	NA	0%	MedImpact	
279	03.11.4		Deliver Configuration Management Plan	0 days	Thu 8/1/24	Thu 8/1/24	278	NA	NA	0%	MedImpact	
280	03.11.5		Review Configuration Management Plan and Accept or Reject	10 days	Fri 8/2/24	Thu 8/15/24	279	NA	NA	0%	DHS	
281	03.11.6		Revise Configuration Management Plan if Rejected	5 days	Fri 8/16/24	Thu 8/22/24	280	NA	NA	0%	MedImpact	
282	03.11.7		Deliver Updated Configuration Management Plan	3 days	Fri 8/23/24	Tue 8/27/24	281	NA	NA	0%	MedImpact	
283	03.11.8		Final Review of Configuration Management Plan	3 days	Wed 8/28/24	Fri 8/30/24	282	NA	NA	0%	MedImpact	
284	03.11.9		Confirm and Accept Configuration Management Plan	0 days	Fri 8/30/24	Fri 8/30/24	283	NA	NA	0%	DHS	
285	03.11.10		D: Final Configuration Management Plan Approved and Delivered	0 days	Fri 8/30/24	Fri 8/30/24	284	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
286	**03.12**	**No. 12**	**D: Performance Management Plan**	**46 days**	**Fri 7/19/24**	**Fri 9/20/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Date 50 Days**
287	03.12.1		Draft Performance Management Plan	15 days	Fri 7/19/24	Thu 8/8/24	18SS+35 days	NA	NA	0%	MedImpact	
288	03.12.2		Review Performance Management Plan with DHS	2 days	Fri 8/9/24	Mon 8/12/24	287	NA	NA	0%	DHS,MedImpact	
289	03.12.3		Update Performance Management Plan Based on Feedback	8 days	Tue 8/13/24	Thu 8/22/24	288	NA	NA	0%	MedImpact	
290	03.12.4		Deliver Performance Management Plan	0 days	Thu 8/22/24	Thu 8/22/24	289	NA	NA	0%	MedImpact	
291	03.12.5		Review Performance Management Plan and Accept or Reject	10 days	Fri 8/23/24	Thu 9/5/24	290	NA	NA	0%	DHS	
292	03.12.6		Revise Performance Management Plan if Rejected	5 days	Fri 9/6/24	Thu 9/12/24	291	NA	NA	0%	MedImpact	
293	03.12.7		Deliver Updated Performance Management Plan	3 days	Fri 9/13/24	Tue 9/17/24	292	NA	NA	0%	MedImpact	
294	03.12.8		Final Review of Performance Management Plan	3 days	Wed 9/18/24	Fri 9/20/24	293	NA	NA	0%	MedImpact	
295	03.12.9		Confirm and Accept Performance Management Plan	0 days	Fri 9/20/24	Fri 9/20/24	294	NA	NA	0%	DHS	
296	03.12.10		D: Final Performance Management Plan Approved and Delivered	0 days	Fri 9/20/24	Fri 9/20/24	295	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
297	**03.13**	**No. 13**	**D: Data Conversion Plan**	**46 days**	**Fri 7/19/24**	**Fri 9/20/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Date 50 Days**
298	03.13.1		Draft Data Conversion Plan	15 days	Fri 7/19/24	Thu 8/8/24	18SS+35 days	NA	NA	0%	MedImpact	
299	03.13.2		Review Data Conversion Plan with DHS	2 days	Fri 8/9/24	Mon 8/12/24	298	NA	NA	0%	DHS,MedImpact	
300	03.13.3		Update Data Conversion Plan Based on Feedback	8 days	Tue 8/13/24	Thu 8/22/24	299	NA	NA	0%	MedImpact	
301	03.13.4		Deliver Data Conversion Plan	0 days	Thu 8/22/24	Thu 8/22/24	300	NA	NA	0%	MedImpact	
302	03.13.5		Review Data Conversion Plan and Accept or Reject	10 days	Fri 8/23/24	Thu 9/5/24	301	NA	NA	0%	DHS	
303	03.13.6		Revise Data Conversion Plan if Rejected	5 days	Fri 9/6/24	Thu 9/12/24	302	NA	NA	0%	MedImpact	
304	03.13.7		Deliver Updated Data Conversion Plan	3 days	Fri 9/13/24	Tue 9/17/24	303	NA	NA	0%	MedImpact	
305	03.13.8		Final Review of Data Conversion Plan	3 days	Wed 9/18/24	Fri 9/20/24	304	NA	NA	0%	MedImpact	
306	03.13.9		Confirm and Accept Data Conversion Plan	0 days	Fri 9/20/24	Fri 9/20/24	305	NA	NA	0%	DHS	
307	03.13.10		D: Final Data Conversion Plan Approved and Delivered	0 days	Fri 9/20/24	Fri 9/20/24	306	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
308	**03.14**	**No. 14**	**D: Test Management Plan**	**46 days**	**Fri 7/19/24**	**Fri 9/20/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Date 50 Days**
309	03.14.1		Draft Test Management Plan	15 days	Fri 7/19/24	Thu 8/8/24	18SS+35 days	NA	NA	0%	MedImpact	
310	03.14.2		Review Test Management Plan with DHS	2 days	Fri 8/9/24	Mon 8/12/24	309	NA	NA	0%	DHS,MedImpact	
311	03.14.3		Update Test Management Plan Based on Feedback	8 days	Tue 8/13/24	Thu 8/22/24	310	NA	NA	0%	MedImpact	
312	03.14.4		Deliver Test Management Plan	0 days	Thu 8/22/24	Thu 8/22/24	311	NA	NA	0%	MedImpact	
313	03.14.5		Review Test Management Plan and Accept or Reject	10 days	Fri 8/23/24	Thu 9/5/24	312	NA	NA	0%	DHS	
314	03.14.6		Revise Test Management Plan if Rejected	5 days	Fri 9/6/24	Thu 9/12/24	313	NA	NA	0%	MedImpact	
315	03.14.7		Deliver Updated Test Management Plan	3 days	Fri 9/13/24	Tue 9/17/24	314	NA	NA	0%	MedImpact	
316	03.14.8		Final Review of Test Management Plan	3 days	Wed 9/18/24	Fri 9/20/24	315	NA	NA	0%	MedImpact	
317	03.14.9		Confirm and Accept Test Management Plan	0 days	Fri 9/20/24	Fri 9/20/24	316	NA	NA	0%	DHS	
318	03.14.10		D: Final Test Management Plan Approved and Delivered	0 days	Fri 9/20/24	Fri 9/20/24	317	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
319	**03.15**	**No. 15**	**D: System Security and Privacy Management Plan**	**46 days**	**Fri 7/26/24**	**Fri 9/27/24**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**Initial Due Date 55 Days**
320	03.15.1		Draft System Security and Privacy Management Plan	15 days	Fri 7/26/24	Thu 8/15/24	18SS+40 days	NA	NA	0%	MedImpact	
321	03.15.2		Review System Security and Privacy Management Plan with DHS	2 days	Fri 8/16/24	Mon 8/19/24	320	NA	NA	0%	DHS,MedImpact	
322	03.15.3		Update System Security and Privacy Management Plan Based on Feedback	8 days	Tue 8/20/24	Thu 8/29/24	321	NA	NA	0%	MedImpact	
323	03.15.4		Deliver System Security and Privacy Management Plan	0 days	Thu 8/29/24	Thu 8/29/24	322	NA	NA	0%	MedImpact	
324	03.15.5		Review System Security and Privacy Management Plan and Accept or Reject	10 days	Fri 8/30/24	Thu 9/12/24	323	NA	NA	0%	DHS	
325	03.15.6		Revise System Security and Privacy Management Plan if Rejected	5 days	Fri 9/13/24	Thu 9/19/24	324	NA	NA	0%	MedImpact	



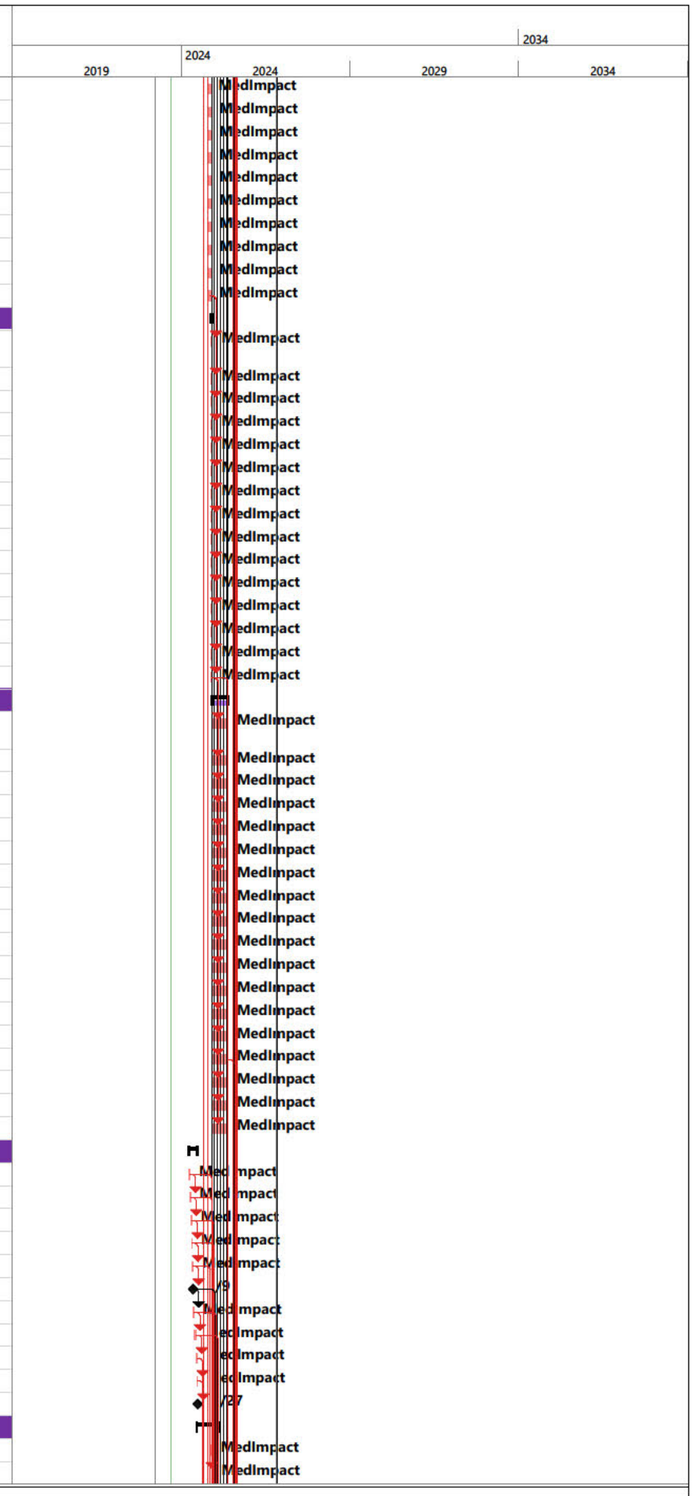
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
326	03.15.7		Deliver Updated System Security and Privacy Management Plan	3 days	Fri 9/20/24	Tue 9/24/24	325	NA	NA	0%	MedImpact	
327	03.15.8		Final Review of System Security and Privacy Management Plan	3 days	Wed 9/25/24	Fri 9/27/24	326	NA	NA	0%	MedImpact	
328	03.15.9		Confirm and Accept System Security and Privacy Management Plan	0 days	Fri 9/27/24	Fri 9/27/24	327	NA	NA	0%	DHS	
329	03.15.10		D: Final System Security and Privacy Management Plan Approved and Delivered	0 days	Fri 9/27/24	Fri 9/27/24	328	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
330	03.16	No. 16	D: Training Plan	46 days	Fri 7/26/24	Fri 9/27/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 55 Days
331	03.16.1		Draft Training Plan	15 days	Fri 7/26/24	Thu 8/15/24	18SS+40 days	NA	NA	0%	MedImpact	
332	03.16.2		Review Training Plan with DHS	2 days	Fri 8/16/24	Mon 8/19/24	331	NA	NA	0%	DHS,MedImpact	
333	03.16.3		Update Training Plan Based on Feedback	8 days	Tue 8/20/24	Thu 8/29/24	332	NA	NA	0%	MedImpact	
334	03.16.4		Deliver Training Plan	0 days	Thu 8/29/24	Thu 8/29/24	333	NA	NA	0%	MedImpact	
335	03.16.5		Review Training Plan and Accept or Reject	10 days	Fri 8/30/24	Thu 9/12/24	334	NA	NA	0%	DHS	
336	03.16.6		Revise Training Plan if Rejected	5 days	Fri 9/13/24	Thu 9/19/24	335	NA	NA	0%	MedImpact	
337	03.16.7		Deliver Updated Training Plan	3 days	Fri 9/20/24	Tue 9/24/24	336	NA	NA	0%	MedImpact	
338	03.16.8		Final Review of Training Plan	3 days	Wed 9/25/24	Fri 9/27/24	337	NA	NA	0%	MedImpact	
339	03.16.9		Confirm and Accept Training Plan	0 days	Fri 9/27/24	Fri 9/27/24	338	NA	NA	0%	DHS	
340	03.16.10		D: Final Training Plan Approved and Delivered	0 days	Fri 9/27/24	Fri 9/27/24	339	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
341	03.17	No. 17	D: Implementation Plan	46 days	Fri 8/2/24	Fri 10/4/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 60 Days
342	03.17.1		Draft Implementation Plan	15 days	Fri 8/2/24	Thu 8/22/24	18SS+45 days	NA	NA	0%	MedImpact	
343	03.17.2		Review Implementation Plan with DHS	2 days	Fri 8/23/24	Mon 8/26/24	342	NA	NA	0%	DHS,MedImpact	
344	03.17.3		Update Implementation Plan Based on Feedback	8 days	Tue 8/27/24	Thu 9/5/24	343	NA	NA	0%	MedImpact	
345	03.17.4		Deliver Implementation Plan	0 days	Thu 9/5/24	Thu 9/5/24	344	NA	NA	0%	MedImpact	
346	03.17.5		Review Implementation Plan and Accept or Reject	10 days	Fri 9/6/24	Thu 9/19/24	345	NA	NA	0%	DHS	
347	03.17.6		Revise Implementation Plan if Rejected	5 days	Fri 9/20/24	Thu 9/26/24	346	NA	NA	0%	MedImpact	
348	03.17.7		Deliver Updated Implementation Plan	3 days	Fri 9/27/24	Tue 10/1/24	347	NA	NA	0%	MedImpact	
349	03.17.8		Final Review of Implementation Plan	3 days	Wed 10/2/24	Fri 10/4/24	348	NA	NA	0%	MedImpact	
350	03.17.9		Confirm and Accept Implementation Plan	0 days	Fri 10/4/24	Fri 10/4/24	349	NA	NA	0%	DHS	
351	03.17.10		D: Final Implementation Plan Approved and Delivered	0 days	Fri 10/4/24	Fri 10/4/24	350	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
352	03.18	No. 18	D: Certification Management Plan	46 days	Fri 8/2/24	Fri 10/4/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	Initial Due Date 60 Days
353	03.18.1		Draft Certification Management Plan	15 days	Fri 8/2/24	Thu 8/22/24	18SS+45 days	NA	NA	0%	MedImpact	
354	03.18.2		Review Certification Management Plan with DHS	2 days	Fri 8/23/24	Mon 8/26/24	353	NA	NA	0%	DHS,MedImpact	
355	03.18.3		Update Certification Management Plan Based on Feedback	8 days	Tue 8/27/24	Thu 9/5/24	354	NA	NA	0%	MedImpact	
356	03.18.4		Deliver Certification Management Plan	0 days	Thu 9/5/24	Thu 9/5/24	355	NA	NA	0%	MedImpact	
357	03.18.5		Review Certification Management Plan and Accept or Reject	10 days	Fri 9/6/24	Thu 9/19/24	356	NA	NA	0%	DHS	
358	03.18.6		Revise Certification Management Plan if Rejected	5 days	Fri 9/20/24	Thu 9/26/24	357	NA	NA	0%	MedImpact	
359	03.18.7		Deliver Updated Certification Management Plan	3 days	Fri 9/27/24	Tue 10/1/24	358	NA	NA	0%	MedImpact	
360	03.18.8		Final Review of Certification Management Plan	3 days	Wed 10/2/24	Fri 10/4/24	359	NA	NA	0%	MedImpact	
361	03.18.9		Confirm and Accept Certification Management Plan	0 days	Fri 10/4/24	Fri 10/4/24	360	NA	NA	0%	DHS	
362	03.18.10		D: Final Certification Management Plan Approved and Delivered	0 days	Fri 10/4/24	Fri 10/4/24	361	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
363	03.19	No. 20	D: Project Initiation Checklist	46 days	Fri 5/31/24	Fri 8/2/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpact	45 Days
364	03.19.1		Draft Project Initiation Checklist	15 days	Fri 5/31/24	Thu 6/20/24	18SS	NA	NA	0%	MedImpact	
365	03.19.2		Review Project Initiation Checklist with DHS	2 days	Fri 6/21/24	Mon 6/24/24	364	NA	NA	0%	DHS,MedImpact	
366	03.19.3		Update Project Initiation Checklist Based on Feedback	8 days	Tue 6/25/24	Thu 7/4/24	365	NA	NA	0%	MedImpact	
367	03.19.4		Deliver Project Initiation Checklist	0 days	Thu 7/4/24	Thu 7/4/24	366	NA	NA	0%	MedImpact	
368	03.19.5		Review Project Initiation Checklist and Accept or Reject	10 days	Fri 7/5/24	Thu 7/18/24	367	NA	NA	0%	DHS	
369	03.19.6		Revise Project Initiation Checklist if Rejected	5 days	Fri 7/19/24	Thu 7/25/24	368	NA	NA	0%	MedImpact	
370	03.19.7		Deliver Updated Project Initiation Checklist	3 days	Fri 7/26/24	Tue 7/30/24	369	NA	NA	0%	MedImpact	
371	03.19.8		Final Review of Project Initiation Checklist	3 days	Wed 7/31/24	Fri 8/2/24	370	NA	NA	0%	MedImpact	
372	03.19.9		Confirm and Accept Project Initiation Checklist	0 days	Fri 8/2/24	Fri 8/2/24	371	NA	NA	0%	DHS	
373	03.19.10		D: Final Project Initiation Checklist Approved and Delivered	0 days	Fri 8/2/24	Fri 8/2/24	372	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
374	04		Design	46 days	Fri 9/27/24	Fri 11/29/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpact	
375	04.1		Project Status Reporting	46 days	Fri 9/27/24	Fri 11/29/24		NA	NA	0%	MedImpact	
376	04.1.1		Project Status Report, WBS, Agendas & Minutes Week 17	1 day	Fri 9/27/24	Fri 9/27/24		NA	NA	0%	MedImpact	
377	04.1.2		Project Status Report, WBS, Agendas & Minutes Week 18	1 day	Fri 10/4/24	Fri 10/4/24	376FS+4 days	NA	NA	0%	MedImpact	
378	04.1.3		Project Status Report, WBS, Agendas & Minutes Week 19	1 day	Fri 10/11/24	Fri 10/11/24	377FS+4 days	NA	NA	0%	MedImpact	
379	04.1.4		Project Status Report, WBS, Agendas & Minutes Week 20	1 day	Fri 10/18/24	Fri 10/18/24	378SS+5 days	NA	NA	0%	MedImpact	
380	04.1.5		Project Status Report, WBS, Agendas & Minutes Week 21	1 day	Fri 10/25/24	Fri 10/25/24	379FS+4 days	NA	NA	0%	MedImpact	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
381	04.1.6		Project Status Report, WBS, Agendas & Minutes Week 22	1 day	Fri 11/1/24	Fri 11/1/24	380FS+4 days	NA	NA	0%	MedImpact	
382	04.1.7		Project Status Report, WBS, Agendas & Minutes Week 23	1 day	Fri 11/8/24	Fri 11/8/24	381FS+4 days	NA	NA	0%	MedImpact	
383	04.1.8		Project Status Report, WBS, Agendas & Minutes Week 24	1 day	Fri 11/15/24	Fri 11/15/24	382FS+4 days	NA	NA	0%	MedImpact	
384	04.1.9		Project Status Report, WBS, Agendas & Minutes Week 25	1 day	Fri 11/22/24	Fri 11/22/24	383FS+4 days	NA	NA	0%	MedImpact	
385	04.1.10		Project Status Report, WBS, Agendas & Minutes Week 26	1 day	Fri 11/29/24	Fri 11/29/24	384FS+4 days	NA	NA	0%	MedImpact	
386	04.2	No. 22	D: Business Design Document (BDD)	46 days	Fri 9/27/24	Fri 11/29/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpact	15 Days after Design Complete
387	04.2.1		Draft BDD	15 days	Fri 9/27/24	Thu 10/17/24	206	NA	NA	0%	MedImpact	
388	04.2.2		Review BDD with DHS	2 days	Fri 10/18/24	Mon 10/21/24	387	NA	NA	0%	DHS,MedImpact	
389	04.2.3		Update BDD Based on Feedback	8 days	Tue 10/22/24	Thu 10/31/24	388	NA	NA	0%	MedImpact	
390	04.2.4		Deliver BDD	0 days	Thu 10/31/24	Thu 10/31/24	389	NA	NA	0%	MedImpact	
391	04.2.5		Review BDD and Accept or Reject	10 days	Fri 11/1/24	Thu 11/14/24	390	NA	NA	0%	DHS	
392	04.2.6		Revise BDD if Rejected	5 days	Fri 11/15/24	Thu 11/21/24	391	NA	NA	0%	MedImpact	
393	04.2.7		Deliver Updated BDD	3 days	Fri 11/22/24	Tue 11/26/24	392	NA	NA	0%	MedImpact	
394	04.2.8		Final Review of BDD	3 days	Wed 11/27/24	Fri 11/29/24	393	NA	NA	0%	MedImpact	
395	04.2.9		Confirm and Accept BDD	0 days	Fri 11/29/24	Fri 11/29/24	394	NA	NA	0%	DHS	
396	04.2.10		D: Final BDD Approved and Delivered	0 days	Fri 11/29/24	Fri 11/29/24	395	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
397	04.3	No. 23	D: Interface Control Document (ICD)	46 days	Fri 9/27/24	Fri 11/29/24		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpact	45 Days
398	04.3.1		Draft ICD	15 days	Fri 9/27/24	Thu 10/17/24	206	NA	NA	0%	MedImpact	
399	04.3.2		Review ICD with DHS	2 days	Fri 10/18/24	Mon 10/21/24	387	NA	NA	0%	DHS,MedImpact	
400	04.3.3		Update ICD Based on Feedback	8 days	Tue 10/22/24	Thu 10/31/24	388	NA	NA	0%	MedImpact	
401	04.3.4		Deliver ICD	0 days	Thu 10/31/24	Thu 10/31/24	389	NA	NA	0%	MedImpact	
402	04.3.5		Review ICD and Accept or Reject	10 days	Fri 11/1/24	Thu 11/14/24	390	NA	NA	0%	DHS	
403	04.3.6		Revise ICD if Rejected	5 days	Fri 11/15/24	Thu 11/21/24	391	NA	NA	0%	MedImpact	
404	04.3.7		Deliver Updated ICD	3 days	Fri 11/22/24	Tue 11/26/24	392	NA	NA	0%	MedImpact	
405	04.3.8		Final Review of ICD	3 days	Wed 11/27/24	Fri 11/29/24	393	NA	NA	0%	MedImpact	
406	04.3.9		Confirm and Accept ICD	0 days	Fri 11/29/24	Fri 11/29/24	394	NA	NA	0%	DHS	
407	04.3.10		D: Final ICD Approved and Delivered	0 days	Fri 11/29/24	Fri 11/29/24	395	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
408	05		Development/Configuration	0 days	Fri 3/22/24	Fri 3/22/24		NA	NA	0%	MedImpact	
409	05.1		Project Status Reporting	56 days	Fri 11/15/24	Fri 1/31/25		NA	NA	0%	MedImpact	
422	05.2		Sample Data Received for all Interfaces	10 days	Wed 9/18/24	Tue 10/1/24		NA	NA	0%		
423	05.2.1		Claims Data Files (Type 74, NCPDP Post Adjudication 2.2 File, etc)	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
424	05.2.2		PA Data Files (Type 79, etc.)	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
425	05.2.3		Eligibility Files (X12N879)	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
426	05.2.4		Rebate Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
427	05.2.5		Claim Detail Exclusion Reason Code	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
428	05.2.6		Provide History File Format					NA	NA	0%	MedImpact	
429	05.2.7		Invoice Layout	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
430	05.2.8		Invoice Adj NDC Level	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
431	05.2.9		Claim File	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
432	05.2.10		Payments	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
433	05.2.11		Disputes	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
434	05.2.12		History Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
435	05.2.13		Medical Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
436	05.2.14		Dental Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
437	05.2.15		PDL File	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
438	05.2.16		Formulary Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
439	05.2.17		Current Rebate Contracts	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
440	05.2.18		Rebate History Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
441	05.2.19		Finance Files (Type 110, 112, etc)	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
442	05.2.20		Provider Network	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
443	05.2.21		TPL / OHI File (Type 24, etc)	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
444	05.2.22		Other / Additional Needed Files	10 days	Wed 9/18/24	Tue 10/1/24	148SS+30 days	NA	NA	0%	MedImpact	
445	05.3		Data Mapping for all Interfaces (if required)	168 days	Fri 3/22/24	Tue 11/12/24		NA	NA	0%		
446	05.3.1		Claims Data Files (Type 74, NCPDP Post Adjudication 2.2 File, etc)	20 days	Fri 3/22/24	Thu 4/18/24		NA	NA	0%	MedImpact	
447	05.3.2		PA Data Files (Type 79, etc.)	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
448	05.3.3		Eligibility Files (X12N879)	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
449	05.3.4		Rebate Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
450	05.3.5		History Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	



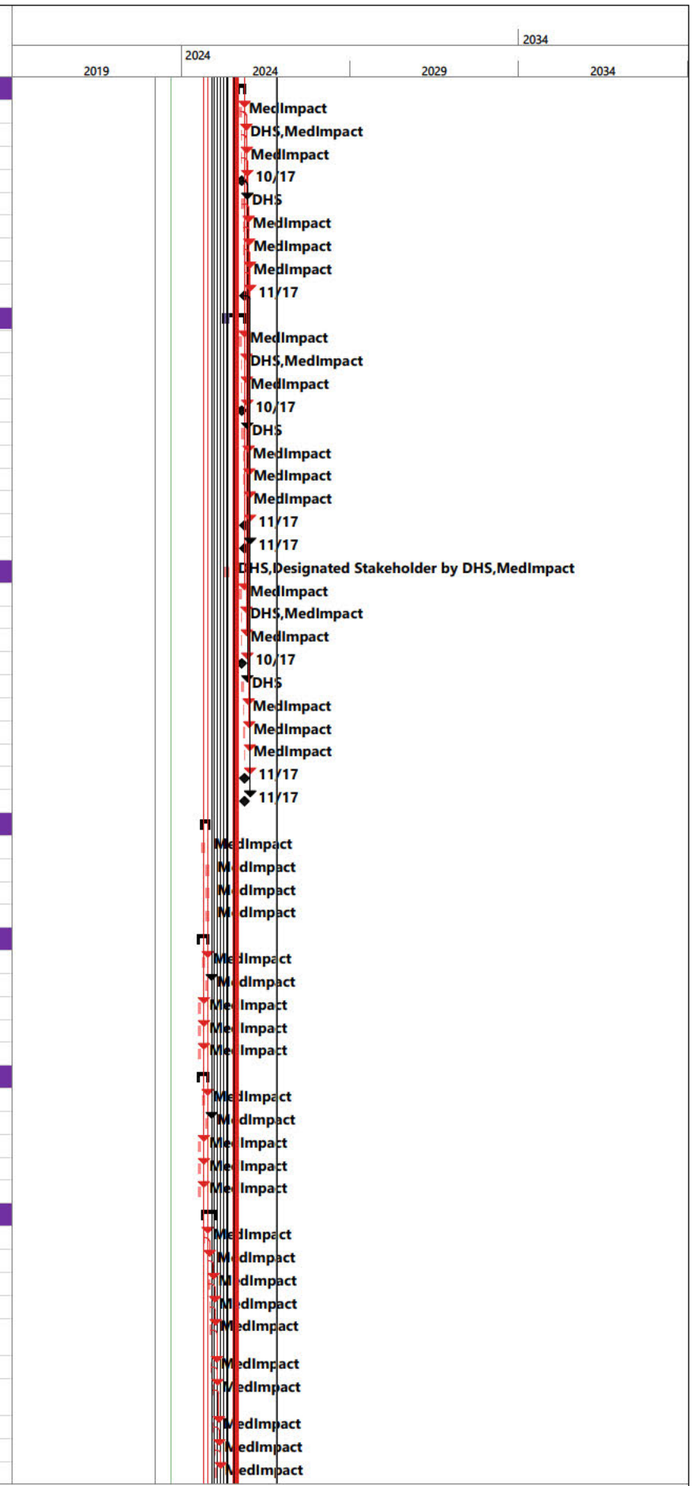
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
451	05.3.6		Medical Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
452	05.3.7		Dental Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
453	05.3.8		PDL File	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
454	05.3.9		Formulary Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
455	05.3.10		Current Rebate Contracts	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
456	05.3.11		Rebate History Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
457	05.3.12		Finance Files (Type 110, 112, etc)	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
458	05.3.13		Provider Network	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
459	05.3.14		TPL / OHI File (Type 24, etc)	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
460	05.3.15		Other / Additional Needed Files	20 days	Wed 10/16/24	Tue 11/12/24		NA	NA	0%	MedImpact	
461	**05.4**		**Data Conversion Testing for all Interfaces**	**15 days**	**Wed 11/13/24**	**Tue 12/3/24**		**NA**	**NA**	**0%**		
462	05.4.1		Claims Data Files (Type 74, NCPDP Post Adjudication 2.2 File, etc)	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
463	05.4.2		PA Data Files (Type 79, etc.)	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
464	05.4.3		Eligibility Files (X12N879)	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
465	05.4.4		Rebate Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
466	05.4.5		History Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
467	05.4.6		Medical Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
468	05.4.7		Dental Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
469	05.4.8		PDL File	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
470	05.4.9		Formulary Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
471	05.4.10		Current Rebate Contracts	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
472	05.4.11		Rebate History Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
473	05.4.12		Finance Files (Type 110, 112, etc)	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
474	05.4.13		Provider Network	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
475	05.4.14		TPL / OHI File (Type 24, etc)	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
476	05.4.15		Other / Additional Needed Files	15 days	Wed 11/13/24	Tue 12/3/24	460	NA	NA	0%	MedImpact	
477	**05.5**		**History Data / Production Data**	**120 days**	**Wed 12/4/24**	**Tue 5/20/25**		**NA**	**NA**	**0%**		
478	05.5.1		Claims Data Files (Type 74, NCPDP Post Adjudication 2.2 File, etc)	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
479	05.5.2		PA Data Files (Type 79, etc.)	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
480	05.5.3		Eligibility Files (X12N879)	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
481	05.5.4		Rebate Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
482	05.5.5		History Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
483	05.5.6		Medical Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
484	05.5.7		Dental Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
485	05.5.8		PDL File	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
486	05.5.9		Formulary Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
487	05.5.10		Current Rebate Contracts	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
488	05.5.11		Rebate History Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
489	05.5.12		Finance Files (Type 110, 112, etc)	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
490	05.5.13		Provider Network	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
491	05.5.14		TPL / OHI File (Type 24, etc)	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
492	05.5.15		Other / Additional Needed Files	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
493	05.5.16		Rebate Reconciliation Report Request	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
494	05.5.17		Rebate Reconciliation Data	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
495	05.5.18		Load Rebate Files into production	120 days	Wed 12/4/24	Tue 5/20/25	476	NA	NA	0%	MedImpact	
496	**05.6**		**Establish Call Center Operational Process and procedures**	**70 days**	**Fri 3/22/24**	**Thu 6/27/24**		**NA**	**NA**	**0%**		
497	05.6.1		Review Call Center process and procedure requirements	10 days	Fri 3/22/24	Thu 4/4/24		NA	NA	0%	MedImpact	
498	05.6.2		Determine if any updates are needed	5 days	Fri 4/5/24	Thu 4/11/24	497	NA	NA	0%	MedImpact	
499	05.6.3		Update based in Call Center Process Review	10 days	Fri 4/12/24	Thu 4/25/24	498	NA	NA	0%	MedImpact	
500	05.6.4		Internal Review	5 days	Fri 4/26/24	Thu 5/2/24	499	NA	NA	0%	MedImpact	
501	05.6.5		Updates and QA	5 days	Fri 5/3/24	Thu 5/9/24	500	NA	NA	0%	MedImpact	
502	05.6.6		Provide Draft to the DHS	0 days	Thu 5/9/24	Thu 5/9/24	501	NA	NA	0%	MedImpact	
503	05.6.7		Provide comments	10 days	Fri 5/10/24	Thu 5/23/24	502	NA	NA	0%	MedImpact	
504	05.6.8		Update and QA 2nd Review	15 days	Fri 5/24/24	Thu 6/13/24	503	NA	NA	0%	MedImpact	
505	05.6.9		Provide comments on the 2nd Draft	5 days	Fri 6/14/24	Thu 6/20/24	504	NA	NA	0%	MedImpact	
506	05.6.10		Update and Finalize	5 days	Fri 6/21/24	Thu 6/27/24	505	NA	NA	0%	MedImpact	
507	05.6.11		Final approval	0 days	Thu 6/27/24	Thu 6/27/24	506	NA	NA	0%	MedImpact	
508	**05.7**		**Call Center Operations**	**168 days**	**Fri 6/21/24**	**Tue 2/11/25**		**NA**	**NA**	**0%**		
509	05.7.1		Review Call Center Requirements & PGs	10 days	Wed 11/13/24	Tue 11/26/24		NA	NA	0%	MedImpact	
510	05.7.2		Establish Scripts for Call Center	5 days	Wed 11/27/24	Tue 12/3/24	497	NA	NA	0%	MedImpact	



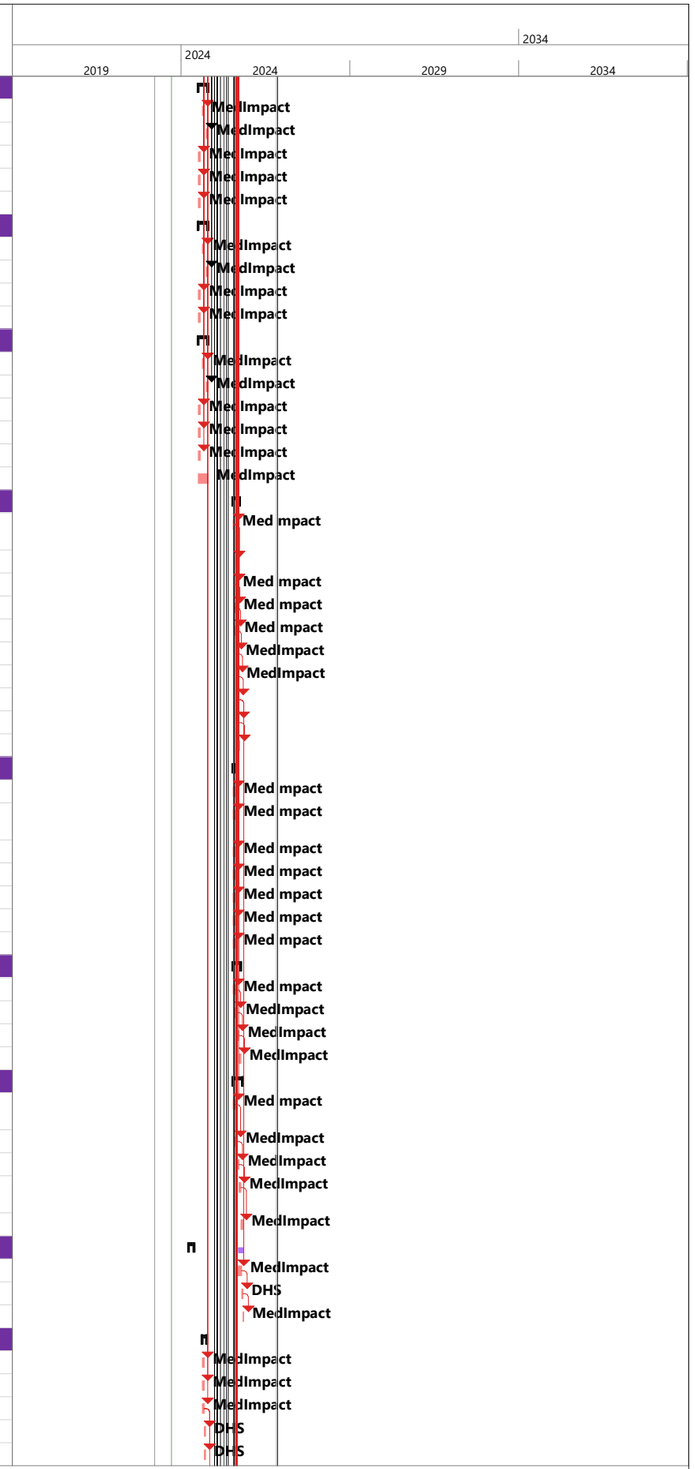
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
511	05.7.3		Internal Review	10 days	Wed 12/4/24	Tue 12/17/24	498	NA	NA	0%	MedImpact	
512	05.7.4		Updates and QA	5 days	Wed 12/18/24	Tue 12/24/24	499	NA	NA	0%	MedImpact	
513	05.7.5		Provide Draft to DHS	5 days	Wed 12/25/24	Tue 12/31/24	500	NA	NA	0%	MedImpact	
514	05.7.6		Provide comments	0 days	Tue 12/31/24	Tue 12/31/24	501	NA	NA	0%	MedImpact	
515	05.7.7		Update and QA 2nd Review	10 days	Wed 1/1/25	Tue 1/14/25	502	NA	NA	0%	MedImpact	
516	05.7.8		Provide comments on the 2nd Draft	15 days	Wed 1/15/25	Tue 2/4/25	503	NA	NA	0%	MedImpact	
517	05.7.9		Update and Finalize	5 days	Wed 2/5/25	Tue 2/11/25	504	NA	NA	0%	MedImpact	
518	05.7.10		Final approval	46 days	Fri 6/21/24	Fri 8/23/24	505	NA	NA	0%	MedImpact	
519	05.8		**Set-up PA Criteria, Auto PAs, And Silent PA Functionality**	55 days	Wed 11/13/24	Tue 1/28/25		NA	NA	0%		
520	05.8.1		Establish framework for PA Criteria	10 days	Wed 11/13/24	Tue 11/26/24		NA	NA	0%	MedImpact	
521	05.8.2		Set-Up format for PA Criteria	5 days	Wed 11/27/24	Tue 12/3/24	497	NA	NA	0%	MedImpact	
522	05.8.3		Review and Approve PA Format or provide feedback	10 days	Wed 12/4/24	Tue 12/17/24	498	NA	NA	0%	MedImpact	
523	05.8.4		Update PA Criteria Format (if needed)	5 days	Wed 12/18/24	Tue 12/24/24	499	NA	NA	0%	MedImpact	
524	05.8.5		Finalize PA Criteria Format	5 days	Wed 12/25/24	Tue 12/31/24	500	NA	NA	0%	MedImpact	
525	05.8.6		Establish Rules for Silent PA	0 days	Tue 12/31/24	Tue 12/31/24	501	NA	NA	0%	MedImpact	
526	05.8.7		Identify Specific Drug Classes for Specific Criteria (For Auto PA and Silent PA)	10 days	Wed 1/1/25	Tue 1/14/25	502	NA	NA	0%	MedImpact	
527	05.8.8		Add specific tasks if needed for Auto and Silent PA	10 days	Wed 1/15/25	Tue 1/28/25	526	NA	NA	0%		
528	05.9	No. 24	**D: Data Conversion Testing & Results**	43 days	Wed 5/21/25	Fri 7/18/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	15 Days after Conversion is Complet
529	05.9.1		Draft Data Conversion Testing and Results	15 days	Wed 5/21/25	Tue 6/10/25	476,492	NA	NA	0%	MedImpact	
530	05.9.2		Review Data Conversion Testing and Results with DHS	2 days	Wed 6/11/25	Thu 6/12/25	529	NA	NA	0%	DHS,MedImpact	
531	05.9.3		Update Data Conversion Testing and Results Based on Feedback	5 days	Fri 6/13/25	Thu 6/19/25	530	NA	NA	0%	MedImpact	
532	05.9.4		Deliver Data Conversion Testing and Results	0 days	Thu 6/19/25	Thu 6/19/25	531	NA	NA	0%	MedImpact	
533	05.9.5		Review Data Conversion Testing and Results and Accept or Reject	10 days	Fri 6/20/25	Thu 7/3/25	532	NA	NA	0%	DHS	
534	05.9.6		Revise Data Conversion Testing and Results if Rejected	5 days	Fri 7/4/25	Thu 7/10/25	533	NA	NA	0%	MedImpact	
535	05.9.7		Deliver Updated Data Conversion Testing and Results	3 days	Fri 7/11/25	Tue 7/15/25	534	NA	NA	0%	MedImpact	
536	05.9.8		Final Review of Data Conversion Testing and Results	3 days	Wed 7/16/25	Fri 7/18/25	535	NA	NA	0%	MedImpact	
537	05.9.9		Confirm and Accept Data Conversion Testing and Results	0 days	Fri 7/18/25	Fri 7/18/25	536	NA	NA	0%	DHS	
538	05.9.10		D: Final Data Conversion Testing and Results Approved and Delivered	0 days	Fri 7/18/25	Fri 7/18/25	537	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
539	05.10	No. 26	**D: System Integration Testing (SIT) Readiness Checklist**	43 days	Wed 5/21/25	Fri 7/18/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	30 Days prior to SIT Start
540	05.10.1		Draft SIT Readiness Checklist	15 days	Wed 5/21/25	Tue 6/10/25	476,492	NA	NA	0%	MedImpact	
541	05.10.2		Review SIT Readiness Checklist with DHS	2 days	Wed 6/11/25	Thu 6/12/25	529	NA	NA	0%	DHS,MedImpact	
542	05.10.3		Update SIT Readiness Checklist Based on Feedback	5 days	Fri 6/13/25	Thu 6/19/25	530	NA	NA	0%	MedImpact	
543	05.10.4		Deliver SIT Readiness Checklist	0 days	Thu 6/19/25	Thu 6/19/25	531	NA	NA	0%	MedImpact	
544	05.10.5		Review SIT Readiness Checklist and Accept or Reject	10 days	Fri 6/20/25	Thu 7/3/25	532	NA	NA	0%	DHS	
545	05.10.6		Revise SIT Readiness Checklist if Rejected	5 days	Fri 7/4/25	Thu 7/10/25	533	NA	NA	0%	MedImpact	
546	05.10.7		Deliver Updated SIT Readiness Checklist	3 days	Fri 7/11/25	Tue 7/15/25	534	NA	NA	0%	MedImpact	
547	05.10.8		Final Review of SIT Readiness Checklist	3 days	Wed 7/16/25	Fri 7/18/25	535	NA	NA	0%	MedImpact	
548	05.10.9		Confirm and Accept SIT Readiness Checklist	0 days	Fri 7/18/25	Fri 7/18/25	536	NA	NA	0%	DHS	
549	05.10.10		D: Final SIT Readiness Checklist Approved and Delivered	0 days	Fri 7/18/25	Fri 7/18/25	537	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
550	05.11	No. 27	**D: System Integration Testing (SIT) Report and Results**	48 days	Mon 7/21/25	Wed 9/24/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	10 Days after SIT start
551	05.11.1		Draft SIT Report and Results	20 days	Mon 7/21/25	Fri 8/15/25	536	NA	NA	0%	MedImpact	
552	05.11.2		Review SIT Report and Results with DHS	2 days	Mon 8/18/25	Tue 8/19/25	551	NA	NA	0%	DHS,MedImpact	
553	05.11.3		Update SIT Report and Results Based on Feedback	5 days	Wed 8/20/25	Tue 8/26/25	552	NA	NA	0%	MedImpact	
554	05.11.4		Deliver SIT Report and Results	0 days	Tue 8/26/25	Tue 8/26/25	553	NA	NA	0%	MedImpact	
555	05.11.5		Review SIT Report and Results and Accept or Reject	10 days	Wed 8/27/25	Tue 9/9/25	554	NA	NA	0%	DHS	
556	05.11.6		Revise SIT Report and Results if Rejected	5 days	Wed 9/10/25	Tue 9/16/25	555	NA	NA	0%	MedImpact	
557	05.11.7		Deliver Updated SIT Report and Results	3 days	Wed 9/17/25	Fri 9/19/25	556	NA	NA	0%	MedImpact	
558	05.11.8		Final Review of SIT Report and Results	3 days	Mon 9/22/25	Wed 9/24/25	557	NA	NA	0%	MedImpact	
559	05.11.9		Confirm and Accept SIT Report and Results	0 days	Wed 9/24/25	Wed 9/24/25	558	NA	NA	0%	DHS	
560	05.12	No. 28	**D: UAT Readiness Checklist**	43 days	Mon 7/21/25	Wed 9/17/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	30 Days Prior To UAT
561	05.12.1		Draft UAT Readiness Checklist	15 days	Mon 7/21/25	Fri 8/8/25	536	NA	NA	0%	MedImpact	
562	05.12.2		Review UAT Readiness Checklist with DHS	2 days	Mon 8/11/25	Tue 8/12/25	561	NA	NA	0%	DHS,MedImpact	
563	05.12.3		Update UAT Readiness Checklist Based on Feedback	5 days	Wed 8/13/25	Tue 8/19/25	562	NA	NA	0%	MedImpact	
564	05.12.4		Deliver UAT Readiness Checklist	0 days	Tue 8/19/25	Tue 8/19/25	563	NA	NA	0%	MedImpact	
565	05.12.5		Review UAT Readiness Checklist and Accept or Reject	10 days	Wed 8/20/25	Tue 9/2/25	564	NA	NA	0%	DHS	
566	05.12.6		Revise UAT Readiness Checklist if Rejected	5 days	Wed 9/3/25	Tue 9/9/25	565	NA	NA	0%	MedImpact	
567	05.12.7		Deliver Updated UAT Readiness Checklist	3 days	Wed 9/10/25	Fri 9/12/25	566	NA	NA	0%	MedImpact	
568	05.12.8		Final Review of UAT Readiness Checklist	3 days	Mon 9/15/25	Wed 9/17/25	567	NA	NA	0%	MedImpact	



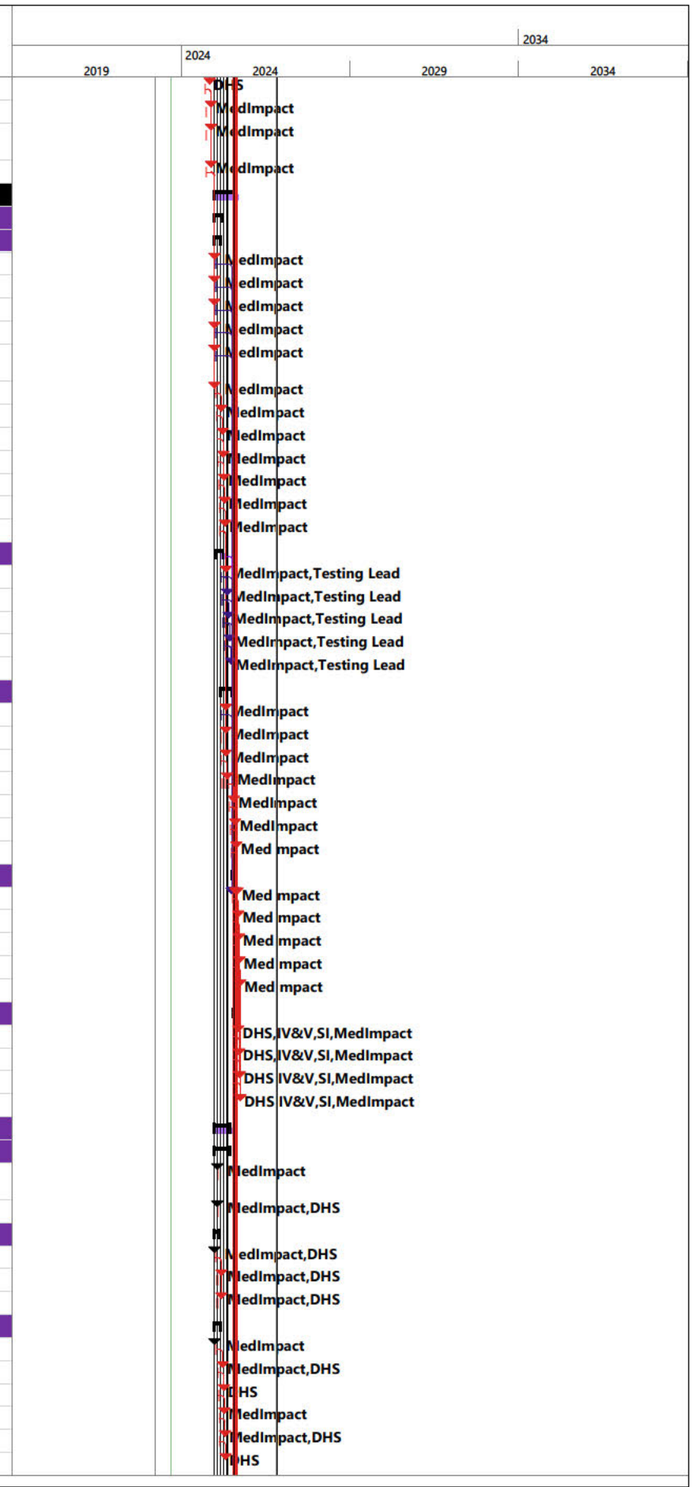
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
569	**05.13**	**No. 29**	**D: UAT Report and Results**	**43 days**	**Thu 9/18/25**	**Mon 11/17/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**10 Days after UAT complete**
570	05.13.1		Draft UAT Report and Results	15 days	Thu 9/18/25	Wed 10/8/25	568	NA	NA	0%	MedImpact	
571	05.13.2		Review UAT Report and Results with DHS	2 days	Thu 10/9/25	Fri 10/10/25	570	NA	NA	0%	DHS,MedImpact	
572	05.13.3		Update UAT Report and Results Based on Feedback	5 days	Mon 10/13/25	Fri 10/17/25	571	NA	NA	0%	MedImpact	
573	05.13.4		Deliver UAT Report and Results	0 days	Fri 10/17/25	Fri 10/17/25	572	NA	NA	0%	MedImpact	
574	05.13.5		Review UAT Report and Results and Accept or Reject	10 days	Mon 10/20/25	Fri 10/31/25	573	NA	NA	0%	DHS	
575	05.13.6		Revise UAT Report and Results if Rejected	5 days	Mon 11/3/25	Fri 11/7/25	574	NA	NA	0%	MedImpact	
576	05.13.7		Deliver Updated UAT Report and Results	3 days	Mon 11/10/25	Wed 11/12/25	575	NA	NA	0%	MedImpact	
577	05.13.8		Final Review of UAT Report and Results	3 days	Thu 11/13/25	Mon 11/17/25	576	NA	NA	0%	MedImpact	
578	05.13.9		Confirm and Accept UAT Report and Results	0 days	Mon 11/17/25	Mon 11/17/25	577	NA	NA	0%	DHS	
579	**05.14**	**No. 25**	**D: Training Materials**	**163 days**	**Thu 4/3/25**	**Mon 11/17/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**90 Days prior to Go-Live**
580	05.14.1		Draft Training Materials	15 days	Thu 9/18/25	Wed 10/8/25	568	NA	NA	0%	MedImpact	
581	05.14.2		Review Training Materials with DHS	2 days	Thu 10/9/25	Fri 10/10/25	570	NA	NA	0%	DHS,MedImpact	
582	05.14.3		Update Training Materials Based on Feedback	5 days	Mon 10/13/25	Fri 10/17/25	571	NA	NA	0%	MedImpact	
583	05.14.4		Deliver Training Materials	0 days	Fri 10/17/25	Fri 10/17/25	572	NA	NA	0%	MedImpact	
584	05.14.5		Review Training Materials and Accept or Reject	10 days	Mon 10/20/25	Fri 10/31/25	573	NA	NA	0%	DHS	
585	05.14.6		Revise Training Materials if Rejected	5 days	Mon 11/3/25	Fri 11/7/25	574	NA	NA	0%	MedImpact	
586	05.14.7		Deliver Updated Training Materials	3 days	Mon 11/10/25	Wed 11/12/25	575	NA	NA	0%	MedImpact	
587	05.14.8		Final Review of Training Materials	3 days	Thu 11/13/25	Mon 11/17/25	576	NA	NA	0%	MedImpact	
588	05.14.9		Confirm and Accept Training Materials	0 days	Mon 11/17/25	Mon 11/17/25	577	NA	NA	0%	DHS	
589	05.14.10		D: Final Training Materials Approved and Delivered	0 days	Mon 11/17/25	Mon 11/17/25	578	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
590	**05.14.11**	**No. 30**	**D: System Documentation**	**43 days**	**Thu 4/3/25**	**Mon 6/2/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**60 days prior to Go-Live**
591	05.14.12		Draft System Documentation	15 days	Thu 9/18/25	Wed 10/8/25	568	NA	NA	0%	MedImpact	
592	05.14.13		Review System Documentation with DHS	2 days	Thu 10/9/25	Fri 10/10/25	570	NA	NA	0%	DHS,MedImpact	
593	05.14.14		Update System Documentation Based on Feedback	5 days	Mon 10/13/25	Fri 10/17/25	571	NA	NA	0%	MedImpact	
594	05.14.15		Deliver System Documentation	0 days	Fri 10/17/25	Fri 10/17/25	572	NA	NA	0%	MedImpact	
595	05.14.16		Review System Documentation and Accept or Reject	10 days	Mon 10/20/25	Fri 10/31/25	573	NA	NA	0%	DHS	
596	05.14.17		Revise System Documentation if Rejected	5 days	Mon 11/3/25	Fri 11/7/25	574	NA	NA	0%	MedImpact	
597	05.14.18		Deliver Updated System Documentation	3 days	Mon 11/10/25	Wed 11/12/25	575	NA	NA	0%	MedImpact	
598	05.14.19		Final Review of System Documentation	3 days	Thu 11/13/25	Mon 11/17/25	576	NA	NA	0%	MedImpact	
599	05.14.20		Confirm and Accept System Documentation	0 days	Mon 11/17/25	Mon 11/17/25	577	NA	NA	0%	DHS	
600	05.14.21		D: Final System Documentation Approved and Delivered	0 days	Mon 11/17/25	Mon 11/17/25	578	NA	NA	0%	MedImpact,DHS,DHS PMO (NTT DATA)	
601	**05.15**		**Environment Set-Up**	**52 days**	**Mon 8/12/24**	**Tue 10/22/24**		**NA**	**NA**	**0%**	**MedImpact**	
602	05.15.1		Test environment Set-Up	25 days	Mon 8/12/24	Fri 9/13/24		NA	NA	0%	MedImpact	
603	05.15.2		Training Environment Set-Up	25 days	Wed 9/18/24	Tue 10/22/24		NA	NA	0%	MedImpact	
604	05.15.3		UAT environment Set-Up	25 days	Wed 9/18/24	Tue 10/22/24		NA	NA	0%	MedImpact	
605	05.15.4		Production Environment	25 days	Wed 9/18/24	Tue 10/22/24		NA	NA	0%	MedImpact	
606	**05.16**		**Development & Testing of New Enhancements**	**75 days**	**Fri 7/5/24**	**Thu 10/17/24**		**NA**	**NA**	**0%**	**MedImpact**	
607	05.16.1		Sprint 1	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
608	05.16.2		Sprint 2	15 days	Fri 9/27/24	Thu 10/17/24	159	NA	NA	0%	MedImpact	
609	05.16.3		Sprint 3	15 days	Fri 7/5/24	Thu 7/25/24	160	NA	NA	0%	MedImpact	
610	05.16.4		Sprint 4	15 days	Fri 7/5/24	Thu 7/25/24	161	NA	NA	0%	MedImpact	
611	05.16.5		Spring 5	15 days	Fri 7/5/24	Thu 7/25/24	162	NA	NA	0%	MedImpact	
612	**05.17**		**Interface Set-up & Testing**	**75 days**	**Fri 7/5/24**	**Thu 10/17/24**		**NA**	**NA**	**0%**	**MedImpact**	
613	05.17.1		Sprint 1 - Interfaces	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
614	05.17.2		Sprint 2 - Interfaces	15 days	Fri 9/27/24	Thu 10/17/24	159	NA	NA	0%	MedImpact	
615	05.17.3		Sprint 3 - Interfaces	15 days	Fri 7/5/24	Thu 7/25/24	160	NA	NA	0%	MedImpact	
616	05.17.4		Sprint 4 - Interfaces	15 days	Fri 7/5/24	Thu 7/25/24	161	NA	NA	0%	MedImpact	
617	05.17.5		Sprint 5 - Interfaces	15 days	Fri 7/5/24	Thu 7/25/24	162	NA	NA	0%	MedImpact	
618	**05.18**		**Configure Benefit, Edits, PDL, and Formulary**	**100 days**	**Fri 8/23/24**	**Thu 1/9/25**		**NA**	**NA**	**0%**	**MedImpact**	
619	05.18.1		Sprint 1 - Coding-precoding EFS	10 days	Fri 8/23/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
620	05.18.2		Sprint 1 - QA & Testing EFS	5 days	Fri 10/11/24	Thu 10/17/24	619	NA	NA	0%	MedImpact	
621	05.18.3		Sprint 2 - Coding-EFS Formulary Master Config	10 days	Fri 10/18/24	Thu 10/31/24	620	NA	NA	0%	MedImpact	
622	05.18.4		Sprint 2 - QA & Testing	5 days	Fri 11/1/24	Thu 11/7/24	621	NA	NA	0%	MedImpact	
623	05.18.5		Sprint 3 - Coding-EFS Formulary Master Maintenance and Benefit/Carrier Config	10 days	Fri 11/8/24	Thu 11/21/24	622	NA	NA	0%	MedImpact	
624	05.18.6		Sprint 3 - QA & Testing	5 days	Fri 11/22/24	Thu 11/28/24	623	NA	NA	0%	MedImpact	
625	05.18.7		Sprint 4 - Coding-EFS Formulary Config and Benefit/Carrier Config	10 days	Fri 11/29/24	Thu 12/12/24	624	NA	NA	0%	MedImpact	
626	05.18.8		Sprint 4 - QA & Testing	5 days	Fri 12/13/24	Thu 12/19/24	625	NA	NA	0%	MedImpact	
627	05.18.9		Sprint 5 - Coding-PA Criteria	10 days	Fri 12/20/24	Thu 1/2/25	626	NA	NA	0%	MedImpact	
628	05.18.10		Sprint 5 - QA & Testing	5 days	Fri 1/3/25	Thu 1/9/25	627	NA	NA	0%	MedImpact	



ID	WBS	RFP Requiren Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
629	**05.19**		**Reports**	**75 days**	**Fri 7/5/24**	**Thu 10/17/24**		**NA**	**NA**	**0%**	**MedImpact**	
630	05.19.1		Sprint 1 - Create & Test new report(s)	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
631	05.19.2		Sprint 2 - Create & Test new report(s)	15 days	Fri 9/27/24	Thu 10/17/24	159	NA	NA	0%	MedImpact	
632	05.19.3		Sprint 3 - Create & Test new report(s)	15 days	Fri 7/5/24	Thu 7/25/24	160	NA	NA	0%	MedImpact	
633	05.19.4		Sprint 4 - Create & Test new report(s)	15 days	Fri 7/5/24	Thu 7/25/24	161	NA	NA	0%	MedImpact	
634	05.19.5		Sprint 5 - Create & Test new report(s)	15 days	Fri 7/5/24	Thu 7/25/24	162	NA	NA	0%	MedImpact	
635	**05.20**		**P&T Discovery Meetings**	**75 days**	**Fri 7/5/24**	**Thu 10/17/24**		**NA**	**NA**	**0%**	**MedImpact**	
636	05.20.1		Set-up P&T Discussions	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
637	05.20.2		Send Agenda	15 days	Fri 9/27/24	Thu 10/17/24	159	NA	NA	0%	MedImpact	
638	05.20.3		Hold Meetings	15 days	Fri 7/5/24	Thu 7/25/24	160	NA	NA	0%	MedImpact	
639	05.20.4		Notes & Action Items Set	15 days	Fri 7/5/24	Thu 7/25/24	161	NA	NA	0%	MedImpact	
640	**05.21**		**Set-up Foundation for P&T**	**75 days**	**Fri 7/5/24**	**Thu 10/17/24**		**NA**	**NA**	**0%**	**MedImpact**	
641	05.21.1		Identify P&T Members and Key Information	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
642	05.21.2		Set-up sharing document site	15 days	Fri 9/27/24	Thu 10/17/24	159	NA	NA	0%	MedImpact	
643	05.21.3		Establish P&T Meeting Calendar	15 days	Fri 7/5/24	Thu 7/25/24	160	NA	NA	0%	MedImpact	
644	05.21.4		Develop cost model format	15 days	Fri 7/5/24	Thu 7/25/24	161	NA	NA	0%	MedImpact	
645	05.21.5		Share cost model format	15 days	Fri 7/5/24	Thu 7/25/24	162	NA	NA	0%	MedImpact	
646	05.21.6		Approve cost model format	75 days	Fri 7/5/24	Thu 10/17/24		NA	NA	0%	MedImpact	
647	**05.22**		**Set-up Foundation for Rebates**	**50 days**	**Wed 7/16/25**	**Tue 9/23/25**		**NA**	**NA**	**0%**	**MedImpact**	
648	05.22.1		Request all current rebate agreements (Federal and supplemental)	5 days	Wed 7/16/25	Tue 7/22/25	546	NA	NA	0%	MedImpact	
649	05.22.2		Determine cut-over date	5 days	Wed 7/23/25	Tue 7/29/25	648	NA	NA	0%		
650	05.22.3		Receive all rebate agreements	5 days	Wed 7/23/25	Tue 7/29/25	648	NA	NA	0%	MedImpact	
651	05.22.4		Review all rebate agreements	5 days	Wed 7/30/25	Tue 8/5/25	650	NA	NA	0%	MedImpact	
652	05.22.5		Develop manufacturer bill insert	5 days	Wed 8/6/25	Tue 8/12/25	651	NA	NA	0%	MedImpact	
653	05.22.6		Review manufacturers bill insert	10 days	Wed 8/13/25	Tue 8/26/25	652	NA	NA	0%	MedImpact	
654	05.22.7		Approve manufacturer bill insert	5 days	Wed 8/27/25	Tue 9/2/25	653	NA	NA	0%	MedImpact	
655	05.22.8		Bill insert sent to clients	5 days	Wed 9/3/25	Tue 9/9/25	654	NA	NA	0%		
656	05.22.9		Establish billing set-up	5 days	Wed 9/10/25	Tue 9/16/25	655	NA	NA	0%		
657	05.22.10		Establish bank accounts	5 days	Wed 9/17/25	Tue 9/23/25	656	NA	NA	0%		
658	**05.23**		**Historical Information Gathering**	**15 days**	**Wed 7/16/25**	**Tue 8/5/25**		**NA**	**NA**	**0%**	**MedImpact**	
659	05.23.1		Obtain historical Rate and Specialty Drug List	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
660	05.23.2		Obtain copies of any reimbursement related policies/procedures	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
661	05.23.3		Obtain historical utilization data (if possible)	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
662	05.23.4		Obtain NDC Utilization File	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
663	05.23.5		Obtain CMS Quarterly Rebate File	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
664	05.23.6		Obtain Drug Manufacturer Contact File	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
665	05.23.7		Obtain other Rate File (SRPU)	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
666	**05.24**		**Establish PDL in MedImpact EFS**	**60 days**	**Wed 7/16/25**	**Tue 10/7/25**		**NA**	**NA**	**0%**	**MedImpact**	
667	05.24.1		Obtain PDL	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
668	05.24.2		Implement PDL in our system	15 days	Wed 8/6/25	Tue 8/26/25	667	NA	NA	0%	MedImpact	
669	05.24.3		Comparison Testing	15 days	Wed 8/27/25	Tue 9/16/25	668	NA	NA	0%	MedImpact	
670	05.24.4		Approval of File	15 days	Wed 9/17/25	Tue 10/7/25	669	NA	NA	0%	MedImpact	
671	**05.25**		**PDL Reports**	**75 days**	**Wed 7/16/25**	**Tue 10/28/25**		**NA**	**NA**	**0%**	**MedImpact**	
672	05.25.1		Gross versus net spend trending report to include before and after rebate spend totals (q	15 days	Wed 7/16/25	Tue 8/5/25	546	NA	NA	0%	MedImpact	
673	05.25.2		Draft Gross versus net spend trending report	15 days	Wed 8/6/25	Tue 8/26/25	672	NA	NA	0%	MedImpact	
674	05.25.3		Internal review of Gross versus net spend trending report	15 days	Wed 8/27/25	Tue 9/16/25	673	NA	NA	0%	MedImpact	
675	05.25.4		Revise Gross versus net spend trending report based on internal review	15 days	Wed 9/17/25	Tue 10/7/25	674	NA	NA	0%	MedImpact	
676	05.25.5		Publish Gross versus net spend trending report	15 days	Wed 10/8/25	Tue 10/28/25	675	NA	NA	0%	MedImpact	
677	**05.26**		**PA Criteria**	**42 days**	**Fri 3/22/24**	**Mon 5/20/24**		**NA**	**NA**	**0%**	**MedImpact**	
678	05.26.1		Obtain current PA criteria	25 days	Wed 9/10/25	Tue 10/14/25	655	NA	NA	0%	MedImpact	
679	05.26.2		Review current PA criteria with DHS	10 days	Wed 10/15/25	Tue 10/28/25	678	NA	NA	0%	DHS	
680	05.26.3		Update based on DHS Input	5 days	Wed 10/29/25	Tue 11/4/25	679	NA	NA	0%	MedImpact	
681	**05.27**		**Monthly reconciliation and invoicing cover letter**	**35 days**	**Fri 8/16/24**	**Thu 10/3/24**		**NA**	**NA**	**0%**		
682	05.27.1		Prepare reconciliation monthly format for approval	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
683	05.27.2		Prepare invoicing cover letter	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
684	05.27.3		Prepare 64.9R Format for approval	15 days	Fri 8/16/24	Thu 9/5/24	158	NA	NA	0%	MedImpact	
685	05.27.4		Review reconciliation monthly format for approval	10 days	Fri 9/6/24	Thu 9/19/24	684	NA	NA	0%	DHS	
686	05.27.5		Review invoicing cover letter for approval	10 days	Fri 9/6/24	Thu 9/19/24	684	NA	NA	0%	DHS	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
687	05.27.6		Review 64.9R format for approval	10 days	Fri 9/6/24	Thu 9/19/24	684	NA	NA	0%	DHS	
688	05.27.7		Update all formats based on DHS comments	10 days	Fri 9/20/24	Thu 10/3/24	687	NA	NA	0%	MedImpact	
689	05.27.8		Final review of all formats based on DHS comments and updates	10 days	Fri 9/20/24	Thu 10/3/24	687	NA	NA	0%	MedImpact	
690	05.27.9		Final approval	10 days	Fri 9/20/24	Thu 10/3/24	687	NA	NA	0%	MedImpact	
691	**06**		**Testing, Communications, and Training**	**161 days**	**Fri 12/27/24**	**Fri 8/8/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	
692	**06.1**		**Project Status Reporting**	**56 days**	**Fri 12/27/24**	**Fri 3/14/25**		**NA**	**NA**	**0%**	**MedImpact**	
705	**06.2**		**Test Preparation**	**45 days**	**Fri 12/27/24**	**Thu 2/27/25**		**NA**	**NA**	**0%**	**MedImpact**	
706	06.2.1		Test Cases written for E2E	10 days	Fri 12/27/24	Thu 1/9/25	690FS+60 days	NA	NA	0%	MedImpact	
707	06.2.2		Test Cases written for UAT	10 days	Fri 12/27/24	Thu 1/9/25	690FS+60 days	NA	NA	0%	MedImpact	
708	06.2.3		Test Data Established	10 days	Fri 12/27/24	Thu 1/9/25	690FS+60 days	NA	NA	0%	MedImpact	
709	06.2.4		Test Data Created	10 days	Fri 12/27/24	Thu 1/9/25	690FS+60 days	NA	NA	0%	MedImpact	
710	06.2.5		Test Cases Mapped to Functional and Technical Requirements	10 days	Fri 12/27/24	Thu 1/9/25	690FS+60 days	NA	NA	0%	MedImpact	
711	06.2.6		Test Environments Confirmed	10 days	Fri 12/27/24	Thu 1/9/25	690FS+60 days	NA	NA	0%	MedImpact	
712	06.2.7		Automated Testing Opportunities Identified	10 days	Fri 1/10/25	Thu 1/23/25	711	NA	NA	0%	MedImpact	
713	06.2.8		Defect Management Tool Defined	5 days	Fri 1/24/25	Thu 1/30/25	712	NA	NA	0%	MedImpact	
714	06.2.9		Defect Management Process Shared & Approved by DHS	5 days	Fri 1/31/25	Thu 2/6/25	713	NA	NA	0%	MedImpact	
715	06.2.10		Limitation of SIT Identified	5 days	Fri 2/7/25	Thu 2/13/25	714	NA	NA	0%	MedImpact	
716	06.2.11		Risk Mitigation Plan Established	5 days	Fri 2/14/25	Thu 2/20/25	715	NA	NA	0%	MedImpact	
717	06.2.12		Progress of testing established	5 days	Fri 2/21/25	Thu 2/27/25	716	NA	NA	0%	MedImpact	
718	**06.3**		**Configuration Testing-Benefit, PDL (E2E)**	**50 days**	**Mon 1/20/25**	**Fri 3/28/25**		**NA**	**NA**	**0%**	**MedImpact,Testing Lead**	
719	06.3.1		Sprint 1 - E2E Testing	10 days	Fri 2/28/25	Thu 3/13/25	717	NA	NA	0%	MedImpact,Testing Lead	
720	06.3.2		Sprint 2 - E2E Testing	10 days	Fri 3/14/25	Thu 3/27/25	719	NA	NA	0%	MedImpact,Testing Lead	
721	06.3.3		Sprint 3 - E2E Testing	10 days	Fri 3/28/25	Thu 4/10/25	720	NA	NA	0%	MedImpact,Testing Lead	
722	06.3.4		Sprint 4 - E2E Testing	10 days	Fri 4/11/25	Thu 4/24/25	721	NA	NA	0%	MedImpact,Testing Lead	
723	06.3.5		Sprint 5 - E2E Testing	10 days	Fri 4/25/25	Thu 5/8/25	722	NA	NA	0%	MedImpact,Testing Lead	
724	**06.4**		**Other Testing**	**91 days**	**Fri 2/28/25**	**Fri 7/4/25**		**NA**	**NA**	**0%**		
725	06.4.1		Regression Testing	10 days	Fri 2/28/25	Thu 3/13/25	717	NA	NA	0%	MedImpact	
726	06.4.2		Policy Parallel Testing	10 days	Fri 2/28/25	Thu 3/13/25	717	NA	NA	0%	MedImpact	
727	06.4.3		Security Testing	10 days	Fri 2/28/25	Thu 3/13/25	717	NA	NA	0%	MedImpact	
728	06.4.4		Load Testing	51 days	Fri 3/14/25	Fri 5/23/25	727	NA	NA	0%	MedImpact	
729	06.4.5		Usability Testing	10 days	Mon 5/26/25	Fri 6/6/25	728	NA	NA	0%	MedImpact	
730	06.4.6		Browser Testing	10 days	Mon 6/9/25	Fri 6/20/25	729	NA	NA	0%	MedImpact	
731	06.4.7		Functional Testing	10 days	Mon 6/23/25	Fri 7/4/25	730	NA	NA	0%	MedImpact	
732	**06.5**		**UAT Testing**	**25 days**	**Mon 7/7/25**	**Fri 8/8/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	
733	06.5.1		Sprint 1 - User Acceptance Testing	5 days	Mon 7/7/25	Fri 7/11/25	730,731,706,707,708,	NA	NA	0%	MedImpact	
734	06.5.2		Sprint 2 - User Acceptance Testing	5 days	Mon 7/14/25	Fri 7/18/25	733	NA	NA	0%	MedImpact	
735	06.5.3		Sprint 3 - User Acceptance Testing	5 days	Mon 7/21/25	Fri 7/25/25	734	NA	NA	0%	MedImpact	
736	06.5.4		Sprint 4 - User Acceptance Testing	5 days	Mon 7/28/25	Fri 8/1/25	735	NA	NA	0%	MedImpact	
737	06.5.5		Update RTM	5 days	Mon 8/4/25	Fri 8/8/25	736	NA	NA	0%	MedImpact	
738	**06.6**		**UAT Demo and Validation**	**20 days**	**Mon 7/14/25**	**Fri 8/8/25**		**NA**	**NA**	**0%**	**DHS,IV&V,SI,MedImpact**	
739	06.6.1		Sprint 1 - User Acceptance Testing	5 days	Mon 7/14/25	Fri 7/18/25	733	NA	NA	0%	DHS,IV&V,SI,MedImpact	
740	06.6.2		Sprint 2 - User Acceptance Testing	5 days	Mon 7/21/25	Fri 7/25/25	734,739	NA	NA	0%	DHS,IV&V,SI,MedImpact	
741	06.6.3		Sprint 3 - User Acceptance Testing	5 days	Mon 7/28/25	Fri 8/1/25	735,740	NA	NA	0%	DHS,IV&V,SI,MedImpact	
742	06.6.4		Sprint 4 - User Acceptance Testing	5 days	Mon 8/4/25	Fri 8/8/25	736,741	NA	NA	0%	DHS,IV&V,SI,MedImpact	
743	**06.7**		**Communications**	**121 days**	**Fri 12/27/24**	**Fri 6/13/25**		**NA**	**NA**	**0%**	**DHS,MedImpact**	
744	**06.7.1**		**Member Communications**	**121 days**	**Fri 12/27/24**	**Fri 6/13/25**		**NA**	**NA**	**0%**		
745	06.7.1.1		Additional Tasks to be Added Once Communications Plan is Approved	10 days	Mon 1/27/25	Fri 2/7/25	231FS+120 days	NA	NA	0%	MedImpact	
746	06.7.1 2		Determine who will send member communications	10 days	Mon 1/27/25	Fri 2/7/25	231FS+120 days	NA	NA	0%	MedImpact,DHS	
747	**06.7.1.3**		**Production of Member Card**	**30 days**	**Fri 12/27/24**	**Thu 2/6/25**		**NA**	**NA**	**0%**		
748	06.7.1 3.1		Determine where cards will be produced	10 days	Fri 12/27/24	Thu 1/9/25	231FS+45 days	NA	NA	0%	MedImpact,DHS	
749	06.7.1 3.2		Determine layout	20 days	Fri 1/10/25	Thu 2/6/25	748	NA	NA	0%	MedImpact,DHS	
750	06.7.1 3.3		Determine phone numbers on card	20 days	Fri 1/10/25	Thu 2/6/25	748	NA	NA	0%	MedImpact,DHS	
751	**06.7.1.4**		**Member Letters**	**43 days**	**Fri 12/27/24**	**Tue 2/25/25**		**NA**	**NA**	**0%**		
752	06.7.1.4.1		Produce Member Letters	20 days	Fri 12/27/24	Thu 1/23/25	231FS+45 days	NA	NA	0%	MedImpact	
753	06.7.1.4.2		Review Member Letters	10 days	Fri 1/24/25	Thu 2/6/25	752	NA	NA	0%	MedImpact,DHS	
754	06.7.1.4.3		Provide Feedback on Member Letters	2 days	Fri 2/7/25	Mon 2/10/25	753	NA	NA	0%	DHS	
755	06.7.1.4.4		Update Member Letters	5 days	Tue 2/11/25	Mon 2/17/25	754	NA	NA	0%	MedImpact	
756	06.7.1.4.5		Final Review of Member Letters	5 days	Tue 2/18/25	Mon 2/24/25	755	NA	NA	0%	MedImpact,DHS	
757	06.7.1.4.6		Approval of Member Letters	1 day	Tue 2/25/25	Tue 2/25/25	756	NA	NA	0%	DHS	



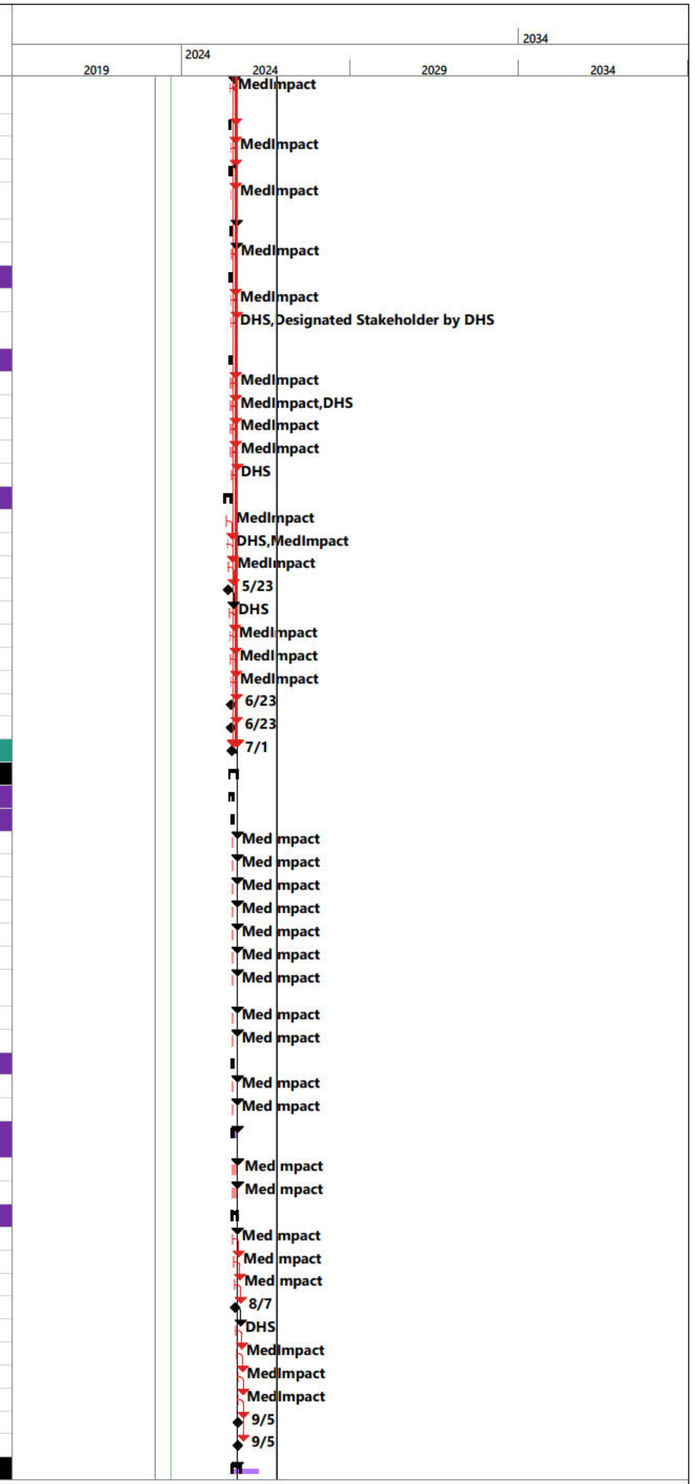
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
758	06.7.1.5		Member Portal Development	95 days	Fri 12/27/24	Thu 5/8/25		NA	NA	0%		
759	06.7.1 5.1		Determine requirements for Member Portal	20 days	Fri 12/27/24	Thu 1/23/25	231FS+45 days	NA	NA	0%	MedImpact,DHS	
760	06.7.1 5.2		Develop Member Portal	60 days	Fri 1/24/25	Thu 4/17/25	759	NA	NA	0%	MedImpact	
761	06.7.1 5.3		Review Member Portal with DHS	10 days	Fri 4/18/25	Thu 5/1/25	760	NA	NA	0%	MedImpact,DHS	
762	06.7.1 5.4		Make any needed updates to Member Portal	5 days	Fri 5/2/25	Thu 5/8/25	761	NA	NA	0%	MedImpact	
763	06.7.1.6		Member Call Center	50 days	Mon 4/7/25	Fri 6/13/25		NA	NA	0%		
764	06.7.1.6.1		Establish Member Call Center Help Line	20 days	Mon 4/7/25	Fri 5/2/25	231FS+170 days	NA	NA	0%	MedImpact,DHS	
765	06.7.1.6.2		Determine Member Call Center Requirements	20 days	Mon 5/5/25	Fri 5/30/25	764	NA	NA	0%	MedImpact,DHS	
766	06.7.1.6.3		Add additional tasks after requirement validation	10 days	Mon 6/2/25	Fri 6/13/25	765	NA	NA	0%	MedImpact,DHS	
767	06.7.2		Provider/Prescriber Communications	31 days	Fri 12/27/24	Fri 2/7/25		NA	NA	0%		
768	06.7.2.1		Provider Written Communications	31 days	Fri 12/27/24	Fri 2/7/25		NA	NA	0%		
769	06.7.2.1.1		Write Provider Communications	31 days	Fri 12/27/24	Fri 2/7/25		NA	NA	0%		
770	06.7.2.1.1.1		90 Day Notification	10 days	Mon 1/27/25	Fri 2/7/25	231FS+70 days	NA	NA	0%	MedImpact	
771	06.7.2.1.1.2		45 Day Notification	10 days	Fri 12/27/24	Thu 1/9/25	231FS+70 days	NA	NA	0%	MedImpact	
772	06.7.2.1.1.3		Payer Sheet	10 days	Fri 12/27/24	Thu 1/9/25	231FS+70 days	NA	NA	0%	MedImpact	
773	06.7.2.1.1.4		15 day Notification	10 days	Fri 12/27/24	Thu 1/9/25	231FS+70 days	NA	NA	0%	MedImpact	
774	06.7.2.1.1.5		3 Day Notification	10 days	Fri 12/27/24	Thu 1/9/25	231FS+70 days	NA	NA	0%	MedImpact	
775	06.7.2.1.2		Review Communications	10 days	Fri 1/10/25	Thu 1/23/25	774	NA	NA	0%	MedImpact,DHS	
776	06.7.2.1.3		Provide Feedback on Communications	5 days	Fri 1/24/25	Thu 1/30/25	775	NA	NA	0%	MedImpact,DHS	
777	06.7.2.1.4		Update based on feedback	5 days	Fri 1/31/25	Thu 2/6/25	776	NA	NA	0%	MedImpact,DHS	
778	06.7.3		Provider Webinars	95 days	Mon 3/3/25	Fri 7/11/25		NA	NA	0%		
779	06.7.3.1		April Webinar	30 days	Mon 3/3/25	Fri 4/11/25		NA	NA	0%		
780	06.7.3.1.1		Send invitation for Webinar	10 days	Mon 3/3/25	Fri 3/14/25	231FS+100 days	NA	NA	0%	MedImpact	
781	06.7.3.1.2		Develop PPT for Webinar	10 days	Mon 3/17/25	Fri 3/28/25	780	NA	NA	0%	MedImpact,DHS	
782	06.7.3.1.3		Review and Approve Webinar	10 days	Mon 3/31/25	Fri 4/11/25	781	NA	NA	0%	MedImpact,DHS	
783	06.7.3.1.4		Hold Webinar	0 days	Fri 4/11/25	Fri 4/11/25	782	NA	NA	0%	MedImpact,DHS	
784	06.7.3.2		June Webinar	30 days	Mon 5/5/25	Fri 6/13/25		NA	NA	0%		
785	06.7.3 2.1		Send invitation for Webinar	10 days	Mon 5/5/25	Fri 5/16/25	231FS+100 days	NA	NA	0%	MedImpact	
786	06.7.3 2.2		Develop PPT for Webinar	10 days	Mon 5/19/25	Fri 5/30/25	785	NA	NA	0%	MedImpact,DHS	
787	06.7.3 2.3		Review and Approve Webinar	10 days	Mon 6/2/25	Fri 6/13/25	786	NA	NA	0%	MedImpact,DHS	
788	06.7.3 2.4		Hold Webinar	0 days	Fri 6/13/25	Fri 6/13/25	787	NA	NA	0%	MedImpact,DHS	
789	06.7.3.3		July (Post Go-Live) Webinar	35 days	Mon 5/26/25	Fri 7/11/25		NA	NA	0%		
790	06.7.3 3.1		Send invitation for Webinar	10 days	Mon 5/26/25	Fri 6/6/25	231FS+100 days	NA	NA	0%	MedImpact	
791	06.7.3 3.2		Develop PPT for Webinar	10 days	Mon 6/9/25	Fri 6/20/25	790	NA	NA	0%	MedImpact,DHS	
792	06.7.3 3.3		Review and Approve Webinar	10 days	Mon 6/30/25	Fri 7/11/25	791FS+5 days	NA	NA	0%	MedImpact,DHS	
793	06.7.3 3.4		Hold Webinar	0 days	Fri 7/11/25	Fri 7/11/25	792	NA	NA	0%	MedImpact,DHS	
794	06.7.4		Provider Manual	51 days	Mon 1/27/25	Mon 4/7/25		NA	NA	0%	MedImpact,DHS	
795	06.7.4.1		Prepare Provider Manual	10 days	Mon 1/27/25	Fri 2/7/25	231FS+50 days	NA	NA	0%	MedImpact,DHS	
796	06.7.4 2		Walk through Provider Manual with DHS	10 days	Mon 2/10/25	Fri 2/21/25	795	NA	NA	0%	MedImpact,DHS	
797	06.7.4 3		Make Updates from Walk through	5 days	Mon 2/24/25	Fri 2/28/25	796	NA	NA	0%	MedImpact,DHS	
798	06.7.4.4		Send to DHS for Review	0 days	Fri 2/28/25	Fri 2/28/25	797	NA	NA	0%	MedImpact,DHS	
799	06.7.4 5		Provide feedback	10 days	Mon 3/3/25	Fri 3/14/25	798	NA	NA	0%	MedImpact,DHS	
800	06.7.4.6		Update based on feedback	5 days	Mon 3/17/25	Fri 3/21/25	799	NA	NA	0%	MedImpact,DHS	
801	06.7.4.7		Send for Final Review	0 days	Fri 3/21/25	Fri 3/21/25	800	NA	NA	0%	MedImpact	
802	06.7.4 8		Approve Provider Manual	10 days	Mon 3/24/25	Fri 4/4/25	801	NA	NA	0%	DHS	
803	06.7.4 9		Post for Providers on Provider / Prescriber Manual	1 day	Mon 4/7/25	Mon 4/7/25	802	NA	NA	0%	MedImpact	
804	06.7.5		Develop Provider / Prescriber Portal	105 days	Mon 1/27/25	Fri 6/20/25		NA	NA	0%		
805	06.7.5.1		Develop Wire Frames	10 days	Mon 1/27/25	Fri 2/7/25	231FS+50 days	NA	NA	0%	MedImpact	
806	06.7.5 2		Review Wire Frames with DHS	10 days	Mon 2/10/25	Fri 2/21/25	795	NA	NA	0%	MedImpact,DHS	
807	06.7.5 3		Update based on feedback	5 days	Mon 2/24/25	Fri 2/28/25	806	NA	NA	0%	MedImpact	
808	06.7.5.4		Approve wireframes	10 days	Mon 3/3/25	Fri 3/14/25	807	NA	NA	0%	MedImpact,DHS	
809	06.7.5 5		Build Portal	40 days	Mon 3/17/25	Fri 5/9/25	808	NA	NA	0%	MedImpact	
810	06.7.5.6		Review Portal with DHS	10 days	Mon 5/12/25	Fri 5/23/25	809	NA	NA	0%	MedImpact,DHS	
811	06.7.5.7		Make any updates	10 days	Mon 5/26/25	Fri 6/6/25	810	NA	NA	0%	MedImpact	
812	06.7.5 8		Final Approve to Portal	5 days	Mon 6/9/25	Fri 6/13/25	811	NA	NA	0%	DHS	
813	06.7.5 9		Publish Portal	5 days	Mon 6/16/25	Fri 6/20/25	812	NA	NA	0%	MedImpact	
814	06.7.5.10		Prescriber Written Communications	10 days	Mon 1/27/25	Fri 2/7/25		NA	NA	0%		
815	06.7.5.10.1		Write Prescriber Communications	10 days	Mon 1/27/25	Fri 2/7/25		NA	NA	0%		
816	06.7.5.10.1.1		90 Day Notification	10 days	Mon 1/27/25	Fri 2/7/25	231FS+70 days	NA	NA	0%	MedImpact	
817	06.7.5.10.1 2		45 Day Notification	10 days	Mon 1/27/25	Fri 2/7/25	231FS+70 days	NA	NA	0%	MedImpact	
818	06.7.5.10.1 3		15 day Notification	10 days	Mon 1/27/25	Fri 2/7/25	231FS+70 days	NA	NA	0%	MedImpact	



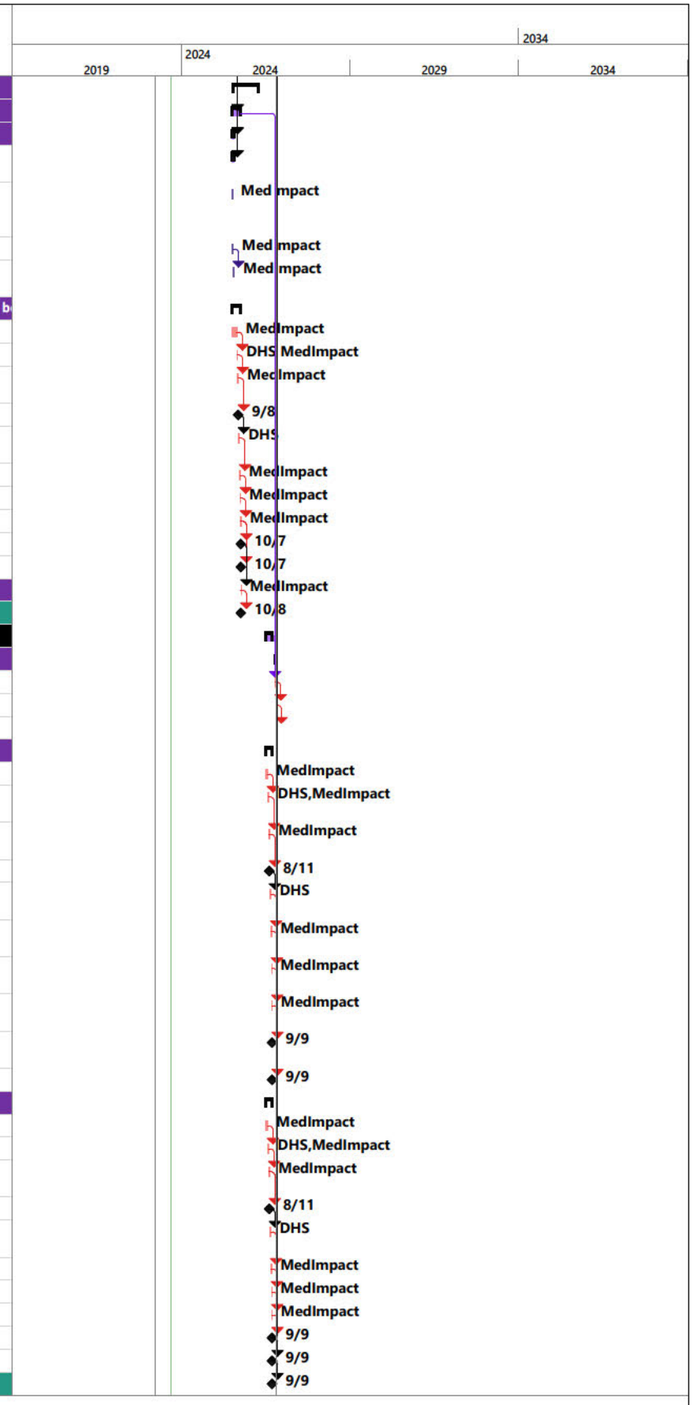
ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
819	06.7.5.10.1.4		3 Day Notification	10 days	Mon 1/27/25	Fri 2/7/25	231FS+70 days	NA	NA	0%	MedImpact	
820	06.7.5.10.2		Review Communications	10 days	Mon 1/27/25	Fri 2/7/25	231FS+70 days	NA	NA	0%	MedImpact	
821	06.7.5.10.3		Provide Feedback on Communications	10 days	Mon 1/27/25	Fri 2/7/25	774	NA	NA	0%	MedImpact,DHS	
822	06.7.5.10.4		Update based on feedback	5 days	Mon 1/27/25	Fri 1/31/25	775	NA	NA	0%	MedImpact,DHS	
823	06.7.6		Rebate Communications	50 days	Mon 1/27/25	Fri 4/4/25		NA	NA	0%		
824	06.7.6.1		Bill Insert	25 days	Mon 3/3/25	Fri 4/4/25		NA	NA	0%		
825	06.7.6.1.1		Write	10 days	Mon 3/3/25	Fri 3/14/25	797	NA	NA	0%	MedImpact	
826	06.7.6.1.2		Review	10 days	Mon 3/17/25	Fri 3/28/25	825	NA	NA	0%	DHS	
827	06.7.6.1.3		Send to Magellan	5 days	Mon 3/31/25	Fri 4/4/25	826	NA	NA	0%	MedImpact	
828	06.7.6.2		Additional Communications	10 days	Mon 1/27/25	Fri 2/7/25		NA	NA	0%		
829	06.7.6 2.1		Add more tasks	10 days	Mon 1/27/25	Fri 2/7/25	231FS+50 days	NA	NA	0%	MedImpact	
830	06.8		Training	186 days	Fri 12/27/24	Fri 9/12/25		NA	NA	0%		
831	06.8.1		MedAccess Training	101 days	Fri 12/27/24	Fri 5/16/25		NA	NA	0%		
832	06.8.1.1		Identify team members who need to be trained	10 days	Mon 4/21/25	Fri 5/2/25	6FS-30 days	NA	NA	0%	MedImpact,DHS	
833	06.8.1 2		Schedule Training	5 days	Mon 5/5/25	Fri 5/9/25	832	NA	NA	0%	MedImpact,DHS	
834	06.8.1 3		Validate all training documentation approved	5 days	Mon 5/12/25	Fri 5/16/25	833	NA	NA	0%	MedImpact,DHS	
835	06.8.1.4		Hold Training	0 days	Fri 12/27/24	Fri 12/27/24		NA	NA	0%	MedImpact,DHS	
836	06.8.1 5		All Action Items Documented	5 days	Fri 12/27/24	Thu 1/2/25		NA	NA	0%	MedImpact,DHS	
837	06.8.1.6		Documented Action Items Complete	20 days	Fri 12/27/24	Thu 1/23/25		NA	NA	0%	MedImpact	
838	06.8.2		MedResponse Training	45 days	Mon 4/21/25	Fri 6/20/25		NA	NA	0%		
839	06.8.2.1		Identify team members who need to be trained	10 days	Mon 4/21/25	Fri 5/2/25	6FS-30 days	NA	NA	0%	MedImpact,DHS	
840	06.8.2 2		Schedule Training	5 days	Mon 5/5/25	Fri 5/9/25	832	NA	NA	0%	MedImpact,DHS	
841	06.8.2 3		Validate all training documentation approved	5 days	Mon 5/12/25	Fri 5/16/25	833	NA	NA	0%	MedImpact,DHS	
842	06.8.2.4		Hold Training	0 days	Fri 5/16/25	Fri 5/16/25	841	NA	NA	0%	MedImpact,DHS	
843	06.8.2 5		All Action Items Documented	5 days	Mon 5/19/25	Fri 5/23/25	842	NA	NA	0%	MedImpact,DHS	
844	06.8.2.6		Documented Action Items Complete	20 days	Mon 5/26/25	Fri 6/20/25	843	NA	NA	0%	MedImpact	
845	06.8.3		MedOptimize Training	45 days	Mon 7/14/25	Fri 9/12/25		NA	NA	0%		NOTE: This training is more effective
846	06.8.3.1		Identify team members who need to be trained	10 days	Mon 7/14/25	Fri 7/25/25	6FS+30 days	NA	NA	0%	MedImpact,DHS	
847	06.8.3 2		Schedule Training	5 days	Mon 7/28/25	Fri 8/1/25	846	NA	NA	0%	MedImpact,DHS	
848	06.8.3 3		Validate all training documentation approved	5 days	Mon 8/4/25	Fri 8/8/25	847	NA	NA	0%	MedImpact,DHS	
849	06.8.3.4		Hold Training	0 days	Fri 8/8/25	Fri 8/8/25	848	NA	NA	0%	MedImpact,DHS	
850	06.8.3 5		All Action Items Documented	5 days	Mon 8/11/25	Fri 8/15/25	849	NA	NA	0%	MedImpact,DHS	
851	06.8.3.6		Documented Action Items Complete	20 days	Mon 8/18/25	Fri 9/12/25	850	NA	NA	0%	MedImpact	
852	07		Operational Readiness	52 days	Mon 4/21/25	Tue 7/1/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	
853	07.1		Project Status Reporting	46 days	Mon 4/21/25	Mon 6/23/25		NA	NA	0%	MedImpact	
864	07.2		Data Migration/Conversion - ORR	5 days	Mon 4/21/25	Fri 4/25/25		NA	NA	0%	MedImpact	
865	07.2.1		Conduct Data Migration and Conversion prior to ORR	5 days	Mon 4/21/25	Fri 4/25/25	6FS-30 days	NA	NA	0%	MedImpact	
866	07.3	No. 31	D: Operational Readiness Review (ORR)	46 days	Mon 4/21/25	Mon 6/23/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	60 Days Prior to Go-Live
867	07.3.1		Draft ORR	15 days	Mon 4/21/25	Fri 5/9/25	6FS-80 days	NA	NA	0%	MedImpact	
868	07.3.2		Review ORR with DHS	2 days	Mon 5/12/25	Tue 5/13/25	867	NA	NA	0%	DHS,MedImpact	
869	07.3.3		Update ORR Based on Feedback	8 days	Wed 5/14/25	Fri 5/23/25	868	NA	NA	0%	MedImpact	
870	07.3.4		Deliver ORR	0 days	Fri 5/23/25	Fri 5/23/25	869	NA	NA	0%	MedImpact	
871	07.3.5		Review ORR and Accept or Reject	10 days	Mon 5/26/25	Fri 6/6/25	870	NA	NA	0%	DHS	
872	07.3.6		Revise ORR if Rejected	5 days	Mon 6/9/25	Fri 6/13/25	871	NA	NA	0%	MedImpact	
873	07.3.7		Deliver Updated ORR	3 days	Mon 6/16/25	Wed 6/18/25	872	NA	NA	0%	MedImpact	
874	07.3.8		Final Review of ORR	3 days	Thu 6/19/25	Mon 6/23/25	873	NA	NA	0%	MedImpact	
875	07.3.9		Confirm and Accept ORR	0 days	Mon 6/23/25	Mon 6/23/25	874	NA	NA	0%	DHS	
876	07.4		Testing	20 days	Mon 4/21/25	Fri 5/16/25		NA	NA	0%	MedImpact	
877	07.4.1		Operational Readiness Testing	20 days	Mon 4/21/25	Fri 5/16/25	6FS-30 days	NA	NA	0%	MedImpact	
878	07.4.2		Disaster Recovery Testing	20 days	Mon 4/21/25	Fri 5/16/25	6FS-30 days	NA	NA	0%	MedImpact	
879	07.4.3		BCDR Tabletop exercise	20 days	Mon 4/21/25	Fri 5/16/25	6FS-30 days	NA	NA	0%	MedImpact,DHS,Designated Stakeholder by DHS	
880	07.5		Update RTM	3 days	Wed 5/14/25	Fri 5/16/25	877FF	NA	NA	0%	MedImpact	
881	07.6		M: ORR Complete	0 days	Tue 7/1/25	Tue 7/1/25	877,878,879,892,893,	NA	NA	0%	MedImpact	
882	08		Deployment/Implementation	65 days	Mon 4/21/25	Fri 7/18/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	
883	08.1		Project Status Reporting	31 days	Fri 6/6/25	Fri 7/18/25		NA	NA	0%	MedImpact	
891	08.2		Implementation Prep	20 days	Mon 5/26/25	Fri 6/20/25		NA	NA	0%	MedImpact	
892	08.2.1		Promote Code and Maps from UAT to PROD	3 days	Fri 6/13/25	Tue 6/17/25	6FS-10 days	NA	NA	0%	MedImpact	
893	08.2.2		Validate PROD Environment	2 days	Wed 6/18/25	Thu 6/19/25	892	NA	NA	0%	MedImpact	
894	08.3		Final Data Conversion - Pre Go Live Cutoff	13 days	Fri 6/13/25	Tue 7/1/25		NA	NA	0%	MedImpact	
895	08.3.1		Final Conversion Preparation	3 days	Fri 6/13/25	Tue 6/17/25	6FS-10 days	NA	NA	0%	MedImpact	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
896	08.3.1.1		Conduct Final Conversion Preparation and Maintenance	1 day	Fri 6/13/25	Fri 6/13/25	6FS-10 days	NA	NA	0%	MedImpact	
897	**08.3.2**		**Acquire and Backup Current Data**	**2 days**	**Wed 6/18/25**	**Thu 6/19/25**	**892**	**NA**	**NA**	**0%**	**MedImpact**	
898	08.3.2.1		Acquire and Load Current Data From the DHS	5 days	Wed 6/18/25	Tue 6/24/25	896	NA	NA	0%	MedImpact	
899	08.3.2 2		Acquire and Store Backup of Archive Data	5 days	Wed 6/18/25	Tue 6/24/25	896	NA	NA	0%	MedImpact	
900	08.3.2 2.1		Claims data, enrollment data, rebate data, etc (more to be added after Requirement Validation)	5 days	Wed 6/18/25	Tue 6/24/25	896	NA	NA	0%	MedImpact	
901	**08.3.3**		**Execute Final Conversions**	**5 days**	**Wed 6/25/25**	**Tue 7/1/25**	**899**	**NA**	**NA**	**0%**	**MedImpact**	
902	08.3.3.1		Execute Final Data Conversions	5 days	Wed 6/25/25	Tue 7/1/25	899	NA	NA	0%	MedImpact	
903	**08.4**		**Final Conversion Results**	**7 days**	**Wed 6/18/25**	**Thu 6/26/25**		**NA**	**NA**	**0%**	**MedImpact**	
904	08.4.1		Assemble Final Conversion Results	5 days	Wed 6/18/25	Tue 6/24/25	896	NA	NA	0%	MedImpact	
905	08.4.2		DHS Conducts Review of Final Data Conversion Results	2 days	Wed 6/25/25	Thu 6/26/25	904	NA	NA	0%	DHS,Designated Stakeholder by DHS	
906	**08.5**		**Final Implementation Task**	**12 days**	**Mon 6/16/25**	**Tue 7/1/25**		**NA**	**NA**	**0%**	**MedImpact**	
907	08.5.1		Implementation Contact List	10 days	Mon 6/16/25	Fri 6/27/25	896	NA	NA	0%	MedImpact	
908	08.5.2		Verify contact list at DHS	10 days	Mon 6/16/25	Fri 6/27/25	896	NA	NA	0%	MedImpact,DHS	
909	08.5.3		Verify access to live data pulls	10 days	Mon 6/16/25	Fri 6/27/25	896	NA	NA	0%	MedImpact	
910	08.5.4		Countdown	12 days	Mon 6/16/25	Tue 7/1/25	896	NA	NA	0%	MedImpact	
911	08.5.5		DHS Go-Live Approval	2 days	Fri 6/27/25	Mon 6/30/25	910FS-3 days	NA	NA	0%	DHS	
912	**08.6**	**No. 33**	**D: Maintenance & Operations (M&O) Support Plan**	**46 days**	**Mon 4/21/25**	**Mon 6/23/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**30 Days prior to Go-Live**
913	08.6.1		Draft M&O Support Plan	15 days	Mon 4/21/25	Fri 5/9/25	18SS	NA	NA	0%	MedImpact	
914	08.6.2		Review M&O Support Plan with DHS	2 days	Mon 5/12/25	Tue 5/13/25	913	NA	NA	0%	DHS,MedImpact	
915	08.6.3		Update M&O Support Plan Based on Feedback	8 days	Wed 5/14/25	Fri 5/23/25	914	NA	NA	0%	MedImpact	
916	08.6.4		Deliver M&O Support Plan	0 days	Fri 5/23/25	Fri 5/23/25	915	NA	NA	0%	MedImpact	
917	08.6.5		Review M&O Support Plan and Accept or Reject	10 days	Mon 5/26/25	Fri 6/6/25	916	NA	NA	0%	DHS	
918	08.6.6		Revise M&O Support Plan if Rejected	5 days	Mon 6/9/25	Fri 6/13/25	917	NA	NA	0%	MedImpact	
919	08.6.7		Deliver Updated M&O Support Plan	3 days	Mon 6/16/25	Wed 6/18/25	918	NA	NA	0%	MedImpact	
920	08.6.8		Final Review of M&O Support Plan	3 days	Thu 6/19/25	Mon 6/23/25	919	NA	NA	0%	MedImpact	
921	08.6.9		Confirm and Accept M&O Support Plan	0 days	Mon 6/23/25	Mon 6/23/25	920	NA	NA	0%	DHS	
922	08.6.10		D: Maintenance & Operations (M&O) Support Plan	0 days	Mon 6/23/25	Mon 6/23/25	920	NA	NA	0%	MedImpact	
923	**08.7**		**M: Operational Go-Live**	**0 days**	**Tue 7/1/25**	**Tue 7/1/25**	**877,878,879,892,893,**	**NA**	**NA**	**0%**	**MedImpact**	
924	**09**		**Implementation transition to operations / post-deployment**	**66 days**	**Fri 6/6/25**	**Fri 9/5/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	
925	**09.1**		**Project Status Reporting**	**31 days**	**Fri 6/6/25**	**Fri 7/18/25**		**NA**	**NA**	**0%**	**MedImpact**	
933	**09.2**		**Execute Operational tasks**	**10 days**	**Mon 6/30/25**	**Fri 7/11/25**		**NA**	**NA**	**0%**	**MedImpact**	
934	09.2.1		Daily review calls 5-10 days after Go-Live	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
935	09.2.2		Operations Log	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
936	09.2.3		Post-Go Live Tasks	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
937	09.2.4		Monitoring	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
938	09.2.5		Transition activities	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
939	09.2.6		Review Lessons Learned	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
940	09.2.7		Review and assign operations tasks that have not been previously assigned	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 days	NA	NA	0%	MedImpact	
941	09.2.8		Quality Assurance Plan developed and approved	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
942	09.2.9		DELIVERABLE: Operations Report Card	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
943	**09.3**		**Post-Go-Live Activities**	**10 days**	**Mon 6/30/25**	**Fri 7/11/25**		**NA**	**NA**	**0%**	**MedImpact**	
944	09.3.1		Finalize transition log	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
945	09.3.2		Transition to Operation log	10 days	Mon 6/30/25	Fri 7/11/25	923FS-2 days,11FS-2 d	NA	NA	0%	MedImpact	
946	**09.4**		**Post Operational Go-Live Implementation Project Team Support / Monitoring**	**10 days**	**Mon 6/30/25**	**Fri 7/11/25**	**923FS-2 days,11FS-2 days**	**NA**	**NA**	**0%**	**MedImpact**	
947	09.4.1		Post Operational Go-Live Monitoring of Operations	30 days	Wed 7/2/25	Tue 8/12/25	923,881,11,10	NA	NA	0%	MedImpact	
948	09.4.2		Issue Identification and Resolution	30 days	Wed 7/2/25	Tue 8/12/25	923,881,11,10	NA	NA	0%	MedImpact	
949	**09.5**	**No. 32**	**D: Project Closeout Checklist (PCC)**	**49 days**	**Tue 7/1/25**	**Fri 9/5/25**		**NA**	**NA**	**0%**	**DHS,Designated Stakeholder by DHS,MedImpac**	**15 Days after Go-Live**
950	09.5.1		Draft PCC	10 days	Tue 7/1/25	Mon 7/14/25	923FS-1 day,11FS-1 da	NA	NA	0%	MedImpact	
951	09.5.2		Review PCC with DHS	10 days	Tue 7/15/25	Mon 7/28/25	950	NA	NA	0%	MedImpact	
952	09.5.3		Update PCC on Feedback	8 days	Tue 7/29/25	Thu 8/7/25	951	NA	NA	0%	MedImpact	
953	09.5.4		Deliver PCC	0 days	Thu 8/7/25	Thu 8/7/25	952	NA	NA	0%	MedImpact	
954	09.5.5		Review PCC and Accept or Reject	10 days	Fri 8/8/25	Thu 8/21/25	953	NA	NA	0%	DHS	
955	09.5.6		Revise PCC if Rejected	5 days	Fri 8/22/25	Thu 8/28/25	954	NA	NA	0%	MedImpact	
956	09.5.7		Deliver Updated PCC	3 days	Fri 8/29/25	Tue 9/2/25	955	NA	NA	0%	MedImpact	
957	09.5.8		Final Review of PCC	3 days	Wed 9/3/25	Fri 9/5/25	956	NA	NA	0%	MedImpact	
958	09.5.9		Confirm and Accept PCC	0 days	Fri 9/5/25	Fri 9/5/25	957	NA	NA	0%	DHS	
959	09.5.10		D: Project Closeout Checklist (PCC)	0 days	Fri 9/5/25	Fri 9/5/25	957	NA	NA	0%	DHS	
960	**10**		**CMS Certification**	**71 days**	**Tue 7/1/25**	**Tue 10/7/25**	**923FS-1 day,11FS-1 da**	**NA**	**NA**	**0%**	**MedImpact**	



ID	WBS	RFP Requirement Number	Task Name	Duration	Start	Finish	Predecessors	Actual Start	Actual Finish	% Complet	Resource Names	Notes
961	10.1		Project Status Reporting	191 days	Fri 7/18/25	Fri 4/10/26		NA	NA	0%	MedImpact	
1011	10.2		Certification WBS	71 days	Tue 7/1/25	Tue 10/7/25	923FS-1 day,11FS-1 da	NA	NA	0%	MedImpact	
1012	10.2.1		Produce Deliverable: WBS for CMS Certification	20 days	Tue 7/1/25	Mon 7/28/25	923FS-1 day,11FS-1 da	NA	NA	0%	MedImpact	
1013	10.2.1.1		Determine updated requirements & produce WBS for CMS Certification	20 days	Tue 7/1/25	Mon 7/28/25	923FS-1 day,11FS-1 day	NA	NA	0%	MedImpact	
1014	10.2.1.1.1		Find and update all requirements for certification due to CMS update SMD # 22-001 provided by CMS 4-14-22	10 days	Tue 7/1/25	Mon 7/14/25		NA	NA	0%	MedImpact	
1015	10.2.1.1.2		Develop WBS for Certification updated guidance	10 days	Tue 7/1/25	Mon 7/14/25		NA	NA	0%	MedImpact	
1016	10.2.1.1.3		Add task to create CMS Certification WBS based off updated CMS guidelines	10 days	Tue 7/15/25	Mon 7/28/25	1015	NA	NA	0%	MedImpact	
1017	10.2.2	No. 34	D: CMS Certification Documentation	71 days	Tue 7/1/25	Tue 10/7/25		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	90 days prior to CMS Certification b
1018	10.2.2.1		Draft CMS Certification Documentation	40 days	Tue 7/1/25	Mon 8/25/25	18SS	NA	NA	0%	MedImpact	
1019	10.2.2 2		Review CMS Certification Documentation with DHS	2 days	Tue 8/26/25	Wed 8/27/25	1018	NA	NA	0%	DHS,MedImpact	
1020	10.2.2 3		Update CMS Certification Documentation Based on Feedback	8 days	Thu 8/28/25	Mon 9/8/25	1019	NA	NA	0%	MedImpact	
1021	10.2.2.4		Deliver CMS Certification Documentation	0 days	Mon 9/8/25	Mon 9/8/25	1020	NA	NA	0%	MedImpact	
1022	10.2.2 5		Review CMS Certification Documentation and Accept or Reject	10 days	Tue 9/9/25	Mon 9/22/25	1021	NA	NA	0%	DHS	
1023	10.2.2.6		Revise CMS Certification Documentation if Rejected	5 days	Tue 9/23/25	Mon 9/29/25	1022	NA	NA	0%	MedImpact	
1024	10.2.2.7		Deliver Updated CMS Certification Documentation	3 days	Tue 9/30/25	Thu 10/2/25	1023	NA	NA	0%	MedImpact	
1025	10.2.2 8		Final Review of CMS Certification Documentation	3 days	Fri 10/3/25	Tue 10/7/25	1024	NA	NA	0%	MedImpact	
1026	10.2.2 9		Confirm and Accept CMS Certification Documentation	0 days	Tue 10/7/25	Tue 10/7/25	1025	NA	NA	0%	DHS	
1027	10.2.2.10		D: CMS Certification Documents	0 days	Tue 10/7/25	Tue 10/7/25	1025	NA	NA	0%	MedImpact	
1028	10.3		Deliver: Certification WBS	1 day	Wed 10/8/25	Wed 10/8/25	1026	NA	NA	0%	MedImpact	
1029	10.4		M: CMS Certification	0 days	Wed 10/8/25	Wed 10/8/25	1028	NA	NA	0%	MedImpact	
1030	11		Closeout	51 days	Wed 7/1/26	Wed 9/9/26		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	
1031	11.1		Project Status Reporting	11 days	Wed 10/14/26	Wed 10/28/26		NA	NA	0%	MedImpact	
1032	11.1.1		Project Status Report, WBS, Agendas & Minutes Week 107	1 day	Wed 10/14/26	Wed 10/14/26	1011FS+4 days	NA	NA	0%		
1033	11.1.2		Project Status Report, WBS, Agendas & Minutes Week 108	1 day	Wed 10/21/26	Wed 10/21/26	1032FS+4 days	NA	NA	0%		
1034	11.1.3		Project Status Report, WBS, Agendas & Minutes Week 109	1 day	Wed 10/28/26	Wed 10/28/26	1033FS+4 days	NA	NA	0%		
1035	11.2	No. 35	D: Completion of All Warranty Activities Report	51 days	Wed 7/1/26	Wed 9/9/26		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	365 days after Go-Live
1036	11.2.1		Draft Completion of All Warranty Activities Report	15 days	Wed 7/1/26	Tue 7/21/26		NA	NA	0%	MedImpact	
1037	11.2.2		Review Completion of All Warranty Activities Report with DHS	10 days	Wed 7/22/26	Tue 8/4/26	1036	NA	NA	0%	DHS,MedImpact	
1038	11.2.3		Update Completion of All Warranty Activities Report Based on Feedback	5 days	Wed 8/5/26	Tue 8/11/26	1037	NA	NA	0%	MedImpact	
1039	11.2.4		Deliver Completion of All Warranty Activities Report	0 days	Tue 8/11/26	Tue 8/11/26	1038	NA	NA	0%	MedImpact	
1040	11.2.5		Review Completion of All Warranty Activities Report and Accept or Reject	10 days	Wed 8/12/26	Tue 8/25/26	1039	NA	NA	0%	DHS	
1041	11.2.6		Revise Completion of All Warranty Activities Report if Rejected	5 days	Wed 8/26/26	Tue 9/1/26	1040	NA	NA	0%	MedImpact	
1042	11.2.7		Deliver Updated Completion of All Warranty Activities Report	3 days	Wed 9/2/26	Fri 9/4/26	1041	NA	NA	0%	MedImpact	
1043	11.2.8		Final Review of Completion of All Warranty Activities Report	3 days	Mon 9/7/26	Wed 9/9/26	1042	NA	NA	0%	MedImpact	
1044	11.2.9		Confirm and Accept Completion of All Warranty Activities Report	0 days	Wed 9/9/26	Wed 9/9/26	1043	NA	NA	0%	DHS	
1045	11.2.10		D: Completion of All Warranty Activities Report	0 days	Wed 9/9/26	Wed 9/9/26	1043	NA	NA	0%	MedImpact	
1046	11.2.11	No. 36	D: Turnover and Closeout Plan	51 days	Wed 7/1/26	Wed 9/9/26		NA	NA	0%	DHS,Designated Stakeholder by DHS,MedImpac	365 days prior to Contract End
1047	11.2.11.1		Draft Turnover and Closeout Plan	15 days	Wed 7/1/26	Tue 7/21/26		NA	NA	0%	MedImpact	
1048	11.2.11.2		Review Turnover and Closeout Plan with DHS	10 days	Wed 7/22/26	Tue 8/4/26	1047	NA	NA	0%	DHS,MedImpact	
1049	11.2.11.3		Update Turnover and Closeout Plan Based on Feedback	5 days	Wed 8/5/26	Tue 8/11/26	1048	NA	NA	0%	MedImpact	
1050	11.2.11.4		Deliver Turnover and Closeout Plan	0 days	Tue 8/11/26	Tue 8/11/26	1049	NA	NA	0%	MedImpact	
1051	11.2.11.5		Review Turnover and Closeout Plan and Accept or Reject	10 days	Wed 8/12/26	Tue 8/25/26	1050	NA	NA	0%	DHS	
1052	11.2.11.6		Revise Turnover and Closeout Plan if Rejected	5 days	Wed 8/26/26	Tue 9/1/26	1051	NA	NA	0%	MedImpact	
1053	11.2.11.7		Deliver Updated Turnover and Closeout Plan	3 days	Wed 9/2/26	Fri 9/4/26	1052	NA	NA	0%	MedImpact	
1054	11.2.11.8		Final Review of Turnover and Closeout Plan	3 days	Mon 9/7/26	Wed 9/9/26	1053	NA	NA	0%	MedImpact	
1055	11.2.11.9		Confirm and Accept Turnover and Closeout Plan	0 days	Wed 9/9/26	Wed 9/9/26	1054	NA	NA	0%	DHS	
1056	11.2.11.10		D: Turnover and Closeout Plan	0 days	Wed 9/9/26	Wed 9/9/26	1055	NA	NA	0%	MedImpact	
1057	11.2.12		M: Close Implementation	0 days	Wed 9/9/26	Wed 9/9/26	1056	NA	NA	0%	MedImpact	



PROJECT UPDATE: TUES 7/9/24

FRI 1/5/24 – THUR 8/20/26

OVERALL	SCOPE	SCHEDULE	BUDGET

% SCHEDULE COMPLETE	% WORK COMPLETE	SV%
15%	19%	0%

ACCOMPLISHMENTS:

Accomplishments	Finish Date
DED Comments provided & updates made	7/5/24
Status Report Approved	7/2/24
PMP provided to DHS for review	7/5/24
WBS provided to DHS for review	7/5/24
Workgroup Sessions Begin	7/2/24
Connectivity Forms Sent to All Orgs	7/2/24
Data Interfaces Identified	7/5/24
Claims Processing Requirements Complete	Fri 8/4/23
PA Processing Requirement Validation Complete	Fri 9/1/23

THIS WEEK'S OBJECTIVES

Objectives
TBD
TBD
TBD
TBD
TBD
TBD
TBD
TBD
TBD

ESCALATED RISKS:

Risk	Date Logged
Risk 1	TBD
Risk 2	TBD
Risk 3	TBD
Risk 4	TBD

ESCALATED ISSUES:

Issue	Date Logged
Issue 1	TBD
Issue 2	TBD
Issue 3	TBD
Issue 4	TBD

DISPOSITION OF RISKS:
Bullet 1
Bullet 2
Bullet 3

DISPOSITION OF ISSUES:
Bullet 1
Bullet 2
Bullet 3

PLANNED VS ACTUAL START

Task	Planned Start	Actual Start	Projected Finish
TBD			
TBD			
TBD			
TBD			

PLANNED VS ACTUAL FINISH

Task	Planned Finish	Actual Finish	Projected Impact
TBD			
TBD			
TBD			
TBD			

KEY DEPENDENCIES

Task	Dependencies	Risk Level	Mitigation Strategy
TBD			
TBD			
TBD			

LEGEND
Project within budget, scope, and on schedule
Project has deviated slightly from the plan but expect to recover
Project has fallen significantly behind plan forecasted to impact either budget, scope, and/or schedule

PROJECT UPDATE: TUES 7/9/24

IMPORTANT DECISIONS TO LOG:

Decision	Log Date
TBD	TBD
TBD	TBD
TBD	TBD
TBD	TBD
TBD	TBD

UPCOMING IMPORTANT DECISIONS:

Decisions
TBD
TBD
TBD
TBD
TBD

STAFFING CHANGES:

Role	Current Staff Assigned	New Staff Assigned	Date of Change
NA	TBD	TBD	TBD
NA	TBD	TBD	TBD

SCOPE CHANGE REQUESTS:

Scope Item	Request	Approval Date	Date of Change
NA	TBD	TBD	TBD
NA	TBD	TBD	TBD
NA	TBD	TBD	TBD
NA	TBD	TBD	TBD

NARRATIVE UPDATE:

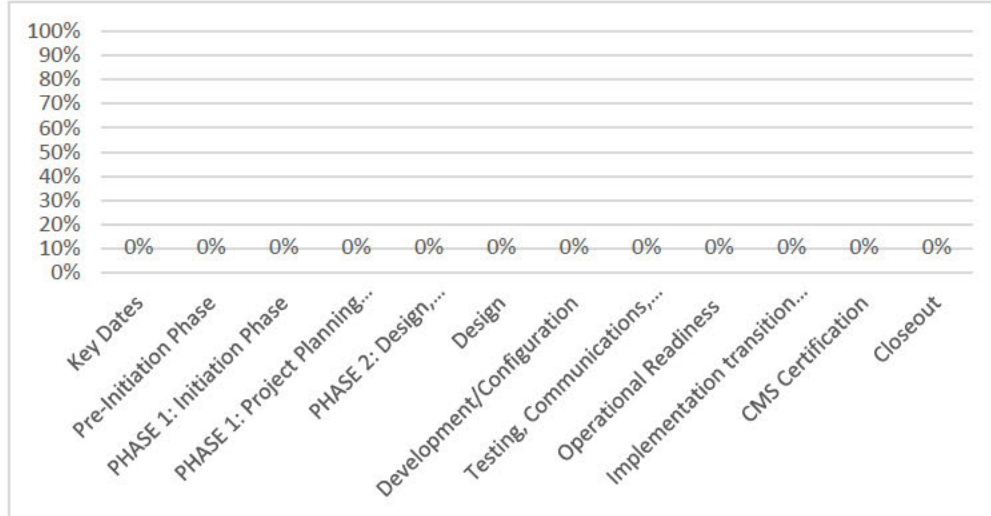
Narrative Updates:
Bullet 1
Bullet 2
Bullet 3

Narrative Updates:
Bullet 1
Bullet 2
Bullet 3

FRI 1/5/24 – THUR 8/20/26

% COMPLETE

Status for all top-level tasks. To see the status for subtasks, click on the chart and update the outline level in the Field List.



SIT UPDATE

Scheduled to start <DATE> and currently on-schedule to meet that start date.

UAT UPDATE

Scheduled to start <DATE> and currently on-schedule to meet that start date.

ACTIVITIES THIS WEEK:

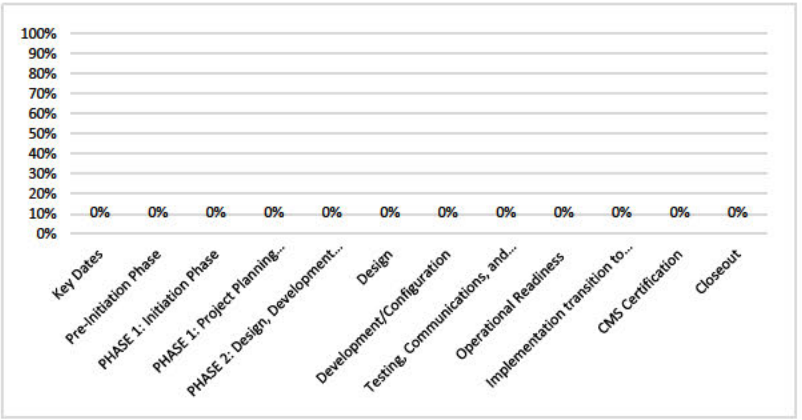
Specific Activities of Focus:
Bullet 1
Bullet 2
Bullet 3

PROJECT UPDATE: TUES 7/9/24

PROJECT STATUS

% COMPLETE

Status for all top-level tasks. To see the status for subtasks, click on the chart and update the outline level in the Field List.



CURRENT WBS PHASE

14	02		Pre-Initiation Phase	106 days	Mon 1/8/24	Mon 6/3/24		0%
15	02.1		Contracting	61 days	Mon 1/8/24	Mon 4/1/24		0%
18	02.2		Contract Start Date	2 days	Fri 5/31/24	Mon 6/3/24		0%
19	02.3		Request PMO Templates and Materials from DHS	1 day	Tue 4/2/24	Tue 4/2/24	16	0%
20	02.4		Cyber Insurance Bond	30 days	Tue 4/2/24	Mon 5/13/24	19SS	0%
21	02.5		Certification Regarding Drug-Free Workplace	30 days	Tue 4/2/24	Mon 5/13/24	19SS	0%
22	02.6		Record Checks	30 days	Tue 4/2/24	Mon 5/13/24	19SS	0%
23	02.7		Business Associate Agreement and HIPPA Confidentiality Compliance	30 days	Tue 4/2/24	Mon 5/13/24	19SS	0%
24	02.8		Any Additional Contract Requirements due Prior to Kick-off	30 days	Tue 4/2/24	Mon 5/13/24	19SS	0%
25	02.9		Business Associate Agreement (BAA)	20 days	Tue 4/30/24	Mon 5/27/24		0%
30	02.10		Assign Project Resources	20 days	Tue 4/30/24	Mon 5/27/24		0%
35	02.11		Client Set-Up	20 days	Tue 4/30/24	Mon 5/27/24		0%
40	02.12		Establish Connectivity with State Project Information Library (PIL)	20 days	Tue 4/30/24	Mon 5/27/24		0%
45	02.13		Review Structured and controlled process defined by and managed by the AME PMO	21 days	Tue 4/30/24	Tue 5/28/24		0%

{{Insert Client}}

<MedImpact Healthcare Systems, Inc.>

Data Conversion Plan

Version 1.0
08/30/2023

TABLE OF CONTENTS

1. Introduction 5

1.1. Purpose of the DCP 5

1.2. References 5

2. System Overview 6

3. Data Conversion Objectives 7

4. Critical Success Factors/Assumptions/Constraints/Risks 8

4.1. Critical Success Factors 8

4.2. Assumptions 8

4.3. Constraints 9

4.4. Risks 9

5. Data Conversion Strategy 10

5.1. Conversion Scope 10

5.2. Conversion Approach 13

5.3. Roles and Responsibilities 14

5.4. Conversion Schedule 15

5.5. Data Quality Assurance and Control 17

6. Data Conversion Preparation 18

6.1. Prerequisites 18

6.2. Backup Strategy 18

6.3. Restore Process 18

7. Data Conversion Specifications 19

8. Expected Results 20

TABLE OF TABLES

Table 1 - Referenced Documents.....5
Table 2: Risks and Mitigation Strategies 9
Table 3: Data Conversion Required Interfaces.....10
Table 4: Roles and Responsibilities 14
Table 5: Conversion Schedule 15
Table 6: Rebate Conversion Schedule.....16

Document Control

Version Control				
Document Name	Data Conversion Plan Template		**Project**	Insert Project Name
Version	1.0	**Date**	08/30/2023	
Repository Link / Filename	Insert link			

Revision History			
Version	**Date**	**Author**	**Comment**
1.0	08/30/2023	MI	Initial release for review.

We have reviewed and agreed to the information described in this document and referenced attachments.

Approval			
Name	**Title**	**Date**	**Signature**

1. Introduction

The Data Conversion Plan (DCP) describes the strategy for converting and validating the accuracy of legacy data within the conversion scope into the requested project solution. The DCP should include migration activities and strategies. A module vendor's data conversion plan should be submitted for review and approval prior to the start of the development phase, so that any changes or modifications to the plan can be incorporated into the development process. This will help ensure that the new solution is designed and developed with the correct data conversion requirements and that the resulting data is accurate, consistent, and usable. The strategy should include how all interfaces will be achieved. This DCP Template leveraged the Target Life Cycle (TLC) template of the same name. Therefore, data conversion includes conversion and migration activities.

1.1. Purpose of the DCP

This DCP describes the strategy, preparation, and specifications for converting data from {{insert client}} current/incumbent vendor systems to the MedImpact systems This plan describes the overall approach, assumptions, processes, and tools that will be used in the data conversion. It contains elements of the required:

- Data Migration/Conversion Strategy and Plan
- Conversion Work Plan

The intended audience of the {{insert client}} Implementation and Customization DCP is the {{insert client}} and the {{insert state}} Project Team.

1.2. References

Table 1 - Referenced Documents

Document Name	Document File Name
System Detail Design Document	{{insert client}}-TMF-SystemDetailedDesignDocument v1.0.docx
Interface Control Document	PBM-PM-InterfaceControlDocument v1.0-230825.docx
Claims – Physical Data Model	Claims_Physical_Data_Model.xls
Rebate - Physical Data Model	Rebate_Physical_Data_Model.xls

2. System Overview

See {{insert client}}-TMF-SystemDetailedDesignDocument v1.0.docx for a detailed description of the target systems, including the underlying data structures populated by data conversion.

Generally speaking, data conversion will populate the following tables:

- CLAIM_RX – Historical claims data required for clinical editing within pharmacy claims adjudication.
- MEMBER and child tables – Member eligibility, attributes, and TPL data required for pharmacy claims adjudication and downstream processing.
- MEMBER_AUTH – Member prior authorization data required for pre-authorization of drugs subject to utilization management and clinical prior authorization requirements.
- MEMBER_DIAGNOSIS – Member diagnosis required for Retrospective Drug Utilization Review (RetroDUR), concurrent authorization processing (PA@POS), and Prior Authorization processing.

The process and tools used in the conversion of data into these table structures are described in section 5.2.

.

3. Data Conversion Objectives

Data Conversion Objectives

- **Data Accuracy**: Ensure the conversion process maintains the accuracy of all data, so that MedImpact's system reflect the same data as the {{insert client}} system
- **Data Completeness**: Ensure that all necessary data is successfully converted, and no essential data is lost during the conversion process
- **Data Integrity**: Ensure the data structure, relationships and dependencies are maintained during the conversion process
- **Data Security**: Ensure all sensitive and classified data remains secure during conversion. This will include methodologies of encryption, controlled access, auditing, and compliance with HIPAA regulations.
- **Timeliness**: DCP will define a timeline for the conversion process with a Go-Ready date of 11/1/2023
- **Data Validation and Verification**: Setup robust validation rules to ensure the converted data is verifiable against the original {{insert client}} data.
- **Backup and Restoration**: Ensure robust backup and restoration mechanisms to prevent data loss.

4. Critical Success Factors/Assumptions/Constraints/Risks

4.1. Critical Success Factors

Critical Success Factors include:

- **Accurate Data Mapping**: Accurate data maps between the source system and MedImpact are key. All essential data must be transferred, and no data should be left behind or modified inaccurately.
- **Data Quality**: Identify and remove duplicates, correct errors and inconsistencies during the conversion process.
- **Data Completeness**: Ensure the completeness of the data converted.
- **Effective Testing**: Carry out testing on subsets of data prior to the full conversion to confirm the transfer process works as expected and any challenges are identified early in the project.
- **Resource Availability**: Ensure adequate resources are allocated, including hardware, software, and trained personnel to avoid any delay or difficulty during the conversion process.
- **Clear Goals and Timelines**: Goals should be realistic, clear, and communicated with a matching timeline, ensuring all stakeholders understand what success looks like.
- **User Training and Support**: Training for end-users to easily adapt to MedImpact's system is a key success factor. On-going support post-conversion will also be critical to manage any challenges.
- **Secure Data Handling**: Maintaining data security through the data conversion process is vital to prevent data breach which could lead to data loss.
- **Proper Planning and Management**: Detailed planning, effective management, and clear communication at every stage of the process are critical for a successful data conversion.

4.2. Assumptions

Assumptions include:

- **Data Integrity**: Data in the submitting system is accurate, and well-structured.
- **Compatibility**: All data in MedImpact's system can accept and correctly interpret all data coming from the submitter once it has been transformed to the appropriate format.
- **Resource Availability**: Adequate resources, including hardware, software and personnel are available when required.
- **Timeline**: Assumptions are made concerning the time it will take to complete various stages of the conversion process.
- **Data Complexity**: High variability in data formats, structures and data types will add to the complexity of the data conversion.

4.3. Constraints

Constraints include:

- **Data Quality**: Poor data may complicate the data conversion process. This may include data inconsistencies, missing data, duplication of data, or incorrect data.
- **Resource Availability**: Adequate resources, including hardware, software and personnel are necessary. Lack of necessary resources can delay or negatively impact the conversion process.
- **Time Constraints**: Adequate time for data conversion, validation and testing is assumed.
- **Data Complexity**: High variability in data formats, structures and data types will add to the complexity of the data conversion.
- **Lack of Metadata**: Lack of metadata, incomplete or incompatible data can complicate the conversion and require additional mapping and transformation effort.

4.4. Risks

Table 2: Risks and Mitigation Strategies

Risk	Mitigation Strategy
Data Loss	Minimize technical errors and robust testing of data conversion strategy
Data Inaccuracy	Ensure thorough testing processes of data conversion. Ensure plans for any necessary manual data conversions and data clean-up activities are in place
Timeline Delays	Provide appropriate technical resources and project oversight
System Performance	Ensure data conversion project is properly completed to minimize performance issues
User Acceptance	Provide appropriate staff training and support post-conversion
Lack of a Risk Management Plan	Ensure a robust backup and disaster recovery plan is in place

5. Data Conversion Strategy

5.1. Conversion Scope

The scope of data conversion will include information necessary to process claims, prior authorizations, clinical program edits, and rebate invoicing as of 1/1/2024. The following interfaces are required:

Table 3: Data Conversion Required Interfaces

Interface Type	Interface Specification	Interface Name	Sender	History Period to Convert	File Translation Required Y/N	Dependencies
Rebate	{{INSERT INCUMBENT]} eRebate History	Rebate Claims	{{insert incumbent}}	1991 - 2023	Y	
Rebate	{{INSERT INCUMBENT]} eRebate History	Rebate Invoice History	{{insert incumbent}}	1991 - 2023	Y	
Rebate	{{INSERT INCUMBENT]} eRebate History	Rebate Invoice Adjustment History	{{insert incumbent}}	1991 - 2023	Y	
Rebate	{{INSERT INCUMBENT]} eRebate History	Rebate Dispute History	{{insert incumbent}}	1991 - 2023	Y	
Rebate	{{INSERT INCUMBENT]} eRebate History	Rebate Payment History	{{insert incumbent}}	1991 - 2023	Y	

Interface Type	Interface Specification	Interface Name	Sender	History Period to Convert	File Translation Required Y/N	Dependencies
Eligibility	MI Type 23	Member Eligibility	{{insert incumbent}}	Eligible as of 1/1/2023	N	
Eligibility	MI Type 24, Segment 8	Member Attributes	{{insert incumbent}}	Eligible as of 1/1/2023	N	
Eligibility	MI Type 24, Segment 1	Member OHI/TPL	{{INSERT INCUMBENT]}	Eligible as of 1/1/2023	N	Eligibility history (Type 23)
PA	MI Type 79	Member PA	{{insert incumbent]}	Eligible as of 1/1/2023; PA effective 1/1/2024	N	Eligibility history (Type 23)
Claims	NCPDP Post Adjudication 2.2 Claims	FFS Claims History	{{insert incumbent]}	1/1/2023 – 12/31/2023	Y	Eligibility history (Type 23)
RetroDUR	{{INSERT INCUMBENT]} RetroDUR Physician Claims	RetroDUR Physician Claims File	{{INSERT INCUMBENT]}	1/1/2023 – 12/31/2023	Y	Eligibility history (Type 23)
RetroDUR	{{INSERT INCUMBENT]} RetroDUR UB92 Claims	RetroDUR UB92 Claims File	{{INSERT INCUMBENT]}	1/1/2023 – 12/31/2023	Y	Eligibility history (Type 23)
RetroDUR	{{INSERT INCUMBENT]} RetroDUR Dental Claims	RetroDUR Dental Claims File	{{INSERT INCUMBENT]}	1/1/2023 – 12/31/2023	Y	Eligibility history (Type 23)

The interfaces listed above will be used to convert historical data into MedImpact's solution. Where noted, file translation into a MedImpact specification will be required. Translation requirements are currently in development. Due to the ad hoc nature of historical data conversion, all translation and load programs will be executed manually, and will be monitored and by MedImpact technical and business resources to ensure the completeness and accuracy of the historical data conversion.

Imaged Documents

Imaged documents related to rebate invoicing (manufacturer correspondence received via email) will be in scope for data conversion. This will include all electronic documents dating from 1991 to the present date. These electronic documents will be sourced from the incumbent vendor

Paper Documents

Paper documents related to rebate invoicing (ROSI, PQAS) will be in scope for data conversion. This will include all paper documents dating from 1991 to the present date. These paper documents will be source from the incumbent vendor.

5.2. Conversion Approach

The Data Migration and Conversion Plan is as follows:

Data Functions

Data functions in the legacy system will be used in that same manner in the MedImpact system.

Source Data

Only data required for conversion will be sourced, by agreement, from the legacy/incumbent systems. All source data will be converted. No data cleansing will be required.

Tools

MedImpact uses the following tools:

- IBM Sterling Managed File Transfer (MFT) for secure transfer of data files
- Informatica B2B ETL platform to automate file conversion and load processes.

Programs

See Table 3. MedImpact standard load programs will be employed to load converted data. Data conversion programs will be developed where indicated. Conversion programs are developed subject to MedImpact's SDLC, including standard release testing and validation. Interface and Conversion testing will occur using incumbent/vendor supplied data in a non-production environment prior to deployment of conversion programs in production.

Volumes and Processing Workloads

- MedImpact databases are scaled to accommodate N+1 volumes (twice the capacity required) and will accommodate anticipated converted data volumes without new infrastructure.
- MedImpact conversion and load programs are tuned to accommodate N+1 processing and will handle anticipated volumes within the necessary SLAs.

Conversion Steps

- Convert – Where required, source data is converted into MedImpact standard interface specification using programs developed in Information in order to load that data using MedImpact standard load programs.

- Load – Standard MedImpact load programs process load-ready conversion files
- Validate – (refer to section 5.5) MedImpact employs multi-faceted quality assurance steps to validate the completeness and accuracy of data conversion.
- Remediate – Corrective action is taken to address file and record level load errors.
- Iterate – (refer to section 5.4) Conversion activities are repeated throughout the conversion schedule, loading partial data in defined iterations until a final data conversion occurs at go-live.
- Cutover – Processing will cease in the legacy system upon go-live. Final conversion activities may occur following go live for transactions processed in the legacy system up to go live.

Manual Conversion

The need for manual conversion of historical data is not anticipated. However, MedImpact's Data Exchange team will handle conversion of error records manually at {{INSERT CLIENT]} direction. Manual conversion would not be available for wholesale data conversion.

Training

MedImpact resources assigned to this data conversion project are all highly experiences and well trained in MedImpact tools and processes. All planned activities are within the standard scope of historical data conversions for MedImpact. No special training for conversion activities is required.

5.3. Roles and Responsibilities

Table 4: Roles and Responsibilities

Stakeholder	Role	Responsibility
MedImpact	IT Project Manager	Ensure the project is on track, within budget and up to all required standards. Facilitates communication among team members.
MedImpact	Business System Analysts	Assess the source {{INSERT CLIENT]} system, develop data mapping, and perform data-cleaning tasks. Ensure converted data is accurate, complete and conforms to data quality standards set by {{insert state]}.
MedImpact	ETL Developers	Develop Informatica conversion programs to transform and load data into MedImpact's system.
MedImpact	Database Administrators	DBA's will ensure MedImpact's database is well-structured, optimized for performance and securely configured.
MedImpact	Quality Assurance Testers	The QA testing team will be responsible for data validation, identifying discrepancies, and verifying the data integrity post-conversion.

Stakeholder	Role	Responsibility
{{INSERT CLIENT]}	FFS Pharmacy Program Resources	Available for escalations related to all data conversion issues.
{{INSERT CLIENT]}	IT Operations Resource	Available for escalations related to conversion data file submission and load errors and remediation
SDH (State Data Hub)	IT Operations Resource	Available to address issues in the transfer of data from the vendor to MedImpact.
State Vendor ({{INSERT INCUMBENT}})	IT Operations Resource	Available to support conversion data file submission and load errors and remediation.

5.4. Conversion Schedule

The dates provided below are approximate as scheduling is ongoing. This schedule provides adequate time for addressing exigencies, including submission and programming delays that may occur.

Table 5: Conversion Schedule

Task #	Task Description	Begin Date	End Date	Key Person(s)/Team Responsible	Dependencies	Milestones
1	Load eligibility for members	09/01/2023	11/01/2023 (revert to maintenance)	Data Exchange Team	None	
2	Load attributes for members	09/01/2023	11/01/2023 (revert to maintenance)	Data Exchange Team	Task 1	
3	Load TPL for members	09/01/2023	11/01/2023 (revert to maintenance)	Data Exchange Team	Task 1	
4	Load Historical Claims	09/15/2023	12/31/2023	Data Exchange Team	Task 1	Load 6 months of data by ORR
5	Convert and Load Physician Claims	09/15/2023	12/31/2023	Data Exchange Team	Task 1	Load 6 months of data by ORR

Task #	Task Description	Begin Date	End Date	Key Person(s)/Team Responsible	Dependencies	Milestones
6	Convert and Load UB92 Institutional Claims	09/15/2023	12/31/2023	Data Exchange Team	Task 1	Load 6 months of data by ORR
7	Convert and Load Dental Claims	09/15/2023	12/31/2023	Data Exchange Team	Task 1	Load 6 months of data by ORR
8	Load PA history for members	09/01/2023	11/01/2023 (revert to maintenance)	Data Exchange Team	Task 1	09/01/2023
9	Convert and Load Historical Rebate Claims	09/01/2023	See Table 6	GPS Medicaid FFS Solutions Team	None	
10	Convert and Load Historical Rebate Invoices	09/01/2023	See Table 6	GPS Medicaid FFS Solutions Team	Task 9	
11	Convert and Load Historical Rebate Invoice Adjustments	09/01/2023	See Table 6	GPS Medicaid FFS Solutions Team	Task 10	
12	Convert and Load Historical Rebate Invoice Disputes	09/01/2023	See Table 6	GPS Medicaid FFS Solutions Team	Task 10	
13	Convert and Load Historical Rebate Invoice Payments	09/01/2023	See Table 6	GPS Medicaid FFS Solutions Team	Task 10	

Table 6: Rebate Conversion Schedule

Due Date	
08/22/2023	Sample Files
08/29/2023	1991-2000
09/05/2023	2000-2010
09/12/2023	2010-2018
TBD (final invoice quarter timeline)	2018-present

5.5. Data Quality Assurance and Control

Refer to {{insert document file name}} for additional information related to quality assurance.

As noted in the ICD, MedImpact business and technical teams employ various methods to ensure data quality. This includes data validation rules in our standard load programs that prevent inaccurate or incomplete data from entering MedImpact's systems.

During data conversion, system logs will be monitored to identify file and transaction errors for records that do not pass the data validation rules. MedImpact resources will work with SDH and the data submitter to review and resolve any data issues identified to ensure that all history records are successfully converted and loaded.

Data corrections can be made within production to minimize impact to SDH and the submitter or can be addressed in the source data for reprocessing. When an issue is identified in a MedImpact conversion or load program, defects will be captured and remediated using the approved defect management process. All defects are subject to a thorough root cause analysis for correction purposes; all production issues require a root cause analysis incident report and follow up reviews. MedImpact will review findings with SDH and, upon approval of the resolution, will deploy the identified corrective action to MedImpact conversion or load programs or processes.

Success or completeness of the conversion process will be measured based on a 100% success rate, meaning all records targeted for conversion will have been converted. Exceptions would be made only with {{INSERT CLIENT]} approval.

Source to Target Count Testing

MedImpact will employ standard source to target count testing to ensure 100% completeness. This will be performed in collaboration with each submitter to confirm record count matches between the source and target systems.

Rebate Balancing

Balancing algorithms will be used to verify the accuracy of aggregated rebate data converted into the MedInvoice application against balances reported by the incumbent, including:

- Rebate claim dollars
- Invoice amounts by program/NDC/quarter
- Invoice adjustment amounts by program/NDC/quarter
- Invoice dispute amounts by program/NDC/quarter
- Payment amounts by program/NDC/quarter

6. Data Conversion Preparation

6.1. Prerequisites

Prerequisites for data conversion include:

- Conversion schedule syndicated with {{INSERT CLIENT]}, SDH, and vendors
- Data conversion programs implemented
- Data conversion and load programs configured
- Data connectivity established with the SDH
- Client structures (HQ, Group, Program) implementation complete

6.2. Backup Strategy

After a file is uploaded to MedImpact FTP/SFTP server, the MedImpact system executes an automated server scan to retrieve the file from the {{INSERT CLIENT]} folders residing on the FTP/SFTP servers. Files are moved to production servers for load processing and are stored in backup for purposes of future research of reprocessing. Files will be retained per {{INSERT CLIENT]} storage requirements and available throughout the conversion exercise.

6.3. Restore Process

If required, MedImpact DBAs can restore converted data to a point in time based on timestamps recorded during the load processes. Conversion files originally processed after the restore point can be manually transferred to production servers for reprocessing.

7. Data Conversion Specifications

Data Conversion

For information related to data conversion specifications, refer to:

- Table 3 – Data Conversion Required Interfaces
- {{insert document file name}}

All interfaces required for data conversion identified in Table 3 are referenced in the Interface Control Document. Where mapping of conversion elements is required, detailed requirements are captured using a standard BRD template that includes:

- Revision History
- Client Mapping Requirements
- Master Data Mapping Requirements
- Reference Documents
- Samples

Conversion programs are developed based on these requirements. Mapping is currently in progress and BRDs will be provided when available. BRDs are “living” documents and are updated when interface specifications change.

Imaged Documents

Custody of imaged documents related to rebate invoicing (manufacturer correspondence received via email) will be transferred to MedImpact via SFTP. Imaged documents will be indexed and stored for read retrieval.

Paper Documents

Custody of paper documents related to rebate invoicing (ROSI, PQAS) will be transferred to MedImpact at time of go-live via secure method and will be stored in a secure facility. At the time this document is being authored, that includes 425 boxes of paper documents.

8. Expected Results

MedImpact anticipates successful completion of the data conversion such that day one processing can occur with minimal related disruption, and that all required historical data can be loaded into the MedImpact system at a 100% success rate for both completion and accuracy.

DOCUMENT TITLE	Information Security Program				
DOCUMENT #	210-PL-1007	**VERSION**	11.0	**SUPERSEDES**	10.0
PROCESS OWNER	Frank Bunton, VP, Chief Information Security Officer			**EFFECTIVE DATE:**	6/10/2022
EXTERNAL SHARING	YES ☒	NO ☐		**PRINTING ALLOWED**	Yes
SHARE WITH	Regulatory Agencies ☒ Clients ☒ Other ☐				

SUPPORTING DOCUMENTATION	
Document #	**Document Title**
210-PL-1009	Information Security Policy
210-PL-1063	Security Information and Event Management (SIEM) Policy
210-PL-1064	Information Security Vendor Management Policy
230-PD-1012	Account Creation, Modification, and Termination
210-FM-1060	MedImpact Security Audit Questionnaire
(GD)Guide=Overview | (PL)Policy=Rule | (PD)Procedure=Action | (FD)Flow Diagram=Visual (WI)Work Instruction=Details | (FM)Form=Predefined | (RD)Reference Document=Supporting	

REQUIRED APPROVALS

Approvers' Signature and Approval are recorded electronically and stored via Compliance 360 (C360).

Approvers	**Title**
Frank Bunton	VP, Chief Information Security Officer
Denise Burns	VP, Chief Operations Officer

**C360 Approval Audit Record:* Initial Audit Record inserted by Process Management before document is finalized and published. If document renewal, additional annual audit records included on the last page.

Approver Name	Job Title	Approval Date	Title	Process Document Number	Version	EffectiveDate
Bunton, Frank	VP Chief Information Security Officer	6/27/2022 8:09 AM	Information Security Program	210-PL-1007	11.0	6/10/2022
Burns, Denise	Chief Operations Officer	6/28/2022 2:40 PM	Information Security Program	210-PL-1007	11.0	6/10/2022

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DOCUMENT DEFINITIONS (When using definition in document Capitalize First Word)	
Word/Term	**Definition**
	See Appendix A for Glossary

For the latest version **ALWAYS** check the Process Library

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PURPOSE	This document defines the technical security expectations of the MedImpact IT Department. This document provides consistency of Information security requirements across a heterogeneous IT infrastructure. It describes the people, processes, and tools for IT to align with regulatory expectations of the Pharmacy Benefits Management business.

Contents

1. SECURITY PRINCIPLES, AUTOMATION, AND ORCHESTRATION 5
2. TECHNICAL RISK ASSESSMENT 6
3. TECHNICAL PROCESS STEPS 7
3.1. AUDIT TRAILS 7
3.2. ENCRYPTION 8
3.3. IDENTITY & AUTHENTICATION 9
3.4. USER AUTHENTICATION 10
3.5. ACCOUNT CREATION, MODIFICATION, AND TERMINATION 11
3.5.1 NEW HIRE REQUEST 11
3.5.2 TRANSFERRING EMPLOYEE 11
3.5.3 TERMINATION REQUEST 11
3.5.4 PROCEDURAL DOCUMENT 11
3.6. THIRD-PARTY SERVICE PROVIDERS TO MEDIMPACT 12
3.7. THIRD-PARTY SERVICE PROVIDER'S CONTRACTUAL REQUIREMENTS 12
3.8. SUBSIDIARY POLICY REVIEW 13
3.9. VULNERABILITY MANAGEMENT AND PENETRATION TESTING 13
3.10. VULNERABILITY CLASSIFICATION 13
3.11. VULNERABILITY REMEDIATION 14
3.12. EXTERNAL FIREWALL VULNERABILITY ASSESSMENT 14
3.13. FIREWALLS 15
3.14. FIREWALL DEPLOYMENT 15
3.15. FIREWALL CHANGE CONTROL 15
3.16. FIREWALL DEFAULT DENIAL 15
3.17. FIREWALLS AND SERVERS IN DEMILITARIZED ZONES 16
3.18. FIREWALL AUDITS 16
3.19. EXTERNAL CONNECTIONS 16
3.20. REMOTE ACCESS REQUIREMENTS 16
3.21. WIRELESS SECURITY 17
3.22. INTRUSION PREVENTION SYSTEMS (IPS) 19
3.23. SIEM (SECURITY INFORMATION AND EVENT MANAGEMENT) 19
3.24. ENDPOINT SECURITY PROTECTION SUITE 19
DESKTOP AND LAPTOP PC'S MUST BE PROTECTED BY THE FOLLOWING SUITE OF SECURITY TOOLS: 19
3.24.1 DEVICE CONTROL 19

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3.24.2 Behavior Monitoring 19
3.24.3 Predictive Machine Learning 19
3.24.4 Smart Scan and Protection Services 19
3.24.5 Real-Time Scanning of Shared Network Storage 19
3.24.6 Suspicious Malware Control 19
3.24.7 Web Reputation Control 19
3.24.8 Data Loss Prevention 19
3.25. Anti-Virus Software 20
3.26. Definition of IT Operating Environments 20
3.27. Strategic Business Projects 20
3.28. Physical Computer Security 21
3.29. Backup & Recovery 21
3.30. Disposal of Electronic Media 22
3.31. Disposal Conditions 22
3.32. Repairing or Decommissioning a System 22
3.33. Physical System Movement 22
3.34. Secure Media Destruction 23
3.35. Equipment Disposal or Servicing 23
3.36. Web / URL Filtering 23
3.37. Data Loss Prevention (DLP) 23
3.38. Cloud Access Security Broker (CASB) 23
3.39. HoneyPots 23
3.40. Cipher Management 24
3.41. Security Awareness Training (Phishing) 24
3.42. Endpoint Detection and Response (EDR) – Upgraded to XDR 25
3.43. Web Portal Services Version Management 25

4. EXTERNAL CONNECTION PROCEDURES 26

4.1. Secure Shell (SSH) 26
4.2. Encrypted Connections 26
4.3. Secure Connectivity Options 26
4.4. Unencrypted Connections 27
4.5. PDA/Smart Phone 27
4.6. Removable Media and Storage Devices 28
4.7. Mobile Device Management (Wireless) 28
4.8. Mapped Network Drives 29
4.9. Cameras (Internal and External) 29
4.10. Non-Corporate Devices 29

5. COMPUTER SECURITY INCIDENT RESPONSE PROCEDURES 30

5.1. Security Incidents 30

6. WEB APPLICATIONS 32

7. SECURITY POLICY COMPLIANCE 32

8. APPENDIX A. DEFINITIONS/GLOSSARY 33

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1. Security Principles, Automation, and Orchestration

The following principles are an important part of the MedImpact corporate security strategy. As such they are stated up front to allow the individual reviewing this document to better understand the philosophy behind our strategic security planning.

1.1. Principle of Least Privilege

1.1.1 The principle that a security architecture should be designed so that each entity is granted the minimum system resources and authorizations that the entity needs to perform its function.

1.2. Principle of the Layered Approach to Security

1.2.1 A principle also known as layered defense, or defense in depth describes the practice of combining multiple independent mitigating security controls to protect resources and data.

1.3. Principle of Segregation of Duties

1.3.1 The concept of having more than one person required to complete a task. In business the separation by sharing of more than one individual in one single task is an internal control intended to prevent fraud and error.

1.4. Principle of Zero Trust (The Zero Trust Initiative)

1.4.1 The term “Zero Trust” refers to security concepts and principles that no longer assume that actors, systems, or services operating from within the security perimeter should be automatically trusted

1.5. Security Automation

1.5.1 The term “Security Automation” refers to the design and implementation of security operational concepts and principles that allow security related appliances, devices, and processes to operate independently, without requiring human intervention, to remediate security related issues. This reduces the time and overhead required to remediate security threats and provides the capability to eliminate these threats, before they can do damage to a secure environment, such as a data center.

1.6. Security Orchestration

1.6.1 The term “Security Orchestration” refers to the development of the interprocess communcations between independent security related appliances, devices, and processes required to support the cooperation between these devices needed to identify and eliminate security related threats.

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2. Technical Risk Assessment

2.1. Technical Risk Assessment

2.1.1 A Technical Risk Assessment is a formal review of all technical controls that are available within an application and the determination of the applicability of controls against business, regulatory, and budgetary priorities. A uniform risk assessment template must be implemented to provide consistency on whether to resolve, defer, or accept risk. All decisions regarding each risk issue must be documented and recorded for review by the application owner.

2.1.2 To resolve a risk issue, a formal corrective action plan that provides specific dates of implementation must be provided. However, if the risk issue exceeds 90 days to resolve, it must by default be deferred until a formal plan can be developed.

2.1.3 To accept risk, a clearly demonstrated plan with resources, estimated budget, and timeframes must be supplied, indicating that the return on investment of implementing the risk control is cost-prohibitive, i.e., the cost associated with a security incident due to accepting the risk is less than the cost of the risk control implementation and maintenance. Costs associated with a security incident due to acceptance of risk include: cost of data loss, cost of system downtime, cost of business restoration, damage to corporate brand, etc.

2.1.4 The final disposition of the risk assessment will require the approval of the risk owner and the Chief Information Security Officer (CISO).

2.1.5 The term “approved by the security department” applies only to those instances in which a formal Salesforce case has been created by the risk owner and approved by a member of the security administrative team.

2.1.6 The term “approved by the CISO” applies only to those instances in which a formal Salesforce case has been created by the risk owner and approved by the CISO.

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3. Technical Process Steps

3.1. Audit Trails

3.1.1 Critical Infrastructure – Data Centers and IT Systems handling valuable or critical MedImpact information must securely log all significant security relevant events. These systems include but are not limited to: Firewalls, Domain Controllers, Intrusion Prevention Systems, Advanced Persistent Threat Detection systems, Web Monitoring and Filtering, and Endpoint Security management solutions.

3.1.2 Network Logs – All changes to firewall configuration parameters, enabled services, and permitted connectivity paths must be logged. All suspicious activity that might be an indication of either unauthorized usage or an attempt to compromise security measures also must be logged.

3.1.3 Logs for Externally Connected Systems – All MedImpact computers and networks that interface to external networks must keep system logs that indicate the identity and activity performed by each user who accesses these systems. These logs must indicate: the reporting information system component, the date and time of the log event, the software/hardware component where the event occurred, the type of event, the User/Subject ID employed, any privileges utilized, and the outcome (success/failure) of the event.

3.1.4 System administrators must employ automated intrusion prevention systems approved by the Information Security department to immediately inform them of suspicious activity.

3.1.5 Archive & Review – Records reflecting security relevant events must be reviewed on a quarterly basis by computer operations staff, Information Security staff, or systems administration staff. Quarterly reviews of security logs are not required in the event that a SIEM (Security Information and Event Management) system is deployed to monitor security events and notify security personnel of potential incidents in real-time. These logs must be maintained for a period of three (3) years for subsequent review.

3.1.6 User Notification – Users should be informed of the specific acts that constitute computer and network security violations as part of the security training process. At the same time, users are expected to apply common sense efforts to their actions. Staff must also be informed that such violations will be logged, and that this information can be used for corrective action or sanction plans if required.

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3.2. Encryption

3.2.1 MedImpact electronic communications systems are not encrypted by default. Protected Health Information must use an encryption process approved by the Information Security department (See Section 3: External Connections Procedures). Payment cardholder information must be safeguarded using strong cryptography or secure protocols across open or public networks.

3.2.2 Encryption must be implemented in any of the following instances: (i) any computers, devices or media (e.g., laptop computers, phones/PDAs, USB drives, back-up tapes) containing CONFIDENTIAL or INTERNAL USE ONLY Data must be encrypted at rest; (ii) transferring CONFIDENTIAL or INTERNAL USE ONLY Data over public networks (such as the Internet).

3.2.3 Encryption keys used for MedImpact information are always classified as CONFIDENTIAL information. Encryption keys must adhere to cryptographic and hashing algorithm types, strength, and key management processes that are consistent with industry best practices and have been approved by the CISO. Access to such keys is limited only to individuals approved by the Chief Information Security Officer.

3.2.4 Outsourcing of encryption keys is prohibited.

3.2.5 For more information please refer to the following website: https://csrc.nist.gov/csrc/media/publications/fips/140/2/final/documents/fips1402annexa.pdf

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3.3. Identity & Authentication

3.3.1 The addition, modification, or deletion of MedImpact user accounts may only be performed by systems administration personnel or individuals approved by the MedImpact Security department.

3.3.2 User's identity will be verified prior to modifying any authentication credentials.

3.3.3 Unique User IDs– Each user must be assigned their own unique user ID. Unique User ID's are put in place to provide "non-repudiation". This user ID must be used when logging into the MedImpact corporate network. This user ID follows an individual as they move through the organization. Accordingly, a user ID must be permanently decommissioned when a user departs MedImpact. The following requirements for unique user IDs must be observed:

a Unique user ID's are required to provide "non-repudiation.

b Re-use of user IDs is not permitted.

c Every MedImpact user ID and related password is intended for the exclusive use of a unique employee.

d Passwords must never be shared with anyone.

e User IDs are linked to specific individuals and are not associated with computer terminals, departments, applications, or job titles.

f Anonymous and guest user IDs are not permitted unless approved in advance by the Information Security department.

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3.4. User Authentication

3.4.1 All production information system user IDs must have a linked password to ensure that only the authorized user is able to use the user ID. Staff is responsible for all activity that takes place with their user ID and password.

3.4.2 Staff must change their password immediately if they suspect that it has been discovered or used by another person and notify the Information Security Department.

3.4.3 Password Construction– Users must choose strong passwords that adhere to the following password policy:

Passwords must be at least eight (8) characters in length

Passwords must be complex: Mixed case, Alpha Numeric, and at least one special character

3.4.4 Changing Passwords – Passwords are required to change every 90 days and passwords must also be changed the first time they are used.

3.4.5 Password Reuse – Passwords may not be reused for ten (10) rotations.

3.4.6 Password Lockout – Users will be allowed a maximum of five (5) access attempts prior to their account being locked.

3.4.7 Inactivity Timeout – User sessions on all IT systems are de-activated after more than 15 minutes of inactivity requiring resubmission of a password to re-gain entry.

3.4.8 Dormant User IDs – MedImpact employee user accounts that have not been used for more than 90 days will be suspended/disabled by the IT Help Desk. Exceptions will be processed by the IT Helpdesk.

3.4.9 Credential modification – User identity must be verified prior to the modification of any authentication credentials.

3.4.10 Password Blacklisting – A password blacklist will be maintained and updated annually as part of the standard user authentication support process.

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3.5. Account Creation, Modification, and Termination

3.5.1 New Hire Request

3.5.2 Once a new employee has been hired whether, if the employee is a transfer, new hire, temporary, contractor, or consultant an Account Request Form (ARF) must be submitted for the new employee. This form must be completed and submitted at least five (5) business days prior to the start date. Managers are responsible for ensuring that appropriate access is granted to employees or contingent workers, that employees or contingent workers are terminated immediately, and that access to systems or drives is updated/removed when an employee transfers. Managers are fully responsible for proper onboarding and offboarding of their resources.Transferring Employee

An employee transferring from department to department or from MedImpact to a MedImpact subsidiary, an Account Request Form (ARF) must be submitted. Along with completing the ARF, the Transferring Employees section is required to complete the process. All current employee access will be removed on the date indicated in the Transfer Date field. In the event that a transition date is specified, a transition end date must also be specified. All access to previous roles will be removed on the date indicated in the Transition End Date field. Managers are responsible for ensuring that appropriate access is granted to employees or contingent workers, that employees or contingent workers are terminated immediately, and that access to systems or drives is updated/removed when an employee transfers. Managers are fully responsible for proper onboarding and offboarding of their resources.

3.5.3 Termination Request

3.5.4 A notification from HR or Kronos must be sent to the MyITHelp mailbox when an employee is terminating from MedImpact Healthcare Systems, Inc. or its subsidiaries. This notification will initiate the termination process for the IT Support department. Any special requests for access termination (i.e., Access to voicemail, C: Drive, mailbox, etc.) requires an account Termination Request Form to be completed and submitted to Product Support. Managers are responsible for ensuring that appropriate access is granted to employees or contingent workers, that employees or contingent workers are terminated immediately, and that access to systems or drives is updated/removed when an employee transfers. Managers are fully responsible for proper onboarding and offboarding of their resources.Procedural Document

Please refer to document 230-PD-1012 Account Creation, Modification, and Termination.

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3.6. Third-Party Service Providers To MedImpact

3.6.1 Third-party service providers are vendors that MedImpact may utilize to perform certain services.

3.6.2 Third-party service providers to MedImpact are required to be consistent with MedImpact's Information security policies and must complete and pass a vendor assessment by the MedImpact Security and Compliance departments. Service providers must either provide a SSAE SOC 1 or 2, HITRUST or other general controls type assessment and must successfully complete a MedImpact vendor security posture assessment.

3.6.3 Both the MedImpact implementation team that has requested access on behalf of the third party and the Information Security Department must agree in writing to such access before it is granted. The decision-making process for granting such access may include, but is not limited to, the following contingencies:

a The consideration of the controls on the systems to be connected.

b The security policies and security posture of the Third Party.

c Whether a NDA (Non-Disclosure Agreement) has been signed.

d System privileges of third parties must be strictly limited to the system facilities and information needed to achieve a set of predefined business objectives. These access privileges must be reviewed on an annual basis by the originator of the business relationship.

e User accounts that are created for third parties or vendors shall only be enabled during the time period required (expiration date) and must be disabled when no longer in use. Any equipment made available to the third-party must be returned at this time.

f Third party or vendor user accounts are subject to monitoring and auditing and can be modified or removed if deemed out-of-compliance or a security risk by the security department.

3.7. Third-Party Service Provider's Contractual Requirements

3.7.1 At a minimum, contracts between MedImpact and third-party service providers must contain the following requirements:

Provision specifying the start and end date of the relationship as well as provisions for renewal. Dates should be applied to IT System related requests and reviewed 90 days prior to termination date.

Provision specifying that a third party will align to MedImpact's Information Security policies. Adherence to the policies can be measured through the annual submission of the Third Party's risk assessments, HIPAA, PCI, SSAE, or MedImpact's Security Audit Questionnaire (MedImpact Security Audit Questionnaire, 210-FM-1060).

Provision specifying that third party will abide by MedImpact's necessary HIPAA pass-through requirements for Business Associate Subcontractor Agreements.

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Security Incident Notification: In the event of a security incident within the Third Party's infrastructure, the Third Party is obligated to provide timely notification to MedImpact IT Security when the impact involves MedImpact clients.

Non-Disclosure Agreement: Specifies the requirements of the Third Party provider to protect MedImpact data from unauthorized disclosure.

3.8. Subsidiary Policy Review

3.8.1 An annual meeting will be held that includes a representative from the Information Security and Compliance departments to review MedImpact's subsidiaries adherence to MedImpact's corporate security and compliance policies.

3.9. Vulnerability Management and Penetration Testing

3.9.1 MedImpact requires quarterly internal system vulnerability scans to be conducted on business critical servers. Quarterly external operating system vulnerability scans are required on Internet facing servers. Vulnerability assessments are intended to discover and mitigate technical vulnerabilities that could be exploited by a malicious user.

3.9.2 Pre-Implementation Vulnerability Scans: Vulnerability scans are also required prior to the production implementation of servers.

3.9.3 Application Vulnerability scans must be conducted on strategic business projects that involve Web Services. Application Vulnerability scans are designed to uncover code related vulnerabilities that can be exploited through unexpected or malicious application input or exploitable programming code.

3.9.4 Vulnerability assessments are coordinated by the Information Security department. Vulnerabilities discovered by the scans will require remediation that follows the scan schedules and commensurate with the risk level.

3.9.5 Exceptions to vulnerability scans and remediation will only been granted when there is a valid Business requirement which overrides the scan results. All exceptions must be fully documented and stored for future reference.

3.9.6 MedImpact requires annual external 3rd party vulnerability and penetration testing be conducted on those critical applications and servers defined as being in scope for the procedure. These tests will be designed to minimize the possibility of impact to the availability of those servers defined as being in scope. This would not be limited to applications hosted within MedImpact's data centers but those that may be hosted in the cloud or mobile applications provided by MedImpact.

3.10. Vulnerability Classification

3.10.1 Technical vulnerabilities are defined as "A weakness in the computational logic found in software and hardware components which when exploited result in an impact to confidentiality, integrity, or availability". Vulnerabilities can be categorized within four risk categories: high, medium, low, informational. Vulnerability classification is determined by the Information Security department.

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High risk – High risk vulnerabilities allow an attacker to gain unimpeded remote access to a machine and are unacceptable. These vulnerabilities are extremely severe and tools to exploit them are publicly available. There is reasonable likelihood that protected health information (PHI) may be compromised in the event there is an exploitation of a vulnerability at this level of risk. Therefore, immediate measures must be taken to mitigate high risk vulnerabilities as soon as possible.

Medium risk – Medium risk vulnerabilities may be acceptable. These are vulnerabilities that allow attackers to alter system or application behavior but do not impact sensitive information such as PHI. Tools to exploit this type of vulnerability are generally not available to the public, however, they should be remediated as part of disciplined configuration management practice.

Low risk – Low vulnerabilities allow an attacker to read files containing public information, or a vulnerability that gives an attacker minimal access to a remote system. Low Risk vulnerabilities are generally considered acceptable, however, they should be remediated as part of disciplined configuration management practice.

Informational – This is a vulnerability that provides unnecessary information or is a feature or function that should not exist within a device. Typically, these items do not pose a direct threat, however, they should be remediated as part of disciplined configuration management practice.

3.11. Vulnerability Remediation

3.11.1 Information security vulnerabilities are required to be mitigated within a time period that is set according to the vulnerability severity.

The following vulnerability mitigation turn-around times are required:

Informational: Variable

Low Risk: 5 business weeks

Medium Risk: 4 business weeks

High Risk: Within 24 hours, depending on availability of vendor patch or workaround

3.12. External Firewall Vulnerability Assessment

3.12.1 Because firewalls provide such an important control measure for MedImpact networks, their operational strength and proper configuration must be tested on a regular basis.

3.12.2 This testing process must include consideration of defined configuration parameters, enabled services, permitted connectivity paths, current administrative practices, and adequacy of the deployed security measures.

3.12.3 These tests must include the regular execution of vulnerability identification software and the regular performance of penetration tests.

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3.13. Firewalls

3.13.1 Firewalls are an essential, comprehensive component of the MedImpact network security infrastructure. Firewalls are defined as security systems that control and restrict network connectivity and network services.

3.13.2 Firewalls establish a control point where access controls may be enforced. Connectivity defines which computer systems are permitted to exchange information. A service is sometimes called an application, and it refers to the way for information to flow through a firewall.

3.13.3 Examples of services include file transfer protocol (FTP) and web browsing hypertext transfer protocol (HTTP). This policy defines the essential rules regarding the management and maintenance of firewalls at MedImpact and it applies to all firewalls owned, leased, or otherwise controlled by MedImpact staff.

3.14. Firewall Deployment

3.14.1 Prior to the deployment of a MedImpact firewall, a diagram of permissible paths with a justification for each, and a description of permissible services accompanied by a justification for each must be prepared.

3.14.2 Permission to enable such paths and services will be granted by the Information Security Department only when these paths or services are necessary for important business reasons; at that time, sufficient security measures will be consistently employed.

3.14.3 The conformance of actual firewall deployments to the documentation provided will be periodically reviewed by the Information Security department.

3.14.4 Any firewall modifications which are designed to support protocols or encryption standards which have been deemed to be insecure must be documented and reviewed by the IT Security Department.

3.15. Firewall Change Control

3.15.1 Because they support critical MedImpact Healthcare Systems information systems activities, firewalls are considered to be production systems. The Information Security Department must approve all changes to the software provided by vendors, excluding vendor-provided upgrades and patches, in advance. The same documentation that is required for changes on production systems must also be prepared for firewall changes.

3.16. Firewall Default Denial

3.16.1 Every connectivity path and service that is not specifically permitted by this policy and supporting documents issued by Information Security Department must be blocked by MedImpact firewalls. An inventory of all access paths into and out of MedImpact internal networks must be maintained by IT Systems. IT Security Department will review changes to this list periodically to provide assurance to policy objectives.

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3.17. Firewalls and Servers in Demilitarized Zones

3.17.1 All Internet servers including database servers and web servers must be protected by firewalls. Servers must be located within a demilitarized zone (DMZ) (a subnet that is protected from the Internet by one or more firewalls) or an internal network, such as an intranet, which is also protected from the DMZ subnet by one or more firewalls. All new applications or servers placed in a DMZ require a security notification and approval and must be subjected to a quarterly vulnerability assessment.

3.18. Firewall Audits

3.18.1 Firewall configuration and settings will be audited on an semi-annual basis.

3.19. External Connections

3.19.1 No MedImpact computer or server system may be attached to the Internet unless it is protected by a firewall. The following requirements for external connections must be observed:

All in-bound real-time Internet connections to MedImpact internal networks or multi-user computer systems must pass through a firewall.

Computer systems requiring firewall protection include web servers, electronic commerce servers, mail servers, and other operational servers and appliances which reside inside the firewall perimeter..

3.20. Remote Access Requirements (see Appendix A)

3.20.1 Multi-factor authentication is required for remote access. Multi-factor authentication requires two or more verification factors to gain access to a resource.

3.20.2 Dual homed client configurations are not permitted at any time.

3.20.3 Non-standard Remote Access solutions to the MedImpact production network for non-employees such as contractors or vendor support personnel require prior approval from the Information Security Department.

3.20.4 Non-Company issued PCs required by consultants to perform application or system specific contractual duties will not be allowed to connect to the MedImpact network without confirming the installation of appropriate anti-virus and up-to-date operating system patches.

3.20.5 Remote access tokens that are dormant for one year will be disabled.

3.20.6 Remote access must be strictly controlled using encryption (ex. VPN's) and strong passwords.

3.20.7 Authorized users will ensure that a remote host computer is not connected to any other network while remotely connected to the MedImpact corporate network with the exception of personal networks that are under the complete control of the authorized user.

3.20.8 The authentication database source for remote access must be Active Directory or LDAP.

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3.21. Wireless Security

3.21.1 Private use of wireless networks within MedImpact Healthcare facilities is prohibited. Only MedImpact approved secure wireless technology is permitted.

3.21.2 All wireless infrastructure and devices maintained at a MedImpact site and connected to a MedImpact network, or providing access to information classified as company PHI, PII, or CONFIDENTIAL must:

a. Abide by the wireless communication standards specified below.

b. Be installed and maintained by MedImpact's systems and networking teams.

c. Use corporate approved authentication protocols.

d. Use corporate approved and supported encryption protocols.

e. Maintain a hardware MAC address that can be registered and tracked.

f. Not interfere with wireless access deployments maintained by other support organizations.

3.21.3 Isolated Wireless Device Requirements(Lab and Guest Network) - All lab wireless infrastructure devices that provide access to MedImpact PHI, PII, or company confidential information must:

a. Be isolated from the corporate network (must not provide corporate connectivity).

b. Not interfere with wireless access deployments from other support organizations.

c. Abide by the wireless communication standards specified below.

3.21.4 All wireless infrastructure devices that connect to a MedImpact network or provide access to MedImpact Confidential information including PHI and PII must use WPA2 AES-256 encryption (refer to NIST 800-97).

3.21.5 Support for BYOD connectivity/communications is not provided for at MedImpact Healthcare. Enforcement - An employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment. A violation of this policy by a temporary worker, contractor or vendor may result in the termination of their contract or assignment with MedImpact.

3.21.6 Enforcement - An employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment. A violation of this policy by a temporary worker, contractor or vendor may result in the termination of their contract or assignment with MedImpact.

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3.22. Intrusion Prevention Systems (IPS)

3.22.1 Intrusion Prevention Systems will be installed to monitor all network access points on network perimeters and monitor all network access points at all of MedImpact's data center facilities.

3.22.2 Intrusion Prevention Systems must automatically log any system issues to a centralized syslog system.

3.22.3 Intrusion Prevention Systems must automatically notify the Information Security Department of any security related notifications. IPS security related notifications must also be routed to the SIEM for correlation and analysis. IPS high and critical priority alerts must be continuously monitored and responded to as soon as reasonably possible

3.22.4 All IPS logs must be maintained for a minimum of 30 days.

3.22.5 Intrusion Prevention Systems should be configured to block malicious traffic by default.

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3.23. SIEM (Security Information and Event Management) System

3.23.1 All security related log information must be redirected to the SIEM system for correlation and analysis.

3.23.2 The primary purpose of the SIEM system will be to identify, document, and escalate potential security incidents.

3.23.3 The SIEM system must have the ability to generate security alerts based upon potential incidents.

3.23.4 The SIEM system must have the ability to prioritize alerts based upon business impact and assign alerts an incident severity level.

3.23.5 The SIEM system must have the ability to track alerts until they are closed.

3.23.6 SIEM high and critical priority alerts must be continuously monitored and responded to as soon as reasonably possible.

3.24. EndPoint Security Protection Suite

Desktop and Laptop PC's must be protected by the following suite of security tools:

3.24.1 Device Control

3.24.2 Behavior Monitoring

3.24.3 Predictive Machine Learning

3.24.4 Smart Scan and Protection Services

3.24.5 Real-Time Scanning of Shared Network Storage

3.24.6 Suspicious Malware Control

3.24.7 Web Access and Reputation Control

3.24.8 Data Loss Prevention and Firewall

Note: Endpoint Security Protection Suite modules must be maintained by security administrative personnel. Endpoint Security Protection Suite modules may only be disabled by security administrative personnel and only in the event said module is disruptive to the operation of an individual endpoint. Endpoints must be patched on a monthly basis and these patches must be tested prior to deployment unless the patches are being deployed in response to a zero-day threat in which case they may be tested and deployed immediately.

3.25. Anti-Virus Software

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3.25.1 Anti-virus software and virtual anti-virus security systems approved by the Information Security department must be in place on all desktop computers with operating systems susceptible to viruses, on all firewalls with external network connections, and on all servers with AV or virtual AV installed.

3.25.2 All files coming from external sources must be checked before execution or usage. If encryption or data compression has been used, these processes must be reversed before the virus-checking process takes place.

3.25.3 Where technically feasible, anti-virus software must be configured to prohibit staff from disabling, modifying, or removing anti-virus software.

3.25.4 Anti-Virus software will be configured as follows:

Perform automatic updates

Perform continuous scanning in background mode

Automatically alert upon any findings in real-time

Automatically attempt to remove and eliminate any finding in real time

Automatically perform weekly full computer scans

Generate audit logs

3.26. Definition of IT Operating Environments

3.26.1 Production –A production system is a system that is regularly used to process information critical to the MedImpact business. Although a production system may be physically located anywhere, the production system designation is assigned by the IT Systems Director.

3.26.2 Development – A development system is an environment designed for the development of software code. Development systems require sufficient safeguards to allow testing of code without the risk of errant code impacting production systems. A development environment must utilize de-identified data.

3.26.3 QA and Test – A QA/test environment is a non-critical environment used for proving the feasibility of a technical solution and is frequently rebuilt and re-purposed. There is no guarantee of service. A QA/test environment must utilize de-identified data.

3.27. Strategic Business Projects

3.27.1 For strategic business projects, the following requirements must be observed:

There must be a separation between the production, development, and test environments.

Where these distinctions have been established, development and test staff must develop and test on the systems dedicated for their use.

All software testing must proceed with information where CONFIDENTIAL information is re-arranged (anonymized) or de-identified to protect the information.

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All security fixes provided by software vendors must go through the systems development methodology testing process, and must be promptly installed.

A formal and documented change control process must be used to restrict and approve changes to production systems.

Production changes must be approved by the appropriate system owners and such changes must not be made by developers.

All application program-based access paths other than the approved user access paths must be deleted or disabled before software is moved into production.

Secure coding practices should be adhered to at all times.

3.28. Physical Computer Security

3.28.1 All computer servers, workstations and equipment are to be kept in secure areas not accessible to the general public. Any system containing CONFIDENTIAL or INTERNAL USE ONLY data will be secured by means of a second layer of security preventing the unauthorized removal from the premises. Examples of such are cable locks for laptop computers and placing servers in locked, secure rooms accessible only to specifically authorized personnel.

3.28.2 Physical computer security is enhanced through asset management. IT shall conduct an annual asset management survey to validate staff and the computer assets under their possession.

3.28.3 All MedImpact firewalls must be located in a physically locked, access controlled and entry logged data center accessible only to those who perform authorized firewall management and maintenance tasks approved by the Information Technology department management.

3.28.4 The Front Reception Desk at the Watermark facilities (WM1 and WM2), are staffed by security personnel 7/24, STP from 6am to 6pm, and security patrols the local grounds at the Watermark, SRO and GLO facilities. During standard visiting hours (8 am through 5 pm Monday through Friday) all visitors are required to check-in and register with the Receptionist and sign a Visitor Log Book. Access to the interior of the Corporate Building is restricted and controlled by security access cards. Visitors must be escorted within the facility. The building entrances are open during normal business hours and lock automatically after hours and on weekends. CCTV cameras are strategically placed throughout the Watermark buildings and parking structures to provide 7/24 continuous recorded surveillance.

3.28.5 Physical access must be monitored, recorded and controlled with physical access rights reviewed at minimum annually. Physical access logs detailing access must be stored for a period of one (1) year unless prohibited by local law.

3.29. Backup & Recovery

3.29.1 All sensitive, valuable, or critical information residing on MedImpact corporate desktop and laptop systems must be placed on the network drives. Network drives are automatically backed-up.

3.29.2 Where there is a demonstrated business need for a local client back-up system, IT Systems will deploy the backup hardware while the Information Security Department is responsible to secure the device with encryption and password protection software.

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3.29.3 Backup or storage to websites (the cloud), proprietary or confidential company information may only be stored on secure websites which are owned and operated by MedImpact Healthcare Systems or external websites which are secure, company authorized, audited and approved. External websites which host employee personal accounts may not be used to store company confidential information.

3.29.4 Remote off-site backup vaulting – Backups which are stored at an offsite storage vault must be encrypted to a standard consistent with industry practice. Off-site media storage must have a media check-in/check-out process with locked storage for transportation. Back-up information must be given the same level of physical and environmental protection as the level of control applied at the main site. All data regardless of media type and replicated copies of data must remain in the United States.

3.30. Disposal of Electronic Media

3.30.1 When hardware fails or is being considered for disposal, hard drives must be removed.

3.31. Disposal Conditions

3.31.1 System is identified as no longer supported due to inadequate CPU speed.

3.31.2 System needs extensive repairs not covered by warranty.

3.31.3 System needs extensive repairs and is out of warranty.

3.31.4 Systems may also be repaired and returned to service.

3.32. Repairing or Decommissioning a System

3.32.1 Receive notification that a system is being replaced, repaired, or removed.

3.32.2 Determine if the system contains confidential information or protected health information.

3.32.3 Backup the information, if necessary, prior to moving the system.

3.32.4 Remove and secure the hard disk.

3.32.5 Hard disks are not returned to service.

3.33. Physical System Movement

3.33.1 When a system is being moved for repair or decommissioning, a record of possession is maintained to ensure that any confidential or protected health information on the system remains secure during transport.

3.34. Secure Media Destruction

3.34.1 ShredIT media bins are available to destroy sensitive information on magnetic storage except for hard drives. Hard drives must be secured.

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3.35. Equipment Disposal or Servicing

3.35.1 Before computer or communications equipment is sent to a vendor for trade, servicing, or disposal, all MedImpact Healthcare Systems must have the hard drives removed.

3.36. Web / URL Filtering

3.36.1 Web / URL filtering controls must be deployed by security administrative personnel and must include the ability to block access to malevolent URL's and websites based upon the site category, content, or reputation. Any attempt to subvert or bypass corporate web filtering controls must be performed by security administrative staff and may result in corrective action up to and including employee termination.

3.37. Data Loss Prevention (DLP)

3.37.1 Appropriate data loss prevention (DLP) controls must be deployed including disabling of USB ports, use of managed, password protected, encrypted USB storage devices, deployment of DLP software, and URL/Web filtering to detect and prevent unauthorized exfiltration of data from Supplier Information Systems. Any attempt to subvert or bypass corporate DLP controls must be performed by security administrative staff and may result in corrective action up to and including employee termination.

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3.38. Cloud Access Security Broker (CASB)

3.38.1 A Cloud Access Security Broker (CASB) provides insight and analytics into Cloud Application usage. Some features of a CASB include data loss prevention (DLP), malware identification and analysis, data content analysis, user and service risk analysis, and Cloud application usage. The CASB will be configured to monitor the following cloud services at MedImpact Healthcare: Box File Sharing, Microsoft O365 (Sharepoint, OneDrive, Exchange), and Salesforce Cloud Applications.

3.39. HoneyPots

3.39.1 A honeypot is a network-attached system setup as a decoy to lure cyberattackers into the network and to detect, deflect, or study hacking attempts. The information gained from this study can then be used to prevent unauthorized access to legitimate information systems. Honeypots will be deployed into the corporate network on a strategic basis to study our adversaries and increase our overall network security.

3.40. Cipher Management

3.40.1 MedImpact will perform monthly scans of external URLs that transmit or allow access to sensitive information, including PHI. These scans will be performed to determine that the cipher strength is in accordance with regulatory requirements for the protection of those datasets.

3.40.2 External URLs found to have a lower cipher strength than required will be upgraded to the appropriate cipher strength within 30 days of discovery. These upgrades in cipher strength will be coordinated with various IT and business resources to provide minimal downtime and impact to external users of these resources. URL scans will be performed upon completion of the upgrades to validate that the appropriate cipher strengths are in place.

3.41. Security Awareness Training (Phishing)

3.41.1 Security Awareness Training (Phishing) is conducted on a weekly basis by the Information Security Department for groups of approximately 50 – 100 employees working in various departments within MedImpact Entities.

3.41.2 Individual phishing training campaigns focus on various types of email security related issues including: Spear Phishing (Email Phishing directed towards a specifc targeted account), Whaling (Email phishing targeting specifc groups, Email Spoofing (Name impersonation), Mass Targeting (Brand Impersonation), URL Phishing (Using URL links to infect the target), etc. Upon clicking the baited portion of the phishing training email, the user is provided an “Alert Notification Event” followed by a message informing the user that additional mandatory training is required and has been automatically assigned to their account.

3.41.3 The required email phishing security training is automatically assigned to the user and follow-up reminders are issued until the user completes the mandatory training required.

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3.41.4 Security Awareness Training (Phishing) is reviewed on a monthly basis by the Information Security Department for each group of employees given the training. Scores are compiled and compared over time to ensure that employees recognize the risk associated with Email phishing, and adapt to reduce and eliminate the risk.

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3.42. Endpoint Detection and Response (EDR) – Upgraded to XDR

3.42.1 Endpoint Extended Detection and Response (XDR) is part of our continuing efforts to maintain diligence in the area of threat analytics and will be included in our endpoint and network security deployment strategy. XDR provides enhanced detailed insight into IOC's (Indicator of Compromise) attacks. XDR also provides threat analytics including a sequence of events leading to the IOC event and a root cause analysis.

3.43. Web Portal Services Version Management

3.43.1 Information Security conducts a quarterly review of our Web Portal Services Version. During the review process, the security team evaluates the latest standardized version of the web service application for vulnerabilities. In the event that an upgrade is deemed necessary, the security team works with the systems, change management and portal teams to implement the latest standardized version of web service application.

3.43.2 This implementation process will begin in our development environment. Once functionality testing has been completed, Information Security will conduct a scan of our development environment to ensure it is secure prior to deployment to QA and production.

3.43.3 Once deployment in the QA and production environments is completed, Information Security will conduct a scan of each environment to ensure the security of our Web Portal sites.

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4. External Connection Procedures

4.1. Secure Shell (SSH)

4.1.1 SSH is a network protocol that gives users, particularly system administrators, a secure way to access a computer over an unsecured network. SSH also refers to the suite of utilities that implement the SSH protocol. Secure Shell provides strong authentication and encrypted data communications between two computers connecting over an open network such as the internet. SSH is widely used by network administrators for remote management of systems and applications.

4.2. Encrypted Connections

4.2.1 The following transmission require encryption when protected health information is included:

- File transfer protocol (FTP)
- E-mail
- Web browser
- Wireless (LAN, WLAN)
- Application Programming Interfaces (API's)
  See section 3.2 Encryption

4.3. Secure Connectivity Options

4.3.1 Dedicated Connection –A dedicated line can be established between the client site and MedImpact's site so that traffic does not pass over the Public Internet. If the customer would like more security, they may use secure protocols such as SSH and FTP with PGP encryption to communicate over the dedicated line.

4.3.2 Site-to-site Virtual Private Network (VPN)–Proven, standard algorithms should be used as the basis for technologies. Symmetric cryptosystem key lengths must be at least 128 bits. Asymmetric crypto-system keys lengths must be of a minimum of 2048 bits. Since encryption methodologies and the ability to compromise those methodologies change over time, MedImpact's encryption strength and key length requirements will be reviewed annually and upgraded as technology allows.

4.3.3 Client-to-site VPN through Cisco Secure Client with RSA token authentication –Secure Client and token authentication can be used by MedImpact employees, temporary employees and contractors to access MedImpact Information Technology resources from remote locations. This service requires that the secure client software be installed on the computer that will remotely access MedImpact information technology resources.

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4.3.4 TLS encryption–Currently, the use of Transport Layer Security (TLS) is considered best practice for Web browser encryption. It is used on all web based applications that support external connectivity to MedImpact information technology resources.

4.3.5 Secure File Transfer using Secure Transport–MedImpact provides secured file transfer ability through a TLS encrypted website using Secure Transport. Secure Transport is configured via a front-end web server connecting to a back-end file repository. Clients are able to put and get files using either a standard web browser, or by using a windows-based or java-based client. No files are stored on the front-end server.

4.3.6 Secure email is required to send any email which contains PHI, PII, or company confidential information to a remote email location which resides outside of the MedImpact domain. Secure Email using Axway Secure Email–MedImpact utilizes the Axway Information Technology Company. MMS/IME software to provide encrypted emails. Any emails flagged by this system get redirected to the IME email encryption service. This service holds the email for pickup, or optionally encrypts the email using S/MIME to send to a remote IME server for site-to-site email encryption. Clients are able to retrieve their emails using a standard web browser to connect to a TLS-encrypted web site front-end. No email is stored on the front-end server.

4.3.7 SFTP with PGP –For large file transfers, MedImpact supports SFTP with PGP which provides encryption of data at rest prior to transferring over the Internet using the secure file transfer protocol.

4.3.8 Secure printing is required to print any document which contains PHI, PII, or company confidential information. Secure printing requires an individual to specify the “Secure Print” option and provide a secure PIN during the printer properties specification. This PIN is then entered at the designated printer to allow an individual to supervise the printing operation.

4.4. Unencrypted Connections

4.4.1 The following list of connections do not require encryption:

- Company-internal network
- LAN connections
- Dial-direct networks (DDNs) or ISDNs
- Integrated Services Digital Networks (ISDNs)
- Lease lines
- Frame relay connections

4.5. PDA/Smart Phone

4.5.1 Personal digital assistants (PDAs), and smart phones using wireless communication services must be encrypted while data is in transit and at rest. In the event of a device loss, these devices will be remotely wiped to protect information residing in the device. All corporate mobile phones (and iPads) must be managed and secured using MedImpact’s Mobile Device Management Platform. All corporate mobile phones must use the iOS operating system standard.

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4.6. Removable Media and Storage Devices

4.6.1 MedImpact employees are not permitted to remove and/or download PHI or PII data from the workplace via hardcopy printout or via electronic storage devices such as external hard drives, PDAs, flash drives, laptops, USB devices, etc.

4.6.2 MedImpact employees may not use removable storage on their work computers without explicit permission of the Information Security department. Removable storage devices must be encrypted and approved by Information Security. Removable storage includes, but is not limited to, USB storage devices (thumb drives), USB Hard Drives, CD/DVD Rom/Writers, or SD Cards (camera cards).

4.6.3 MedImpact employees are to use company approved methods for the transfer and sharing of data which include G Drive storage, H Drive storage, email, and Box (file sharing).

4.6.4 Exceptions to this policy may be requested on a case-by-case basis by submitting a Salesforce request to Information Security for the Use-Case exception. If an exception is granted, a MedImpact approved encrypted device will be provided to the employee and is the only Removable Storage device that is allowed access to the employee's desktop or laptop in accordance with the section entitled "*External Connection Procedures´*in this policy..

4.7. Mobile Device Management (Wireless)

4.7.1 All corporate mobile devices using wireless communication services will maintain a six (6) digit PIN number at all times.

4.7.2 All corporate mobile devices must use a corporate supported version of the operating system.

4.7.3 All corporate mobile devices must have the password lock enabled with a timeout set to no longer than five (5) minutes.

4.7.4 All corporate mobile devices must be encrypted.

4.7.5 Corporate mobile devices are not allowed to be connected directly to the internal corporate network unless approved by Information Security.

4.7.6 Users should only load data onto corporate mobile devices that is essential to their role.

4.7.7 Users must report all lost or stolen devices to MedImpact Information Security, Help Desk immediately.

4.7.8 If a user suspects that an unauthorized access to company data has taken place via a mobile device, that user must report the incident to Information Security, Help Desk immediately.

4.7.9 Corporate mobile devices must never be jailbroken.

4.7.10 Corporate mobile devices must never have any software/firmware installed which is designed to gain access to functionality not intended to be exposed to the user.

4.7.11 Users must not load pirated software or illegal content onto corporate mobile devices.

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4.7.12 Applications must be installed from official platform owned approved sources. Installation from unknown or untrusted sources is prohibited.

4.7.13 Devices must be kept up-to-date with manufacturer or network provided patches.

4.7.14 Users must be aware of the potential to merge personal and work email and text information. Users must take care to ensure that company data is sent in the appropriate manner. If a user suspects that company information may have been inappropriately transmitted and/or exposed in some manner, they must notify MedImpact Information Security, Help Desk departments immediately.

4.7.15 Corporate mobile devices must allow administrative personnel the ability to remote wipe the device in the event that it has been deemed to be stolen or compromised in some manner.

4.7.16 Corporate mobile devices must be registered in the corporate mobile device management system.

4.8. Mapped Network Drives

3.8.1 Employees should not place corporate confidential information, PHI or PII on the T: drive.

3.8.2 Employees must not create mapped shared drives on company computers to share information without the written approval of the Information Security Department.

4.9. Cameras (Internal and External)

4.9.1 Cameras will remain disabled on all corporate laptop computers. Any use of camera based operations or communications on corporate computers must be approved by the CISO (Chief Information Security Officer)

4.10. Non-Corporate Devices

4.10.1 Non-corporate devices consist of any device including computers, laptops, phones, tablets, etc. that are not fully owned, operated, managed, and secured by MedImpact Healthcare Systems.

4.10.2 Non-corporate devices are not allowed access to the corporate network unless this access has been approved by the CISO. This approval MUST be documented in a Salesforce case.

4.10.3 Non-corporate devices are allowed access to the guest wireless network providing that these devices are within the walls of the corporate building containing the access points to the guest wireless network.

4.10.4 Individuals operating non-corporate devices on the MedImpact guest wireless network should have no expectations of privacy.

4.10.5 Individuals operating non-corporate devices on the MedImpact guest wireless network should never exchange any form of confidential information including PHI (Protected Health Information) while connected to the guest wireless network.

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5. Computer Security Incident Response Procedures

5.1. Security Incidents

Security Incidents are defined as events that could cause the unauthorized disclosure, modification or destruction of MedImpact's information assets or loss or destruction of the physical equipment associated with the computer systems, its peripherals, or network infrastructure components. A security incident also includes witnessing someone committing a violation of security policies or procedures. The following are examples of reportable security incidents:

5.1.1 Passwords being compromised, either individual or system.

5.1.2 Disclosure of information to unauthorized individuals.

5.1.3 Unauthorized modification or destruction of information.

5.1.4 Computer viruses.

5.1.5 Secured areas containing critical IT resources, including but not limited to, electrical closets, data closets, and computer rooms, being left unlocked or unattended.

5.1.6 Theft of IT equipment, services, or information classified as CONFIDENTIAL.

5.1.7 Destruction or modification of any Information security mechanism such as locks, cameras, or logical controls on applications or data.

5.1.8 All information security incidents, or suspected incidents, must be reported as soon as possible. All security incidents identified above must be reported to the Chief Information Security Officer. If the person is unsure whether the event is a reportable security incident, the event should be reported. All security incidents will be reported and documented from the time the incident is reported, through final disposition of the event. All phases of the incident will be documented, and evidence collected will be maintained in accordance with the rules of evidence. The specifics of security incidents must not be discussed widely but should instead by shared on a need-to-know basis only.

5.1.9 Individuals reporting a systems/data security incident should contact the Chief Information Security Officer (CISO). If the CISO is not available, the person should report the incident to a member of the Security Department.

5.1.10 Security Incidents must be logged and reviewed on a periodic basis and maintained for a period of one-year.

5.1.11 The Chief Information Security Officer will log the incident as to the date and time reported; and creates a security incident report. If a supervisor or manager is the first to be notified of the incident, that person will initiate the log, and document the incident then pass the information to the Chief Information Security Officer as soon as possible. After reviewing the nature of the incident, the Chief Information Security Officer may contact any or all of the following individuals to assist in the security incident investigation, as appropriate:

Legal Department: The Legal Department should be contacted where legal issues or potential legal issues either have come to light or may become an issue as a result of the incident. This would also include seeking counsel on what types of surveillance or other activity can or should be attempted while conducting the incident investigation.

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Compliance: The Compliance Department must be notified if the security incident involves access to protected health information (PHI) or patient identifiable information (PII).

Human Resources: Human Resources shall be contacted whenever any MedImpact employee, temporary employee, vendors, contractor, etc. is under investigation concerning a security incident or where corrective action, up to and including termination is being considered. Human Resources, along with Legal will be contacted whenever performing any type of surveillance activity. The placement of an employee on administrative leave during an investigation must also involve Human Resources.

Loss Prevention: The Chief Information Security Officer should contact MedImpact's Legal Staff to obtain expert investigators to assist or lead the investigation of the security incident. This would be essential in security incidents not involving electronic access to protected resources. Legal should also provide counsel as to the rules of evidence and how to maintain proper security of the evidence to prevent tampering with, or disclosure of the evidence.

Marketing Communication: Depending on the incident, and whether or not the incident is reported or could be reported in the media, Marketing Communications should be involved from the beginning to ensure there are no media incidents that could put MedImpact in a negative light in the press. All corporate communication procedures for dealing with the media will be followed. No one associated with or involved in the investigation will speak with the press. Any inquiries by the press must be referred to Marketing Communications for resolution.

Local Management: Local management or supervision must cooperate with investigators and make available space, records, potential witnesses, etc. to the investigation team.

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6. Web Applications

6.1. Criteria for Web Application Security Assessments

6.1.1. Quarterly – will be subject to a full assessment

6.1.2. New or Major Application Release – will be subject to a full assessment

6.1.3. Third Party or Acquired Web Application – will be subject to a full assessment

6.1.4. Patch Releases – will be subject to an appropriate assessment level

6.1.5. Emergency Releases – will be allowed to forgo security assessments

6.2. Criteria for Issue remediation

6.2.1. High – Any high-risk issue must be fixed immediately or other mitigation strategies must be put in place to limit exposure before deployment.

6.2.2. Medium – Medium risk issues should be reviewed to determine what is required to mitigate and scheduled accordingly. Applications with medium risk issues may be taken off-line or denied release into the live environment based on the number of issues and if multiple issues increase the risk to an unacceptable level. Issues should be fixed in a patch/point release unless other mitigation strategies will limit exposure

6.2.3. Low – Issues should be reviewed to determine what is required to correct the issue and scheduled accordingly

6.3. Secure Coding Practices and Techniques

6.3.1. Secure coding practices and techniques will be followed throughout the software development life cycle.

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7. Security Policy Compliance

7.1. Compliance Measurement

7.1.1. The Information Security team will verify compliance to this policy through various methods, including but not limited to, security monitoring systems, business tool reports, audits, and feedback to the policy owner.

7.2. Exceptions

7.2.1. Any exceptions to this policy document must be approved by the Information Security Department.

7.3. Non-Compliance

7.3.1. Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

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8. Appendix A. Definitions/Glossary

Term	Description
Access Control Lists	Lists kept by routers to control access to or from the router for a number of services (for example, to prevent packets with a certain IP address from leaving a particular interface on the router).
AES	Advanced Encryption System
Application Account Administration	Any account that is for the administration of an application (e.g., database administrator, systems administrator).
Application Service Provider	A third-party organization that provides IT services for use by MedImpact employees or associates.
Approved Electronic Mail	Includes all mail systems supported by the MedImpact IT Support Team. These include, but are not necessarily limited to, Microsoft Exchange/Outlook. Approved email delivered outside firewall will contain appropriate confidentiality warning.
Approved Encrypted email and files	PGP use within MedImpact is done via a license. Please contact the appropriate support organization if you require a license.
APT	Advanced Persistent Threat
Cable Modem	Cable companies provide Internet access over Cable TV coaxial cable. A cable modem accepts this coaxial cable and can receive data from the Internet. . Cable is currently available only in certain communities.
Cloud Computing	Cloud computing is the delivery of computing as a service rather than a product whereby shared resources, software, and information are provided to computers and other devices as a utility (like the electricity grid) over a network (typically the Internet).
Corporate Connectivity	A Connection that provides access to a MedImpact Network.
Digital Certificates	A certificate which uses a digital signature to bind together a public key with an identity — information such as the name of a person or an organization, their address, and so forth. The certificate can be used to verify that a public key belongs to an individual.
DMZ	A “demilitarized zone” or perimeter network is a network area (sub-network) that sits between an organization’s internal network and an external network, usually the Internet. Connections from the internal and the external network to the DMZ are permitted; however, connections from the DMZ are only permitted to the external network. Hosts inside the DMZ may not connect to the internal network.

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Term	Description
Dual Homing	Having concurrent connectivity to more than one network from a computer or network device. Examples include: Being logged into the Corporate network via a local Ethernet connection, and dialing into AOL or other Internet service provider (ISP).
Employee	Any full or part time individual employed directly by MedImpact, either at a remote location or on-site at MedImpact's primary office.
Encryption	Software or hardware solutions that make sensitive information unreadable except to the intended recipient of the information.
HIPAA	Health Insurance Portability and Accountability Act of 1996. The Federal Law to standardize and protect individually identifiable health information.
Information Assets	Information that is collected or produced and the underlying hardware, software, services, systems, and technology that is necessary for obtaining, storing, using, and securing that information which is recognized as important and valuable to an organization.
IPS	Intrusion Prevention System
IT Resources	Any technical asset under the control or direction of MedImpact's IT department. Examples of IT resources include: servers, laptops, routers and firewalls.
Jailbroken Device	To jailbreak a mobile device is to remove the limitations imposed by the manufacturer. This provides access to the operating system, thereby unlocking all its features and enabling the installation of unauthorized software.
MAC address	The MAC address is a hardware number that uniquely identifies each node on a network and is required for every port or device that connects to the network.
MDM	Mobile Device Management
MedImpact	MedImpact Healthcare Systems, Inc. – A Pharmacy Benefits Management (PBM) company performing certain services, including but not limited to, claims processing, prior authorizations, rebates and network administration, on behalf of Plans.
MedImpact Entity (ies)	MedImpact Holdings, Inc. and its direct and indirect subsidiaries that create, receive, maintain, or transmit PHI, and the MedImpact Healthcare Systems, Inc. Health and Welfare Benefits Plan.
MedImpact network	A wired or wireless network including indoor, outdoor, and networks that provide connectivity to corporate services.

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Term	Description
Non-Employee	Any individual not employed directly by MedImpact including contractors, volunteers, and temps who perform services on behalf of MedImpact through a separately contracted entity.
PHI	Protected Health Information
PII	Patient Identifiable Information
Production System Information	A production system is a system that is regularly used to process information critical to the MedImpact business. Although a production system may be physically located anywhere, the production system designation is assigned by the IT Systems Director.
Remote Access	Any access to MedImpact's corporate network through a non-MedImpact controlled network, device, or medium.
Service Set Identifier	A set of characters that give a unique name to a wireless local area network.
SLA	Service Level Agreement
Split Tunneling	Simultaneous direct access to a non-MedImpact network (such as the Internet, or a home network) from a remote device (PC, PDA, WAP phone, etc.) while connected into MedImpact's corporate network via a VPN tunnel.
UUCP	Unix to Unix Copy. Typically a suite of computer programs and protocols allowing remote execution of commands, transfer of files, and email between computers.
De-identified Data	Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

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BUSINESS UNIT LEADER	Denise Burns, VP, Chief Operations Officer
PROCESS OWNER	Frank Bunton, VP, Chief Information Security Officer
Add'l Responsible Party	Larry Biggs, Information Security Engineer

RELATED EXTERNAL REFERENCES (Use of Links to external references requires additional maintenance of document to ensure accuracy – Use this sparingly)	
Name	**Link**

CHANGE HISTORY / VERSION CONTROL	
Version	**Comments**
5.0	Updated to V6 Template (Andy Kim, 4/28/2010)
6.0	Scheduled Revision (Frank Bunton, 3/1/2012)
No Changes	Review Form signed 8/23/2013
No Changes	Review and Approval Form signed 11/5/2014
7.0	Updated to new template, Scheduled Revision (Frank Bunton 2/1/2016)
8.0	Scheduled Revision (Frank Bunton & M. Andrews 1/2018)
9.0	Scheduled Revision (Frank Bunton & Larry Biggs 9/2019)
10.0	Scheduled Revision (Frank Bunton & Michael Andrews 1/2021)
11.0	Scheduled Revision (Frank Bunton 6/10/2022)

* *Annual Review Approval Audit Records – no document content updates made*: Audit Record inserted by Process Management before document is finalized and published.

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FOIA Letter

October 2, 2023

Arnetia Dean
Arkansas Department of Human Services
Attn: Office of Procurement
112 West 8th Street, Slot W345
Little Rock, AR 72201

Confidential

RE: Request for Proposals (RFP) for Pharmacy Benefit Management Services

Dear Ms. Dean:

The purpose of this letter is to set forth the position of MedImpact Healthcare Systems, Inc. ("MedImpact") with respect to our request for protection from disclosure under the Arkansas Freedom of Information Act[1] (the "Act") of MedImpact's confidential and proprietary information described herein.

MedImpact is a privately held company and operates in a highly competitive market for its services. As a private company, it is not required to make documents, such as financial statements and other materials, publicly available. Indeed, because these items give it a competitive advantage, MedImpact does not generally make available information such as client lists and pricing. As such, certain segments of the proposal should be withheld in accordance with the Act.

MedImpact is mindful that the State of Arkansas Department of Human Services ("DHS") has an obligation to provide the public with access to records in its possession. However, some of the requested information in the submitted proposal is confidential, proprietary, and a Trade Secret and has been diligently safeguarded by MedImpact. If such information were disclosed, it would allow entities, with which MedImpact competes in the marketplace, to access this confidential and proprietary information and use it to the competitive disadvantage of MedImpact. Accordingly, we set forth herein the arguments of MedImpact against disclosure of certain information.

I. The Segments of the Proposal That Should Be Rightfully Protected Under the Act

The proposal, including applicable exhibits, clarifications, Best and Final related documents, and subsequent communications, (the "Proposal") at issue contains specific segments that we request be exempted from disclosure. MedImpact specifically requests that those portions of the documents that contain pricing, MedImpact's financial information or reports, other financial proposals, the fees proposed for utilization of MedImpact's services, client references, MedImpact employee resumes and any financial information related to performance guarantees be afforded confidential treatment and be exempt from disclosure. MedImpact guards the confidentiality of this information, and disclosure would allow MedImpact's competitors to learn MedImpact's product cost and pricing strategies, thereby giving these competitors an unfair competitive advantage and causing substantial competitive harm to MedImpact.

[1] AR ST § 25-19-101 et seq.

Disclosure would allow MedImpact's competitors to estimate MedImpact's profit margins and permit them to undercut MedImpact's bid for services for contracts to provide pharmacy benefit management services. Disclosure would undoubtedly also have an adverse effect on MedImpact's ability to negotiate effectively with other clients; therefore, the continued confidentiality of this information that sets MedImpact apart from its competitors is crucial. MedImpact's competitors could use this information to the detriment of MedImpact in responding to future requests for proposals ("RFPs") with potential clients. For example, MedImpact's competitors could revise their future proposals to highlight their strengths as compared to MedImpact and downplay their weaknesses.

MedImpact contends that the following information contained in the Proposal submitted by MedImpact and requested by DHS is confidential and a trade secret and respectfully requests that it not be disclosed to the public:

- **Client References**
- **Account Management Team Resumes**

The information contained in the above referenced sections (the "Confidential Information"), including without limitation pricing data, financials, references and resumes, would provide a competitor with an unfair advantage in dealing with other entities with whom MedImpact does or would like to contract.

MedImpact asserts that several exceptions apply to protect the aforementioned information under the Act. An overview of these exceptions and the corresponding segments of the MedImpact Proposal are detailed below:

II. Exceptions to the Act Applicable to the Requested Information

The Proposal and the referenced Attachments contain information that is protected from disclosure under the Arkansas Public Information Act[2] and the Arkansas Trade Secrets Act[3]. The relevant provisions are as follows:

> **AR ST § 25-19-105. Exceptions:**
>
> (b) It is the specific intent of this section that the following shall not be deemed to be made open to the public under the provisions of this chapter:
>
> (9) (a) Files which, if disclosed, would give advantage to competitors or bidders;
>
> **A.C.A. § 4-75-601. Definitions**
>
> (3) "Person" means a natural person, *corporation*, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity;
>
> (d) "Trade secret" means information, including but not limited to, technical or non-technical data, a formula, pattern, compilation, program, device, method, technique, drawing, process, financial data, or list of actual or potential customers or suppliers, that:

[2] Id.
[3] A.C.A. § 4-75-601 et seq.

(4) "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique, or process, that:

(A) 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

(B) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

This broad definition should likely capture the information we are requesting to be withheld from disclosure in the MedImpact Proposal.

As noted above, the State of Arkansas recognizes that a company will have information that the company creates and that sets it apart from its competitors and if obtained by a competitor, would cause substantial harm to the competitive position of the submitter (e.g. MedImpact) and as such, these Trade Secrets and confidential information should be afforded protection from disclosure. We argue that such protection should be afforded to the items described herein and be protected from disclosure as MedImpact's Trade Secrets and other confidential information.

Additionally, for reasons described herein, it is in the best interest of the public if multiple vendors are encouraged to submit proposals in response to RFPs" issued by the government for the various business opportunities within the State of Arkansas for products and/or services that serve the citizens of Arkansas. If Trade Secrets and other confidential information of the various potential vendors are released to the public (including their competitors), it will have a significant chilling effect, thus substantially reducing the number of vendors willing to risk disclosure of their Trade Secrets and other confidential information by bidding. The result will likely drive up costs and reduces the potential for creative, cost-effective solutions in the form of products or services intended to benefit the citizens of the State of Arkansas. [4]

MedImpact asserts that some of the requested information are Trade Secrets and MedImpact's confidential information and the information should rightfully be protected as follows:

III. Specific Segments of the Proposal Should Be Protected Because Disclosure Will Result in Substantial Competitive Injury

In an effort to provide the specific, factual basis that the disclosure of requested information would result in competitive injury to MedImpact, MedImpact outlines the different categories of information that are subject to disclosure and the specific concerns regarding same. This information should rightfully be exempt from disclosure in accordance with Arkansas's Uniform Trade Secrets Act.

1. **Exhibit 4** – Attachment N Client History Form
    a. Page 2 Question 1
    b. Page 3 Question 2

[4] *See also National Parks & Conservation Ass'n v. Morton*, 498 F.2d 765, 770 (D.C. Cir. 1974). "…commercial or financial matter is 'confidential' for purposes of the exemption if disclosure of the information is likely to have either of the following effects: (1) to impair the Government's ability to obtain necessary information in the future; or (2) to cause substantial harm to the competitive position of the person from whom the information was obtained."

c. Page 4 Question 4

2. **Exhibit 1** – MedImpact Key Personnel Profile Summary

3. **Attachment D** – Technical Proposal Packet

   a. Business Proposal

      i. Page 3 Figure 1: State of Arkansas Project Organizational Chart

      ii. Pages 9 – 10 Table 2: Non-Key Personnel Abbreviated Responsibilities

      iii. Pages 14 – 15 Question 4

      iv. Page 26 Table 6: Comparable Pharmacy Claims Experience in Past 3 Years

      v. Pages 28 - 30 Question 5 List of Officers

These sections and Exhibits consist of pages of narrative responses and financial figures by MedImpact to various questions or topics requested by DHS. The information in the narrative responses, as designated below, is MedImpact's trade secret and Confidential Information, because it contains information about MedImpact's rates, clients and staff which, if disclosed to our competitors or the public, would impair MedImpact's ability to compete. Specifically, if disclosed, it would create a competitive advantage to MedImpact's competitors during future negotiations and bid processes.

Among the topics discussed are the following:

A. Client References

This topic includes client references. MedImpact's competitors could use this information to the detriment of MedImpact in responding to future RFPs with potential clients. For example, MedImpact's competitors could revise their future proposals to highlight their strengths as compared to MedImpact and downplay their weaknesses. In addition, the client references were approved by MedImpact's clients for use in specific, controlled circumstances (i.e. the RFP) and were not approved for public dissemination. It would also put MedImpact in a competitive disadvantage for the specific client information to be made available to MedImpact's competitors.

B. Account Management Team Resumes

MedImpact spends significant time and money in the recruitment and retention of qualified personnel. MedImpact is also committed to the continuing training and education of its personnel. If the details of the management, references and client services team were made available to MedImpact's competitors, it would make these positions vulnerable to recruitment efforts by third parties. MedImpact would lose the benefit of its investment in its employees and should be protected from disclosure.

IV. Copyright Protection

In addition, MedImpact contends that the sections and exhibits outlined above be afforded protection under copyright. An Attorney General's decision indicates that state agencies who acquire "original works of authorship" from third parties cannot be compelled by the Act to violate federal prohibitions on

Copyright infringement[5]. To the extent then that compliance with the Act would compel an actual violation of the Federal Copyright Act, and subject the State to liability, we argue the Federal Copyright Act should control[6]. Given the difficulty in discerning which segments of the file should be protected by copyright, MedImpact requests that the entire file receive copyright protection.

Accordingly, the custodian of these records should not be required to furnish copies of these records. Any member of the public seeking to access these records and make copies would have to assume the duty of compliance with copyright law and would risk a copyright infringement suit for improper usage. Given the sensitivity of this information, copyright protection is appropriate for the records at issue. Accordingly, MedImpact's arguments set forth above support the contention that these sections are entitled to protection under copyright theory.

The Exhibits and Attachments to the Proposal, which are provided to DHS in support of our responses to the topics described above, contain information that should be protected by copyright. Copyright protection serves to protect the expression and form of ideas,[7] and should extend to the Exhibits and Attachments to the requested Proposal. While all Attachments should be protected by copyright, the data especially warranting copyright protection are listed above. Lastly, it should also be noted that the bottom of each page of the MedImpact Proposal states that the information "may not be reproduced, transmitted, published or disclosed to others without prior written authorization." This statement further evidences the sensitivity of the information at issue, and the appropriateness of copyright protection for every portion of the proposals.

V. Conclusion

MedImpact expends significant time and resources in developing the programs, pricing, and business processes that are included in the information that MedImpact requests to be withheld from the public under the Act. This information is proprietary and confidential, and disclosure would deprive MedImpact of the benefits of its hard work, commitment, and financial investment. The above referenced information is highly negotiated in a competitive environment where competing proposals are submitted by other parties. If revealed, the information would allow the competitors of MedImpact to determine the company's exact position when preparing counter-proposals. Comparable information from these competitors is not and will not be available to MedImpact. Therefore, MedImpact would be uniquely adversely affected by the release of this information. In addition, release of the information will most likely have a material chilling effect on other vendors wanting to bid on opportunities for contracts with the government within the State of Arkansas. The public interest served by not disclosing the record clearly outweighs the public interest served by disclosure of the record and the information described above should accordingly be exempted from disclosure.

For the reasons set forth above, MedImpact respectfully requests that the sections specified in the Proposal and Attachments as listed above of MedImpact's Proposal to DHS be withheld from disclosure under a Freedom of Information Act request or a request under the Arkansas Public Records Act. For all the above reasons, MedImpact requests that the designated portions of the documents be treated as exempt from disclosure. If you need any additional information, please feel free to contact **Andrea Koerber Dixon, Director, Proposal Services,** directly at 858.790.6463.

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[5] 64 Ops. Cal. Atty. Gen. 186 (Cal.A.G.), 1981 WL 126731 (Cal.A.G.)
[6] *Id;* CA GOVT § 6254(k)
[7] *See* 17 U.S.C. s 102(b); F.A. Davis Company v. Wolters Kluwer Health, Inc. d/b/a Lippincott Williams & Wilkins, 413 F.Supp.2d 507 (2005); see also Mazer v. Stein, 347 U.S. 201 (1954)

Sincerely,

Andrea Koerber Dixon

Andrea Koerber Dixon, Director, Proposal Services
MedImpact Healthcare Systems, Inc.

Attachment D
TECHNICAL PROPOSAL PACKET
710-24-0013

INFORMATION FOR EVALUATION

- *Provide a response to each section, addressing the item/questions listed. With the exception of the request for company information and experience, each of the sections below corresponds to a section (or sections) in the RFP or Attachment. Please see the RFP or Attachment section number listed at the beginning of each section header below for more information on the context of each question. Prospective Contractor may expand the space under each item/ question to provide a complete response.*
- *In addition to this section, the Prospective Contractor must also fill out Attachment G - Functional and Technical Requirements Matrix. Responses in these attachments will be factored into the respective section's evaluation and RAW Score.*
- ***Do not** include additional information if not pertinent to the itemized request.*
- *Each response should demonstrate a comprehensive understanding of Arkansas Medicaid Pharmacy Program and delivery system.*

INFORMATION FOR EVALUATION	Maximum Available RAW Score
INSTRUCTIONS: Please reply to the below questions in a separate document, referencing each Section Title (and number), and question number as applicable. Your proposal should have two sections: a "System Proposal" and a "Business Proposal." Each section below indicates if the section is a System or Business proposal section. There is a 200-page limit to a Respondent's System Proposal and a 150-page limit to their Business Proposal. This page limit includes any screen shots or diagrams. How these page limits are allocated across the questions/sections of the below prompts is at the Respondent's discretion. To the extent that this RFP requests Draft Plans, Resumes or other artifacts, these may be attached as exhibits and not counted towards the page limits. However, please provide a clear reference to where these attached exhibits may be located.	**n/a**

Solution Functionality - System Proposal Instructions	n/a
Instructions: 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. The precise allocation of pages across sections is left to the Respondent. 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 addition to responding to the specifications described above, fill out the tabs of Attachment G - Functional Requirements Matrix. Your answers to this tab of the matrix will be factored into the Score you receive for this section. A failure to meet any requirement designated mandatory may result in the disqualification of a proposal.	

RFP Adherence to Federal Requirements - Business Proposal	**Pass/Fail**
Please confirm your ability to adhere to all applicable federal requirements listed in the RFP.	
Attachment A Key Personnel - Business Proposal	**5**
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. 2. Provide a list and description of subcontractors and their key personnel that will be performing the services rendered by this 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 4. Describe your staff's experience in the health and human services and Pharmacy systems and operations. 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. 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. 8. Describe your plan to replace staff throughout the duration of the Contract within the timeframes specified in RFP. 9. Describe your overall staff management approach, including internal standards, policies and procedures regarding hiring, professional development, and human resource management. 10. Describe your process and methodology for retaining personnel and ensuring that Key Personnel are consistently engaged on this Engagement. Please also discus steps you have/will take to minimize staff turnover. 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. 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.).	

RFP Section 2.3 Minimum Qualifications - Business Proposal	**Pass/Fail**
Please describe how Prospective Contractor meets all Minimum Qualifications set forth in RFP Section 2.3. Specifically address each, by letter and number. A. Letter of Bondability. 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. 2. Experience processing Pharmacy claims for a solution similar to that required by the State of Arkansas within the last three (3) years. a. Number of Clients more than one (1) million potentially. b. Similar/exceeds number of claims processing volumes – Encounter processing and claims – 4.5 million paid prescriptions, more than $400,000,000.00. 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. C. Attachment N – Client History Form completed and signed.	
Company Information and Experience – Business Proposal	**5**
A. Provide a **Company Profile**, to include the following: 1. Company Name 2. Ownership (sole proprietor, partnership, etc.) 3. State and date of incorporation 4. Number of years in business 5. List of Officers 6. Location of Company headquarters and other company offices 7. Number of employees, both locally and nationally B. Attachment N – Client History Form 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. 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. *Please note, as this section is holistic, the State may consider information provided elsewhere in a Respondent's proposal when scoring this Section.*	
RFP Section 2.7 Project Governance and Management - Business Proposal	**5**
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. 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.	

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. 4. Provide a draft Integrated Project Management Plan, Project Schedule, and Project Status Report template. 5. Describe how you will develop and manage an integrated master project schedule. 6. Discuss your deliverable development, submission, quality assurance, and review process, including your standard timelines for deliverable reviews. 7. Describe your Project Change Management approach and explain how you follow the Project Change Management process, providing examples from previous experience where applicable.	
RFP Section 2.8.3 Project Management Plan Approach - Business Proposal	**5**
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. 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 managemen of defect and issue tracking. 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. 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.	
RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management - System Proposal	**5**
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. 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). 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. 4. Describe how you intend to maintain physical and logical security of the solution and its implementation relative to the services it provides.	
RFP Section 2.8.22 Solution Design, Development, and Implementation: System Requirements Validation - System Proposal	**5**
1. Describe your plan for capturing and validating all System Requirements. 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. 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.	
RFP Section 2.8.24 Solution Design, Development, and Implementation: Design and Development - System Proposal	**5**

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. A. If your approach is a Waterfall approach, what are the proposed steps? 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? 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. 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.	
RFP Section 2.8.27 Solution Design, Development, and Implementation: Data Quality, Data Conversion, and Migration - System Proposal	**5**
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. 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. 3. Describe your approach to testing converted data. 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. 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. 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.	
RFP Section 2.8.39 Solution Design, Development, and Implementation: Implementation and Go-Live - System Proposal	**5**
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. 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. 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. 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. 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.	
RFP Section 2.8.43 Maintenance & Operations - System Proposal	**5**
1. Please explain how you will perform the System Monitoring, including any experience performing similar duties for similar clients. 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. 3. Please explain your approach to proposing upgrades to the solution in accordance with RFP Section 2.8.45. 4. Please detail your experience keeping system documentation similar to what is contemplated in RFP Section 2.8.36. 5. Please confirm your ability to collaborate with the State as required by RFP Section 2.8.43. 6. Describe how the State will maintain reliable access to the Pharmacy System and the standards for operational uptime and data security.	
RFP Section 2.8.37 System Security and Privacy - System Proposal	**5**
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. 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). 3. Provide a proposed System Security Plan in accordance with the details outlined in RFP Section 2.8.15 4. Describe how your proposed Solution will protect sensitive information, including but not limited to Client information and Provider information. 5. How will you ensure security and confidentiality of information, while allowing for a free flow of information accessible through various means?	

Business Proposal

Attachment A Key Personnel - Business Proposal

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.

MedImpact has created this staffing plan and is responsible for resource planning and management for the MedImpact solution. We are also responsible for providing updates to this plan in accordance with the approved project work plan and deliverable management process defined in the project management plan. The Arkansas DHS is responsible for reviewing and approving the Staffing Plan and subsequent updates.

Purpose

The Staffing Plan provides an overview of MedImpact's resource management approach and procedures. The intended audiences of this document are team members from MedImpact, MedImpact subcontractors, DHS, and any other DHS-designated stakeholders who have a role in resource management for the MedImpact Arkansas Medicaid FFS project. The plan encompasses the strategy, processes, and organizational structure for the project.

The plan also defines the labor resources needed to accomplish project tasks to deliver and operate the solution in accordance with DHS requirements including:

- Staffing Management Approach
- Resource Requirements and Estimation
- Project Organizational Structure
  - Organization Chart with reporting relationships
  - Staffing roles and responsibilities
  - Interactions Arkansas Medicaid Staff
- Staffing Levels
- Reporting and Metrics

Scope

The Staffing Plan is applicable to the entire life cycle of the MedImpact Arkansas Medicaid FFS project. The abridged plan provided with proposal submission will be updated by MedImpact during the initial phase of the project and submitted to DHS for review and approval. Following approval, any further changes are subject to formal project change control procedures.

Staffing Management Approach

MedImpact's approach to staffing and resource management is realistic, yet flexible. We provide the appropriate number of resources with the right skillsets and experience to perform their duties efficiently and effectively throughout all phases of the project. Our proposed organization and staffing levels allow MedImpact to deliver consistent, dependable service regardless of fluctuations in work volume.

MedImpact's strategy for the proposed staffing and organization is to meet agency requirements by providing:

- Sufficient staffing levels to complete project activities in accordance with DHS specified requirements and following the timeline defined in the approved project work plan.
- Adaptability to adjust staffing levels to meet changing demand (such as increases/decreases in workload).
- MedImpact team members with the appropriate skillsets, experience, and availability to perform their assigned duties.
- Strategies, processes, and tools to support effective and timely forecasting, recruitment, retention, and replacement (if necessary) of staffing to meet required staffing levels.
- Forecasting, planning, and scheduling of the project workload using resource management tools and processes, MedImpact best practices, and DHS collaboration.

MedImpact brings expertise, flexibility, and innovation to the Medicaid FFS space and this applies to our staffing approach as well. Our Medicaid staff collectively has over 100 years of experience in the industry. We design our staffing plan with flexibility to adjust with the natural ebb and flow of organizational needs. We also realize that the pool of qualified individuals to serve an account like State of Arkansas is small and competitive. Our flexibility extends to collaborating with DHS to recruit and retain the best candidates for your account team. Our proposed team of key personnel are highly qualified and experienced individuals within MedImpact's organization and will work with any new staff we bring on to serve DHS. We offer a SaaS (software as a service) model to streamline efficiency from implementation through maintenance which reduces the need for excessive staff.

Resource Requirements and Estimation

MedImpact uses our understanding of the Arkansas Medicaid program and our experience with similar programs and solution implementations to define the resource requirements and develop staffing estimates. We have analyzed project requirements to determine the types and numbers of required staff for DHS. Using the requirements outlined in the RFP, the draft Work Breakdown Structure (WBS), project work plan created during proposal development, and historical staffing models from similar MedImpact projects, we have developed a staffing model to support all phases of project activities in accordance with DHS requirements.

The basis for our staffing estimates includes the volume of anticipated claims, PAs (prior authorizations), and other transaction volumes provided in the RFP and Bidder Library. This approach optimizes staffing projections to meet all contract obligations and planned volume fluctuations. We also consider current staffing needs against the potential for future changes and have created a staffing approach that allows MedImpact to rapidly adjust to changes that influence work volume.

During implementation, we work in collaboration with DHS to verify anticipated transactional volumes provided as part of this RFP and Response to Bidder Questions and validate our staffing projections accordingly. These steps are critical to mitigate the risk of surprises at go-live (start of operations) that may impact response times.

Project Organizational Structure

MedImpact has developed our proposed organizational structure and staff loading plans and will fill staffing positions according to our forecasts. Any recruiting efforts deemed necessary for the project will be initiated as quickly as possible following contract award. In this section, we provide our proposed organizational structure and define key and non-key staff roles and responsibilities along with required skillsets.

DHS will benefit from MedImpact's proposed team comprised of seasoned professionals who possess the industry and subject matter knowledge and expertise necessary to and effectively support the project. Key roles will receive support from the appropriate essential resources (technical, business processes, and people) to ensure optimal effectiveness for DHS and its stakeholders. MedImpact's executive leadership team will provide supplementary oversight of the project.

Organizational Chart

Figure 1 shows an organizational chart illustrating MedImpact's proposed Key Personnel, leadership support, and shared support for the Arkansas Medicaid FFS project, including implementation and operation phases.



Figure 1: State of Arkansas Project Organizational Chart

Key Personnel Roles and Responsibilities

MedImpact is pleased to highlight the key responsibilities and skillsets of the key personnel assigned to DHS. **Table 1** depicts MedImpact's proposed key personnel roles and provides a brief description of responsibilities by role and highlights required skills.

Roles	Responsibilities
Project/Account Manager	• Provides general management of the project, DDI Manager, Operations Manager, and all associated Sub-Vendors • Acts as principal interface for MedImpact with the State • Schedules and provisions resources • Presents all formal communication and correspondence to the State • Dedicated full time to this project
DDI Key Personnel	
DDI Manager	• Schedules and provisions resources to accomplish the DDI • Identifies and mitigates project risks associated with DDI activities • Ensures DDI milestones are achieved in accordance with the approved schedule • Reports DDI status • Participates in configuration control activities • Dedicated full time to this project during start-up up until operations
Technical Solution Manager	• Schedules resources to configure and implement the Vendor's solution • Coordinates with the other AMPP Vendors to identify and resolve any issues to ensure proper operation of the MedImpact's solution within the AMPP • Ensures all technical milestones are met in accordance with the approved work plan • Ensures all business and technical requirements are correctly incorporated into MedImpact's solution • Recommends technical improvements to the MedImpact's solution to ensure the final solution enables cost savings to DHS through process improvement and leveraged technology • Ensures all technical environments are established and maintained according to the requirements of the contract • Dedicated full time to this project from start-up through the warranty period
Business Solution Manager	• Ensures business rules and processes are identified and documented • Ensures all business logic is correctly configured within the MedImpact's solution

Roles	Responsibilities
	• Ensures all business rule configuration is completed in accordance with the approved work plan • Recommends improvements to business processes to ensure the final solution enables cost savings to DHS through process improvement • Assists in identifying and developing test cases for using in User Acceptance Testing and Operational Readiness Testing • Dedicated full time from project start-up and continue throughout DDI.
Testing Manager	• Ensures test cases are defined, executed, and documented for the MedImpact's solution • Consults with DHS to identify and plan for tests that address situations that routinely challenge the State's business processes, to include performance and regression testing • Monitor test activities to ensure that test steps are correctly followed and that test results are repeatable • Establish and maintain a process for capturing test results • Record and report the results of test activities • Document and track issues and defects status • Works from project start-up and continues throughout Federal certification of the solution as an element of the AMPP.
Documentation/Training Manager	• Define and enforce documentation standards for all materials developed under this project • Develop, publish, and maintain system documentation • Maintain an indexed, current inventory of all documentation associated with the project • Develop and improve documentation quality control processes to ensure that materials associated with the project are of the highest quality • Develop training materials to ensure that DHS and MedImpact staff are equipped to perform the tasks associated with their positions • Present training to DHS and MedImpact staff as required • Develop and maintain a training schedule of training events and offerings • Establish and maintain training records for MedImpact staff • Dedicated position from project start-up through the life of the contract.
Interface/Data Manager	• Identify all interfaces between MedImpact's solution and the other components of the AMPP • Design, document, and deploy interfaces for MedImpact's solution

Roles	Responsibilities
	• Interact with the other AMPP Vendors regarding interface and data requirements • Support data cleansing and data conversion from the legacy Pharmacy system • Ensure data dictionaries are current for MedImpact's solution • Available fulltime on the project during DDI
Operations Key Personnel	
Operations Manager	• Responsible for the day-to-day operations of MedImpact's solution and reports to the Project/Account Manager Provides general management of MedImpact's services activities • Schedules and provisions resources, to include obtaining DHS approval for assigning individuals to positions within MedImpact's business units • Meets all service level agreements and performance standards • Monitors and reports MedImpact's performance • Communicates issues or problems that impact the AMPP's ability to meet defined business goals • Dedicated full-time to the project throughout operations
Deputy Account Manager	• Responsible for activities associated with operations and reports to the Project/Account Manager • Helps plan and execute projects from start to finish • Conducts research and analysis to inform strategies • Monitors progress of all projects, budgets, and reports • Dedicated full-time to this project throughout operations
Systems IT Manager	• Responsible for coordinating all activities and operations staff related to maintaining MedImpact's technical solution and reports the Operations Manager • Schedules resources to configure and implement MedImpact's solution • Coordinates with the other AMPP Vendors to identify and resolve any issues to ensure proper operation of MedImpact's solution within the AMPP • Ensures all technical milestones are met in accordance with the approved work plan • Ensures all new business and technical requirements are correctly incorporated into MedImpact's solution • Recommends technical improvements to MedImpact's solution to enable cost savings to DHS through process improvement and leveraged technology • Ensures all technical and testing environments are established and maintained according to the requirements of the contract

Roles	Responsibilities
	and that performance and regression testing is always performed with changes and enhancements • Dedicated full-time to the project from start-up throughout the warranty period
Certification Manager	• Responsible for activities related to HHS / CMS certification of the AMPP and reports to the Operations Manager • Organizes AMPP content to support CMS on-site visit • Prepares MedImpact staff to participate in the CMS Certification process • Assists DHS staff with pre-certification activities
RDUR Director	• Responsible for the RDUR program and reports to the Operations Manager • Works with DHS and the DUR Board to determine intervention criteria targeting therapy problems. • Provides possible educational intervention criteria for review at the quarterly DUR Board meeting. • Provides response log updates, prescriber and pharmacist profiling reports, intervention review summaries, statistical activity summary reports for RDUR intervention, drug utilization ranking summaries including therapeutic categories by prescription and cost • Monitors the lock-in program. • Provides required monthly reports to DHS, quarterly reports to the DUR Board, and yearly federal reports by predetermined deadlines. • Provides cost avoidance data contributed to the RDUR interventions. • Performs any additional duties required by DHS. • Dedicated to the project throughout operations
PDL Manager	• Responsible for the PDL program and reports to the Operations Manager • Works with DHS and identifies the therapeutic drug classes through analysis of Arkansas utilization data to determine the approach to phase in new PDL drug classes or categories. • Provides on-site or virtual participation and documentation at the scheduled Drug Utilization Review Board meeting. • Provides the following information to the DUR Board: quarterly reviews of the PDL, report status of implementation of previous PDL decisions, compliance rates for PDL drug classes or categories under review, statistics on PDL classes for preferred and non-preferred agents for FFS clams and encounters, and recommendations for modification to the program

Roles	Responsibilities
	• Provides to DHS clinical reviews and recommendations for new drugs on the market and establish a periodic review schedule for each therapeutic drug class to alternate schedule approved by State. • Determines the impact of preferred drug candidates within selected therapeutic drug classes with reference to clinical safety and efficacy guidelines and available evidence-based data. All recommendations will be pending DHS approval. • Keeps DHS apprised of the status of DHS' PDL at all times through regularly scheduled meetings and other communications. • Performs any additional duties required by DHS.
ProDUR Manager	• Responsible for activities related to placing new drugs to market in the appropriate ProDUR category; monitoring and maintaining the Severity Level 1 ProDUR edits; and ensuring all DUR Board approved edits are implemented and reports to the Operations Manager • Works with DHS and the DUR Board to determine point-of-sale edits for screening drug claims. • Provides guidance during the DUR Board meetings concerning implementation of POS edits. • Works with the Vendor to ensure any DUR Board approved edits are implemented by the deadline. • Provides the following information to the DUR Board: therapeutic duplication edit data, drug-disease contraindications data, drug-drug interactions data, incorrect drug duration data, and early refill data • Provides DHS with potential POS edits that can improve potential drug therapy problems. • Provides required monthly reports to the State, quarterly reports to the DUR Board, and yearly federal reports by predetermined deadlines. • Provides cost avoidance data contributed to the Pro-DUR POS edits. • Performs any additional duties required by DHS.
Quality Assurance Manager	• Responsible for activity of the quality assurance department and staff, developing, implementing, and maintaining a system of quality and reliability testing for the organizations products and/or development processes • Reports to the Operations Manager • Implements methods to inspect, test, and evaluate systems and processes • Ensures all products adhere to defined quality standards

Roles	Responsibilities
	• Prepares reports by collecting, analyzing, and summarizing data
Pharmacist/Lead Clinical Manager	• Identifies and analyzes key trends • Recommends action plans to improve plan performance • Manages staff pharmacists, certified technicians, and the Helpdesk • Participates in coordinated meetings with DHS and Vendors

Table 1: Key Personnel Responsibilities

Non-Key Support Roles and Responsibilities

MedImpact's organizational model provides access to the executive leadership team. These individuals make up our non-key support team. **Table 2** outlines MedImpact's proposed non-key staff roles and provides a brief description of responsibilities by role and highlights required skills.



[redacted]

Table 2: Non-Key Personnel Abbreviated Responsibilities

The Key Personnel that make up the account team will consult with the executive leadership team on a regular basis to support DHS.

Interactions with Arkansas Medicaid Staff

MedImpact offers a collaborative approach to account management. We will interact with Arkansas Medicaid Staff on a regular basis to support the Medicaid program. Our structure is designed to reduce barriers to enable any members of our DDI and operations teams to interact with any of their counterparts from PMO and DHS. **Table 3** provides information on shoulder-to-shoulder links between the MedImpact Key Personnel, PMO staff, and DHS staff.

MedImpact Staff	PMO Staff	DHS Staff
Project/Account Manager	DDI Project Manager Implementation/Technical Manager Business Analyst	Implementation Manager Contract Administrator Program Administrator
DDI Key Personnel		
DDI Manager	DDI Project Manager Implementation/Technical Manager	Implementation Manager Contract Administrator
Technical Solution Manager	Implementation/Technical Manager	Implementation Manager Contract Administrator
Business Solution Manager	Implementation/Technical Manager Business Analyst	Implementation Manager Contract Administrator
Testing Manager	Implementation/Technical Manager User Acceptance Testing (UAT) Lead	Implementation Manager
Documentation/Training Manager	Implementation/Technical Manager Organizational Change Manager	Implementation Manager Program Administrator
Interface/Data Manager	Implementation/Technical Manager	Implementation Manager
Operations Key Personnel		
Operations Account Manager	Technical Manager	Program Administrator Contract Administrator
Deputy Account Manager	Technical Manager	Program Administrator Contract Administrator
Systems/IT Manager	Technical Manager	Pharmacy Program Administrator
Certification Manager	Business/Certification Manager	Pharmacy Program Administrator
RDUR Director	Technical Manager	Pharmacy Program Administrator DUR/DRC Coordinator
PDL Manager	Technical Manager	Pharmacy Program Administrator
ProDUR Manager	Technical Manager	Pharmacy Program Administrator DUR/DRC Coordinator
Quality Assurance Manager	Technical Manager	Pharmacy Program Administrator
Documentation/Training Manager	Technical Manager Organizational Change Manager	Program Administrator Pharmacy Program Administrator

Pharmacist Lead/Clinical Manager	Organizational Change Manager	Pharmacy Program Administrator Registered Pharmacist

Table 3: Shoulder-to-Shoulder Staff Links

This table is a loose outline of the interactions of the integral staff across the 3 organizations, which will provide a strong basis for our successful collaboration. However, interactions will not be limited to just the those outlined here. Additionally, MedImpact's non-key personnel leadership staff and operational staff across our organization will work to support DHS' account. MedImpact values partnering with our customers and looks forward to collaborating with you to support the Arkansas Medicaid FFS program.

Staffing Levels

The load charts provide a visual representation of the estimated effort measured in working hours for each staff resource assigned to the project. **Figure 2** outlines our resource estimates during the DDI (design development implementation) phase and **Figure 3** outlines our resource estimates during the maintenance and operations phase.

	DDI Month 1	DDI Month 2	DDI Month 3	DDI Month 4	DDI Month 5	DDI Month 6	DDI Month 7	DDI Month 8	DDI Month 9	DDI Month 10	DDI Month 11	DDI Month 12
FTE Title	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
Overall Project Acct Mgr	0	1	1	1	1	1	1	1	1	1	1	1
DDI Mgr	1	1	1	1	1	1	1	1	1	1	1	1
Tech Solution Mgr	0	0	1	1	1	1	1	1	1	1	1	1
Business Solution Mgr	0	0	1	1	1	1	1	1	1	1	1	1
Testing Manager	0	0	1	1	1	1	1	1	1	1	1	1
Documentation/Training Mgr	0	0	1	1	1	1	1	1	1	1	1	1
Interface/Data Mgr	0	0	1	1	1	1	1	1	1	1	1	1
OP Account Mgr	0	0	0	0	0	0	0	0	0	0	0	0
Deputy Acct Mgr	0	0	0	0	0	0	0	0	0	0	0	0
System IT Manager	0	0	0	0	0	0	0	0	0	0	0	0
Certification Manager	0	0	0	0	0	0	0	0	0	0	0	0
Quality Ass. Mgr	0	0	0	0	0	0	0	0	0	0	0	0
RDur	0	0	0	0	0	0	0	0	0	0	0	0
PDL Mgr	0	0	0	0	0	0	0	0	0	0	0	0
ProDur	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacist Lead	0	0	0	0	0	0	0	0	0	0	0	0
BI Business Sys Analyst IV	0	0	1	1	1	1	1	1	1	1	1	1
Rebate Negotiation Lead	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Rebate Financial Analyst	0	0	0	0	0	0	0	0	0	1	1	1
MedInvoice System Developer	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Rebate QA	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Financial Analyst	0	0	0	0	0	0	0	0	0.25	0.25	0.25	0.25
Business Systems Configuration	0	0	0	0	1	1	1	1	1	1	1	1
Project Mgr	0	0	0	1	1	1	1	1	1	1	1	1
Director Rebate Operations	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
Manager Rebate Operations	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Rebate Ops Analyst	0	0	0	0	0	0	0	0	0	1	1	1
Rebate Data Specialist	0	0	0	0	0	0	0	0	0	0	1	1
Rebate Data Conversion	0	0	2	2	2	2	2	2	2	2	2	2
MedInvoice System Developer	1	1	1	1	1	1	1	1	1	1	1	1
Rebate QA	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Rebate Pharmacist	0	0	0	0	0	0	0.5	0.5	0.5	0.5	0.5	0.5
Business System Analyst	0	1	1	1	1	1	1	1	1	1	1	1
Encounter Mgr	0	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	1	1
Certified Pharmacy Tech	0	0	0	0	0	0	0	0	0	0	10	10
PA Supervisor	0	0	0	0	0	0	0	0	0	0	1	1
PA Pharmacist	0	0	0	0	0	0	0	0	0	0	11	11
Lead PA Pharmacist	0	0	0	0	0	0	0	0	0	0	1	1
MedResponse Configuration	0	0	0	0	4	4	4	4	4	4	4	4
Guidlines Configuration Coders	0	0	0	0	0	0	3	3	3	3	3	3
Certified Pharmacy Tech	0	0	0	0	0	0	0	0	0	0	7	7
Drug Pricing Mgr	0	0	0	0	0	0	0	0	0	0	0.3	0.3
IT Security Engineer III	0	0	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Sub Total	**4.5**	**6.5**	**15**	**16.5**	**21.5**	**21.5**	**25**	**25**	**25.25**	**27.25**	**59.05**	**59.05**

Figure 2: High Level DDI Phase Staffing Chart

	O&M Year 1	O&M Year 2	O&M Year 3	O&M Year 4	O&M Year 5	O&M Year 6
FTE Title	FTEs	FTEs	FTEs	FTEs	FTEs	FTEs
Overall Project Acct Mgr	1	1	1	1	1	1
DDI Mgr (Turnover)	0.2					0.5
Tech Solution Mgr						0.3
Documentation/Training Mgr						0.1
Interface/Data Mgr						0.3
OP Account Mgr	1	1	1	1	1	1
Deputy Acct Mgr	1	1	1	1	1	1
System IT Manager	1	1	1	1	1	1
Certification Manager	1	1	1	1	1	1
Quality Ass. Mgr	1	1	1	1	1	1
RDur	0.5	0.5	0.5	0.5	0.5	0.5
PDL Mgr	1	1	1	1	1	1
ProDur	0.5	0.5	0.5	0.5	0.5	0.5
Pharmacist Lead	1	1	1	1	1	1
BI Business Sys Analyst IV	0.5	0.5	0.5	0.5	0.5	0.5
Rebate Negotiation Lead	0.25	0.25	0.25	0.25	0.25	0.25
Rebate Financial Analyst	0.5	0.5	0.5	0.5	0.5	0.5
MedInvoice System Developer	0.25	0.25	0.25	0.25	0.25	0.25
Rebate QA	0.25	0.25	0.25	0.25	0.25	0.25
Financial Analyst	0.25	0.25	0.25	0.25	0.25	0.25
Business Systems Configuration	0.25	0.25	0.25	0.25	0.25	0.25
Project Mgr	0.2	0.2	0.2	0.2	0.2	0.2
Director Rebate Operations	0.25	0.25	0.25	0.25	0.25	0.25
Manager Rebate Operations	0.33	0.33	0.33	0.33	0.33	0.33
Rebate Ops Analyst	1	1	1	1	1	1
Rebate Data Specialist	1	1	1	1	1	1.5
Rebate Data Conversion	0.5	0.5	0.5	0.5	0.5	1
MedInvoice System Developer	0.25	0.25	0.25	0.25	0.25	0.25
Rebate QA	0.25	0.25	0.25	0.25	0.25	0.25
Rebate Pharmacist	0.5	0.5	0.5	0.5	0.5	0.5
Business System Analyst	1	1	1	1	1	1
Encounter Mgr	0.33	0.33	0.33	0.33	0.33	0.33
Certified Pharmacy Tech	10	10	10	10	10	10
PA Supervisor	1	1	1	1	1	1
PA Pharmacist	11	11	11	11	11	11
Lead PA Pharmacist	1	1	1	1	1	1
MedResponse Configuration	1	1	1	1	1	1
Guildlines Configuration Coders	1	1	1	1	1	1
Certified Pharmacy Tech	7	7	7	7	7	7
Drug Pricing Mgr	0.3	0.3	0.3	0.3	0.3	0.3
IT Security Engineer III	0.2	0.2	0.2	0.2	0.2	0.2
Sub Total	**49.56**	**49.36**	**49.36**	**49.36**	**49.36**	**51.56**

Figure 3: High Level Operations Phase Staffing Chart

Work in phases will overlap using an agile approach to project management. The models assume the ability to flex due to volume spikes and will be fine-tuned during the implementation planning process.

Reporting and Metrics

MedImpact tracks and reports on staffing related metrics to ensure that we maintain staffing levels consistent with approved staffing load charts. Metrics are included in MedImpact's regular status reporting to DHS as part of overall project management. Other reporting can be made available to DHS upon request.

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

MedImpact is not proposing subcontractors to support DHS at this time.

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:

B. 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.

C. 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**

Please see **Exhibit 1** for Key Personnel experience and qualifications.

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

MedImpact has served Medicaid customers since 1992 and provides comprehensive end-to-end Medicaid PBM service options to help DHS meet both organizational goals and complex state contract requirements. We offer a local Key Personnel team supported by an experienced leadership team backed by an organization with a wealth of expertise in serving Medicaid customers. Highlights from DHS' support team include:



[redacted]

Please see **Exhibit 1 - MedImpact Key Personnel Profile Summary** for more detailed information on Key Personnel experience and expertise.

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.

MedImpact is headquartered in San Diego, California with 2 regional offices in Arizona and remote employees located throughout the United States. Compliance, legal, IT, and general operations will be performed at our corporate office in San Diego for the duration of the contract. Call center support and the data center will be housed in Arizona for the duration of the contract. The FFS Medicaid support team is located remotely throughout the country. For our key staff, we have identified several options for a local office in Little Rock, Arkansas including:

400 W Capitol Ave Building, Regions Center, Little Rock, AR 72201
1401 W Capitol Ave Building, The Victory Building, Little Rock, AR 72201

MedImpact will confirm our local office location upon award. With a planned opening after lease execution. In the meantime, Key Personnel will work remotely and/or from temporary offices upon mutual agreement with DHS.

We do not anticipate site changes during the Contract term. If a site change occurs, we will notify DHS in a timely manner. MedImpact looks forward to working with DHS to support your Medicaid FFS program at all of our domestic locations.

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.

Relevant Key Personnel will be physically located at the MedImpact Little Rock, Arkansas office during DDI and Maintenance and Operations of the contract depending on their roles and responsibilities (with the exception of time spent during office buildout). We will optimize local staffing for efficiency to best support DHS' program. **Table 4** provides an initial outline of where Key Personnel would be located during the 2 main phases of the project.

Key Personnel Position	Physical Location During DDI	Physical Location During M&O
Project/Account Manager	MedImpact's Arkansas office	MedImpact's Arkansas office
DDI Key Personnel		
DDI Manager	MedImpact's Arkansas office	Not applicable
Technical Solution Manager	MedImpact's Arkansas office	MedImpact's Arkansas office through warranty period
Business Solution Manager	MedImpact's Arkansas office	Not applicable

Testing Manager	MedImpact's Arkansas office during testing events (at minimum)	MedImpact's Arkansas office throughout Federal certification of the solution as an element of AMPP
Documentation/Training Manager	MedImpact's Arkansas office	MedImpact's Arkansas office
Interface/Data Manager	MedImpact's Arkansas office during testing of interfaces and design meetings related to interface or data requirements (at minimum)	Not applicable
Operations Key Personnel		
Operations Account Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
Deputy Account Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
Systems/IT Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
Certification Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
RDUR Director	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
PDL Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
ProDUR Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
Quality Assurance Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office
Pharmacist Lead/Clinical Manager	MedImpact's Arkansas office as needed during DDI	MedImpact's Arkansas office

Table 4: Key Personnel Proposed Locations

Key Personnel will be accessible and available no matter where they are physically located. We will work with DHS during the implementation to finalize our proposed Key Personnel locations.

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

MedImpact understands that key personnel changes can be disruptive for customers and prioritizes retention efforts to minimize any unnecessary turnover. We will not transfer or remove key personnel without prior approval from DHS. We will also provide advance notice of at least 30 calendar days before transitioning any key personnel to another MedImpact position, project, or assignment. MedImpact ensures appropriate staffing levels are maintained throughout the project, so objectives are met on time.

In the event a key personnel member does have to be replaced, MedImpact provides DHS notification of the vacancy within 2 business days and appoints a temporary replacement within 2 weeks. A temporary replacement will not hold a position for more than 90 calendar days in any 1-year period.

We follow a standard process to recruit and hire replacements for positions to permanently fill a vacancy. MedImpact first recruits existing staff as we have several employees with skills and experience that are like our proposed personnel. If we are unable to fill the position internally, we execute our external recruiting plan. We seek candidates for the replacement that are full-time employees who meet or exceed the minimum state-approved qualifications for the position. MedImpact provides DHS with a detailed resume for the chosen candidate for discretional DHS review and approval. We will work to fill the position with a permanent replacement approved by DHS within 90 calendar days of the vacancy.

MedImpact maintains the flexibility necessary to shift resources between projects should a need arise for additional staffing. This can occur during the implementation phase and throughout ongoing operations and maintenance. Additional key personnel positions may be recommended or proposed by DHS as well. Prior to adding any key personnel, MedImpact will submit documents for DHS' approval that justify the addition, describe general responsibilities, and proposes minimum qualifications. The Project Manager or Operations Manager will provide DHS with any communications regarding staffing changes.

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

MedImpact brings 3 decades of successful experience delivering comprehensive pharmacy services to state Medicaid models and delivery systems across the nation like the state of Arkansas' program. Your project requires skilled personnel with the requisite qualifications, experience, and business acumen necessary to successfully implement and operate the PBM to your satisfaction and the satisfaction of your stakeholders.

MedImpact has extensive experience serving Medicaid programs with a clearly defined staffing model that reflects and adjusts to the ever-changing needs of the programs we support. Leveraging this experience, we analyzed all project requirements to determine the types and numbers of required staff for DHS.

We based hiring and staffing estimates on the volume of anticipated claims, invoice volumes, types of programs (MCO, CMS, SR, DME, etc.), and other transaction volumes provided in the RFP (Request for Proposal) documentation. This approach optimizes staffing projections to meet all contract obligations and planned volume fluctuations. During implementation, we will work to verify transactional volumes provided as part of this RFP and validate our staffing projections. These steps are critical to mitigate the risk of surprises at go-live.

Internal Standards

MedImpact seeks diversity in our recruiting, hiring, and career advancing practices by posting to job boards and publications with diverse audiences. We track and analyze demographic data on our internal workforce for over/under representation including those in management and senior leadership positions. MedImpact uses a comprehensive nondiscrimination policy, stating MedImpact does not discriminate against an applicant or employee on the basis of race, color, religion, national origin, ancestry, sex, age, physical or mental disability, military or veteran status, genetic information, sexual orientation, gender identity, gender expression, marital status, or any other characteristic protected by applicable federal, state, or local law. We verify compliance at all MedImpact facilities with the Americans with Disabilities Act and sponsor the National Diversity Council.

MedImpact's chief human resources officer is the equality employment opportunity officer serving as the point person to identify additional opportunities that can enhance and expand the company's commitment to diversity.

All hires must pass a background check, which includes:

- 7 years federal criminal
- 7 years state(s) criminal
- OIG verification
- GSA verification
- Previous employment verification
- Education verification
- All certifications and licensure verification (rechecked annually)

Furthermore, MedImpact is committed to protecting the safety, health, and well-being of all individuals. We recognize that alcohol abuse and drug use can pose a significant threat to our goals. Therefore, we require all prospective employees to submit to a pre-employment drug test prior to working at MedImpact. MedImpact also may require employees to submit to drugs, alcohol, or controlled substances testing if reasonable suspicion exists that they are violating the company's Drug-Free Workplace Policy.

Policies and Procedures for Hiring

Our team of human resource professionals deploys a comprehensive people strategy and a well-structured talent acquisition strategy that focuses on long-term human resources planning to seek out the most qualified individuals, assess their skills, determine where they would best fit in our organization, and ultimately convince them to join the enterprise. We have a global reach in the search for highly skilled talent and cultivate pipelines ahead of need, in multiple markets, and at all stages of the career life cycle. We recruit the best candidates through multiple paths, including:

- Internal promotions and development: We identify and track talented and motivated employees and then work closely with managers to determine development opportunities and help them advance their careers. When roles become available within the organization, we post them internally and externally to identify and hire the best possible candidate for every role.
- Job postings: We post open positions to external sources on job boards, including niche boards for IT and clinical staff and job posting aggregators.
- Networking and referrals: We use advanced recruiting techniques, including web-based technology, social media, and proven cold-calling methods, to source top talent for positions at all levels, including senior-level executives, medical directors, and clinical staff.
- Recruiting firms: We maintain strong ties with proven successful recruiting firms that specialize in healthcare and IT staffing, for both temporary and full-time positions.

MedImpact complies with all applicable laws providing equal employment opportunities to all persons involved in company operations and prohibits inappropriate and unlawful discrimination by any employee. MedImpact's policy covers all employment practices, including selection, job assignment, compensation, discipline, termination, and access to benefits or training. In compliance with federal laws applicable to government contractors and subcontractors, MedImpact maintains an affirmative action program plan designed to reflect and reaffirm our commitment to equal employment opportunity for every employee and potential employee.

Professional Development

MedImpact values our employees and believes professional growth is essential to sustained job satisfaction. As such, we offer ongoing training through our TMS (talent management system), quarterly performance reviews with team leaders, leadership development programs, and an education tuition reimbursement program to assist staff with their professional development goals.

TMS offers opportunities to participate in e-learning or instructor-led courses on a variety of industry and workplace topics such as products, services, and the PBM industry courses; operational courses on claims processing, internal tools, or customer service; and job skills such as presentation or soft skill courses. It also offers a tool to establish and track performance and development goals.

Team leaders complete quarterly performance reviews to provide feedback on employee successes and challenges and offer guidance for professional growth. Leaders are supported through resources including instructional e-learning and video content on best practices for these reviews. Process instructional content and videos are available for employees as well.

MedImpact supports new leaders through course offerings, mentoring, and access to leadership development resources to set new managers up for success. We offer specific curriculums designed for leaders such as the "Lead with Impact" e-learning course bundle or "Getting Started as a New Leader" instructor-led class. Leaders are also offered mentorship opportunities and access to a wealth of content and videos to support their learning as they step into leadership at MedImpact.

The education tuition reimbursement program offers regular, full-time employees financial assistance towards college degree programs which concentrate on either a business related or liberal arts curriculum to encourage continued professional growth. The program and process for participation is clearly outlined and easily accessible for employees to participate and submit courses for approval and reimbursement.

Human Resource Management

The human resource department provides support for employees throughout their journey at MedImpact. Our vision it so to be strategic champions of an engaged, collaborative, well-balanced and dynamic global workforce. Our mission is to be trusted strategic partners who collaborate with those we serve to attract, develop, and retain an engaged high performing workforce. We work towards our vision and mission through our talent acquisition, employee onboarding, learning and development, benefits management, and employee recognition programs.

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

MedImpact understands that key role changes can be disruptive for customers and prioritizes retention efforts to minimize any unnecessary turnover. Employee retention starts during the hiring period. Our team of human resource professionals deploys a comprehensive people strategy and a well-structured talent acquisition strategy that focuses on long-term human resources planning to seek out the most qualified individuals, assess their skills, determine where they would best fit in our organization, and ultimately convince them to join the enterprise.

In order to minimize staff turnover, we offer employees competitive salary and benefits programs while encouraging healthy work/life balance. We also foster internal promotions and employee development by identifying and tracking talented and motivated employees and then working closely with managers to determine development opportunities and help them advance their careers. MedImpact's focus on creating a robust and healthy work environment contributes to low account team turnover and an average tenure of 6 years or more for account team members.

MedImpact's account management promotes optimizing Key Personnel engagement. Members of MedImpact's account management team are available during DHS' hours of operation via email or calls. We have a cohesive, collaborative approach that includes cross training all account management team members to support first call resolution for DHS' needs. We also maintain defined escalation points and designated backups at all times to support the appropriate escalation and resolution of DHS' inquiries.

MedImpact always puts our customers first and allocates every available resource to support a collaborative and high-touch relationship for our customers. Through these methods, we successfully achieve long lasting and positive experiences with our customers as evidenced by our long-standing relationships with many Medicaid customers. We will work closely with DHS to customize our approach to fit DHS' unique needs.

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.

MedImpact approaches implementation and operational management with a focus on finding opportunities to improve value and efficiency for all our customers. One way we accomplish this is through our continuous quality improvement program. Examples of our recent success stories address a wide range of areas including increases pharmacy satisfaction with check payment timing, decreasing COB (coordination of benefits) customer service calls, decreasing pharmacist denial workload, and increasing ePA utilization amongst prescribers.

- In response to concerns from pharmacies about the timeliness of checks received in their lockboxes, MedImpact collaborated with our customer on an initiative to increase the number of pharmacies enrolled in the state's EFT (electronic funds transfer) payment solution. This resulted in a 15% increase in pharmacy enrollment in EFT and significantly reduced the number of payment timeliness concerns for our customer.
- We monitor call center logs daily to proactively spot potential issues and identify improvements. After identifying a high number of COB (coordination of benefits) calls for a specific customer, MedImpact conducted a root cause analysis. Our research indicated that the IVR (interactive voice response) scripts were not clear which was causing confusion for IVR listeners and resulting in transfers to call center representatives. In response, MedImpact made recommendations to update the IVR scripts with clearer language. IVR updates introduced in March 2022 resulted in a 25% reduction in COB-related calls from January and a 54% reduction from February.
- MedImpact identified a number of drugs that had 100% denial rates after undergoing pharmacist review for a current customer. The bulk of these medications were denied because of exclusions. MedImpact recommended automating the dismissal process for benefit exclusions and shifting the review responsibility from pharmacists to PACs (prior authorization coordinators). The new process reduced the monthly average of 693 denials from exclusions (all being reviewed by pharmacists) to an average of 252 reviewed by the PACs, with only 10-12 each month requiring pharmacist review.

- We worked with a customer to increase the number of PAs being processed through our ePA solution with the goals of enhancing the client experience, reducing delays in prescriptions being filled, and lessening the burden on prescribers. In December and January, we partnered with CoverMyMeds to conduct outreach to the top providers that were using manual PA processes and assisted them in adopting the ePA process. By February, we saw a significant increase in ePA usage and a corresponding reduction in manual processing, particularly among the top prescribers targeted for outreach.

We plan to utilize our continuous quality improvement initiative and additional programs to collaborate with DHS to improve DDI and M&O efficiency and effectiveness. Since each customer is unique, there might be opportunities similar to the examples presented and also specific to DHS.

Subcontractors

MedImpact is not proposing subcontractors to support DHS at this time.

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.).

The account team will be DHS' main point of contact for all inquiries. DHS can reach MedImpact's customized and responsive account management team during DHS' hours of operation as mutually agreed upon. Each team member is provided with company cell phones and are expected to respond to customers in a timely manner. The MedImpact account team ensures coverage during unplanned and planned absences, vacancies, and planned time away from the office. MedImpact provides a cohesive, collaborative account management team approach that includes cross training. MedImpact will provide an account management team that consistently meets DHS' needs through continually evaluating service requirements and adjusting shared support resources as necessary.

MedImpact is exploring local office locations in Little Rock, Arkansas. We will finalize the location upon award with input from DHS. DHS will have unfettered access to our local office in Little Rock. We will work together during implementation to solidify an access plan.

RFP Section 2.3 Minimum Qualifications - Business Proposal

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

1. The Contractor must be registered to do business in the State of Arkansas and in good standing by the initial start of any resulting contract. For verification purposes, Contractor must provide a Certificate of Good Standing, Certificate of Authority, other required Arkansas Secretary of State documentation such as non-filing or nonqualifying statements, upon DHS request.

MedImpact is registered to do business in the State of Arkansas and in good standing. Please see **Exhibit 2 – MedImpact Arkansas Letter of Good Standing**.

A. Letter of Bondability. The Vendor shall be bondable. As proof of meeting this requirement, the Vendor must submit a Letter of Bondability from an admitted Surety Insurer with its bid submission. The letter must unconditionally offer to guarantee to the extent of one hundred percent (100%) of the annual contract price the Vendor's performance in all respects of the terms and conditions of the RFP and the resultant contract. The Vendor shall be required to provide DHS with the Performance Bond described in this section upon Contract Award.

   MedImpact understands that we shall be bondable. Please see **Exhibit 3 – MedImpact Letter of Bondability** for our Letter of Bondability from an admitted Surety Insurer. MedImpact also confirms we will provide DHS with the Performance Bond described in the RFP upon contract award.

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.

      As a best-in-breed, COTS pharmacy benefit management system, MedImpact embraced MITA concepts long ago as a means of competing and doing business with disparate entities. We are in alignment with DHS in utilizing MITA concepts to do business and will work to help DHS with your goal of increasing MITA process maturity model ranking. **Table 5** outlines how we integrate MITA concepts.

MITA Concept	MedImpact's Approach
Business Results Condition	Automation, customer service, performance standards and testing
Industry Standards	MedImpact utilizes industry standards across the organization such as NCPDP (National Council for Prescription Drug Programs) and ANSI (American National Standards Institute) standards for file formats. We also comply with industry standards and requirements such as HIPAA, PHI protections, CMS, HISTRUST, state, requirements, and law.

MITA Concept	MedImpact's Approach
Interoperability	MedImpact integrates interoperability into our business model is through our partnerships with SureScripts and CenterX for ePrescribing.
Leverage Condition	MedImpact utilizes leveragability across our book of business. If we design a component or feature that would benefit all customers, we make it available for all customers.
Modularity Standard	We employ a modular architecture based on industry-standard interface capabilities with business rules separated from the application code to facilitate configuration over coding. In addition, we maximize the use of COTS products in lieu of proprietary systems and custom coding. Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices.
Reporting	MedImpact utilizes MedImpact uses MedOptimize®, driven by IBM Cognos®, as our proprietary online reporting tool. MedOptimize offers customers real-time access to data with powerful user-friendly standard reporting and ad hoc query capabilities available through a secure website available 24-hours per day, 7-days per week, 365 days per year.

Table 5: MITA Concepts and MedImpact

MedImpact has provided pharmacy benefits management solutions for over 3 decades. Our solution directly aligns with current MITA (Medicaid information technology architecture) principles and framework. We employ a modular architecture based on industry-standard interface capabilities with business rules separated from the application code to facilitate configuration over coding. In addition, we maximize the use of COTS products in lieu of proprietary systems and custom coding. Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices.

Highlights of our solution design include:

- A modular, flexible approach to systems development including the use of open interfaces and exposed APIs
- Business rules separated from core programming
- Business rules available in both human and machine-readable formats
- Use of formal system development methodology and open, reusable system architecture
- Support for CMS certification with minimal effort
- Logging and audit controls to support audit and contingency requirements in accordance with MITA

MITA is both an initiative and framework. As an initiative, MITA fosters collaboration between intrastate and federal agencies. MedImpact adheres to the broad MITA initiative guiding principles and key technical architecture features. MedImpact also understands the MITA processes and

planning guidelines assisting states in the development of MITA-aligned enterprise architecture and advancement for business, architecture, and data. Our mature enterprise architecture practice has prior experience aligning customers' business, architecture, and data with the MITA framework. We participate and contribute to enhance the MITA initiative, framework, processes, and guidelines by sharing insights and feedback with customers and organizations.

Flexible, Modular APIs

In alignment with MITA, we provide a modular, flexible approach to systems development including the use of open interfaces and exposed APIs. MedImpact provides APIs and their functionalities to our customers and authorized representatives such as:

- Claims: The Claims domain provides access to pharmacy claim adjudication and claim history information. For example, a given client's claim history can be retrieved given a client and a time range.
- Drug: The Drug domain provides operations related to drug attributes and drug pricing. For example, a drug price, for a given client and drug, can be retrieved. Other operations include those to get details about individual drugs (brand name, dosage form, etc.), therapeutic drug alternates, and others.
- Groups: This category offers operations focused on retrieving and adding information at the Group level (A Group is a subdivision within a customer's organization, whose clients may have different benefit structures).
- Members: The Members (clients) domain provides a suite of operations to retrieve specific client information, or to create and update client configuration on the platform.
- Prior Authorization: This domain provides operations related to pharmacy claim prior authorization (a form of utilization management), including the creation of prior authorization requests, and state tracking throughout the prior authorization workflow.
- Providers: The Providers domain gives access to information on pharmacy claim service providers like Prescribers and Pharmacies.

This is not an inclusive list of MedImpact's APIs. Our flexible claims processing platform can make available many additional right-use APIs for our customers.

Leveragability

MedImpact determines priority of our technology work based on our business roadmaps and leverages updates to benefit our overall customer base. We monitor healthcare and PBM industry trends, investigate potentially disruptive technologies, and identify opportunities for improved care delivery and solutions to address critical market needs in the healthcare system.

MedImpact is continuously evaluating new technologies and developing innovations. We have built a large ecosystem of software solutions to support our core PBM operations and provide self-service capabilities to our customers and we continue to invest in those systems to ensure they are highly reliable, scalable, and robust and stay compliant with federal, state, and other industry regulations. We regularly assess our business processes as they evolve to inform improvements and upgrades to our software that improve efficiency through automated operations and to provide more transparency and control to our customers.

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

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

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

MedImpact has worked with Medicaid customers since 1992. We offer these plans flexibility, innovation, and expertise with a focus on quality, efficiency, and cost savings. **Table 6** outlines customers we have served similar to Arkansas within the last 3 years having greater than 1 million lives, greater than 4.5 million annual claims, and greater than $400,000,000 in annual drug spend.

Customer	Number of Clients	Annual Claim Count	Annual Drug Spend	Start Date	End Date
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Table 6: Comparable Pharmacy Claims Experience in Past 3 Years

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.**

MedImpact has been interfacing to securely exchange data with third parties since our inception. We regularly interface with third party vendors including providers, provider enrollment systems, MCOs, DSS/EDW (and other decision support and reporting systems), and MMIS, secure portal, and more. A few examples of Medicaid-related systems we currently interface with include Kentucky's KOG (secure portal), federated SSO (single sign-on), and MMIS for Medicaid integration and/or encounters in 14 states.

MedImpact establishes SFTP connectivity for DHS' medical carriers and third-party vendors during the implementation process. We can share data with any vendor DHS identifies as long as we have appropriate nondisclosure agreements in place. MedImpact shares data with a wide range of care management vendors including MTM (medication therapy management vendors), disease management vendors, and wellness programs.

The majority of our customers use batch file exchanges on a daily basis. We encrypt all data both at rest and in transit. MedImpact commits to building real time accumulator connectivity to major medical carriers and to their technical specifications in support of our customers. We can receive medical accumulator data and send claims data at any frequency requested. We primarily use file-based integrations, or data file transfers, to exchange data, as this is our customers' most preferred method of system integration. However, we can support alternative methods for integrating systems.

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

Please see **Exhibit 4 - MedImpact Attachment N Client History Form** for the completed and signed document.

Company Information and Experience – Business Proposal

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

1. Company Name

MedImpact Healthcare Systems, Inc.

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

MedImpact Healthcare Systems, Inc., (MedImpact) is a privately owned C corporation founded and owned by Frederick Howe, RPh, Chairman and Chief Executive Officer.

3. State and date of incorporation

MedImpact Healthcare Systems, Inc. was incorporated in California on June 1, 1993.

4. Number of years in business

MedImpact has been in business for 34 years.

5. List of Officers

MedImpact is a privately owned C corporation supported by an exceptional leadership team:

- Frederick Howe - Founder, Chairman, and Chief Executive Officer
- [redacted]

We strive to attract and retain top talent to best serve the needs our teams and clients. A brief biography for each of our officers follows to provide DHS the opportunity to learn about our leadership team.

Frederick Howe -Founder, Chairman and Chief Executive Officer

Frederick Howe is Chairman, Chief Executive Officer and founder of MedImpact Healthcare Systems, Inc., the nation's largest privately held full-service pharmacy benefit manager, with 47 million covered lives.

Over three decades, Mr. Howe's vision has led to technological breakthroughs and other important changes in the way pharmacy claims are processed and paid every day for millions of consumers. Today, under his leadership, MedImpact is at the forefront of developing new ways to use formularies, disease management and medical data to improve the quality and value of healthcare.

He has served on the Schering-Plough Advisory Board and the Scripps Foundation for Medicine and Science and is an active member in the Academy of Managed Care Pharmacy and several other industry organizations.

A dedicated philanthropist, Mr. Howe supports the American Red Cross, Rady Children's Hospital of San Diego, the Leukemia & Lymphoma Society of America, March of Dimes, and the Make-A-Wish Foundation, among many others.

[redacted]

[redacted]

6. **Location of Company headquarters and other company offices**

   MedImpact's headquarters and district office addresses are as follows:

   - Headquarters: 10181 Scripps Gateway Court; San Diego, California 92131
   - Southwest regional office: 8150 South Kyrene Road; Tempe, Arizona 85282
   - Corporate services: 350 S. Williams Blvd; Tucson, Arizona 85711

7. **Number of employees, both locally and nationally**

   MedImpact employs 1,286 individuals located in our headquarters in San Diego, offices in Arizona, and remotely throughout the United States.

B. Attachment N – Client History Form

Please see **Exhibit 4 – MedImpact Attachment N Client History Form** for MedImpact's client experience.

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.

Throughout its existence as a viable business, MedImpact has long embraced change in the technological, clinical, operational, analytical, and business requirements of our clients, the Marketplace, and evolution of government regulations. To fully meet the current and future challenges associated with these changes, our business model and core capabilities are designed, developed, and implemented to respond to potential changes that may confront our PBM, clients, or the market. Throughout our history, we have met the ever-evolving requirements in the market with creative innovation that benefits our clients, business, and the regulatory ecosystem.

MedImpact will be a stable, dependable partner for DHS because we have more than 30 years of experience in the provision services PBM and Medicaid PDRS systems, including clinical, operational, and analytical guidance and support to Medicaid programs, Medicare Advantage plans, Marketplace/Exchange, commercial and government employers, health plans, and other organizations as a third party-administrator. Our core services include (but are not limited to):

- Claims processing
- Network administration/management (including payment and audits)
- Utilization management/clinical consultation
- Development and Implementation of state Medicaid Preferred Drug Lists and benefit designs
- PT/DUR Board support
- Adjudication of PA (prior authorization) requests, including appeals and grievances
- ProDUR/RetroDUR activities
- Provider and member support
- Reporting and analytics
- Rebate management/administration

Company History

MedImpact was established in 1989 by a pharmacist with the goal of providing flexible and credible solutions to payers. From our beginnings as a third-party administrator, we have spent the last 30 years investing in technology and creating innovative solutions for our clients. Today, we are still a privately held company with more than 1,200 employees nationwide. We are the 6th largest PBM (by claims volume) in the United States utilizing proprietary technology to provide pharmacy and drug rebate services to state agencies, health plans, and employers serving approximately 22 million lives.

Headquartered in San Diego, California, MedImpact is a health services technology company that has met every regulatory and technical challenge along our journey including implementing Medicaid managed care programs in the 90s, Medicare in 2006, Marketplace programs (Exchange) in 2014, and fee-for-service Medicaid in 2021 (adding 2 more FFS contracts since that time). We are a client focused company and proud to say that our first Medicaid client is still a client today. As our clients' businesses have evolved, MedImpact has been there to provide new solutions for these regulated markets.

Since the beginning, MedImpact has not waivered on our core differentiating principles of:

- Independence (we are privately held)
- Free from conflict (not owned by a health plan or own pharmacies)
- Transparency

Our mission is to deliver pharmaceutical and technology-related solutions that improve the value of healthcare. We provide superior outcomes to every client through innovative solutions, systems, and services that provide transparency and promote choice in decision making. MedImpact's solutions provide clients and their members with the clarity, control, and confidence they deserve in a pharmacy benefit management partner.

The FFS PBM market has changed extensively in the last few years with the acquisition of niche vendors by large vertically integrated PBMs and the emergence of other vendors, such as MedImpact. We are an independently held company unencumbered with Wall Street expectations or competing lines of business. No drug manufacturer, distributor, or pharmacy organization serves in an ownership, day-to-day management, or board of director position within MedImpact.

Today, we are the largest independent PBM solutions company in the United States and we continue to invest millions of dollars in clinical programs, technology, operations, and analytics to ensure we provide robust solutions for the ever-changing PBM landscape. We continue to make investments in our proprietary technology to enhance automation, visibility, accountability, and transparency.

Table 7 highlights the key adaptations and milestones of the organization since its inception.

Year	
1989	Founded MedImpact by pharmacist Fred Howe as an LLC
1992	Implemented first Medicaid health plan (California)
1993	Incorporated as MedImpact Healthcare Systems, Inc
1999	Earned NCQA accreditation and quality improvement standards compliance

Year	
2000	Established MedImpact retail pharmacy network with more than 55,000 pharmacies
2004	Became a Medicare Drug Discount Card endorsed PBM
2006	Implemented Medicare Part D program with PDP and MA-PD plans; CMS contract support provided through relationship with Transamerica
2008	Increased retail pharmacy network to more than 60,000 pharmacies Accredited by URAC for pharmacy benefit management Opened Southwest Regional Operations Center in Tempe, Arizona
2010	Launched MedImpact International, LLC
2012	Acquired SUNRx®, 340B program administration
2013	Acquired ScriptSave and Apex Affinity
2014	Implemented state-based exchange programs based on Affordable Care Act Introduced mail order pharmacy and specialty pharmacy programs to the market
2015	Implemented SAS enterprise analytic platform Received PBMI (Pharmacy Benefit Management Institute) Excellence Award
2017	Received 2-year NCQA UM certification
2019	Received a 3-year NCQA UM accreditation Launched point-of-sale rebates program Expanded MedImpact's San Diego headquarters with a second LEED-certified building Developed proprietary FFS (fee for service) Medicaid drug rebate platform, MedInvoice™ Implemented FFS Medicaid provider payment support
2020	Implemented enhanced coordination of benefits claims processing for FFS claims
2021	Implemented Medi-Span as an alternative drug attribute source Implemented first Medicaid FFS client
2022	Launched OTC (over the counter) Covid home test solutions Received 3-year NCQA UM reaccreditation Achieved HITRUST Certification
2023	URAC PBM accreditation renewed for 3 years Awarded Commonwealth of Kentucky and State of Mississippi FFS Medicaid business

Table 7: MedImpact's Corporate History

Subcontractors

MedImpact is not proposing subcontractors to support DHS at this time.

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.

MedImpact is a privately held California corporation, founded by pharmacists in 1989 to provide clinically innovative and client-oriented payer solutions. Over the past several decades, we have evolved to become one the largest PBMs in the nation (by claim volume), currently providing high-quality PBM services to approximately 22 million lives across multiple business segments. We continue to maintain a stable

organizational history and structure, with the same chief executive officer throughout our history and in-depth PBM experience at the executive and staff levels. We are a financially stable and strong organization.

MedImpact boasts a unique business model. We are not owned by a health plan, drug manufacturers, drug wholesalers, or chain drug stores, and we are among the only truly independent PBMs on a national scale, providing a full spectrum of sophisticated services focused on optimizing health outcomes with a transparent business model and client service culture. Headquartered in San Diego, California, MedImpact employs more than 1,200 individuals across the nation.

We are led by an experienced senior leadership team responsible for the overall strategy, direction, and success of the organization. This team is dedicated to achieving the company's primary objective—client and member satisfaction through flexible solutions and member-centric products with a keen focus on innovation and quality outcomes. **Figure 4** depicts MedImpact's overall depth and breadth of PBM experience across all lines of business.

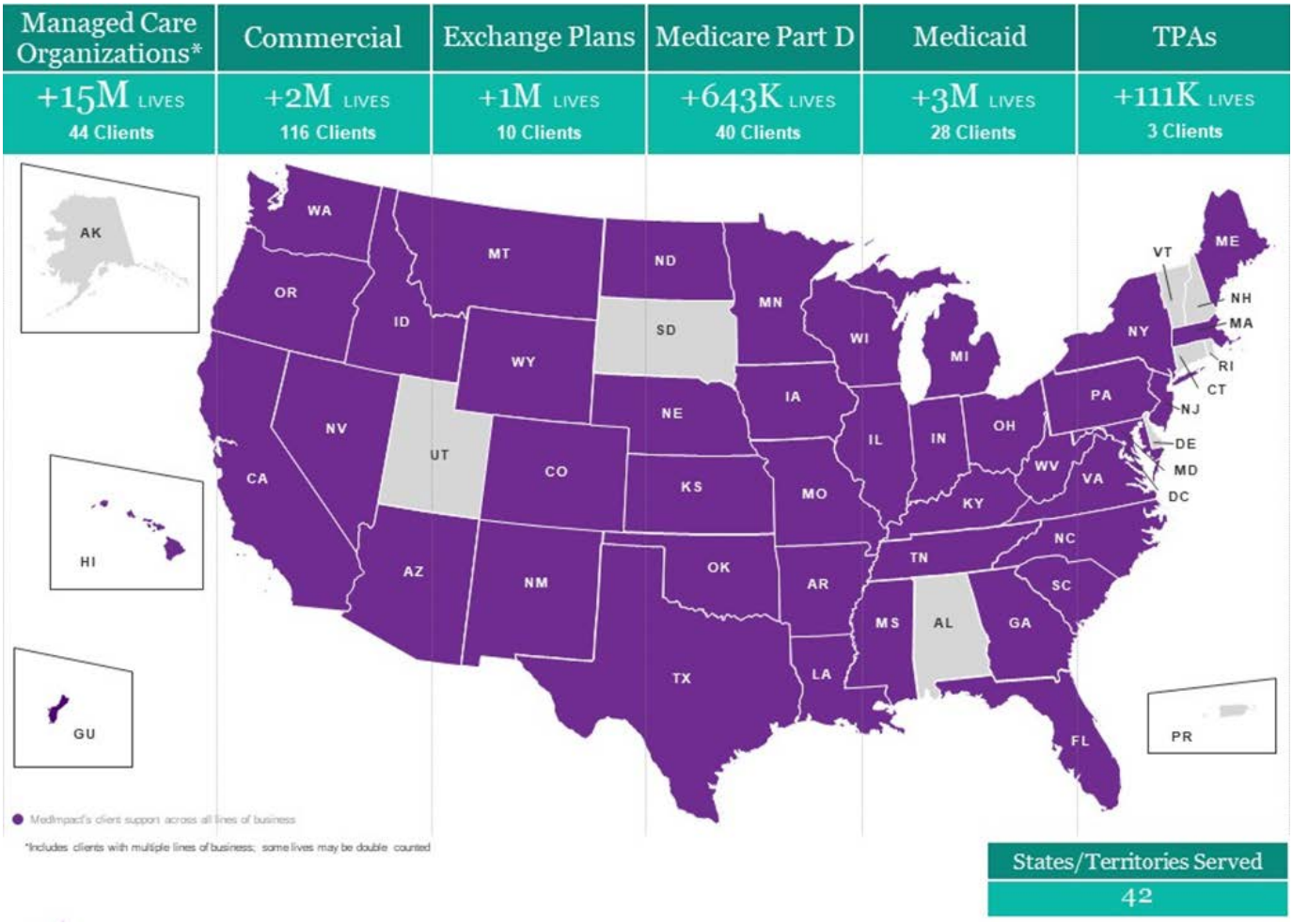


Figure 4: MedImpact Lines of Business

MedImpact has provided PBM services similar in size and scope to those outlined in this RFP continuously since 1992, beginning with the implementation of Community Health Group (a California-based managed Medicaid plan) and currently provides full-service PBM solutions for more than 240 clients across our book of business (all lines).

Experience in Medicaid

MedImpact currently provides Medicaid PBM services to more than 3 million beneficiaries encompassing 28 different health plans across the nation. This work is closely related to Medicaid PDRS and aligns with FFS scope. MedImpact has 30 years of experience providing pharmacy programs and services to managed Medicaid programs and their beneficiaries, beginning with our first Medicaid client in the state of CA (1992). As states have evolved their models into hybrid FFS/Managed care models (e.g., single/common PDL, single PBM), we collaborate extensively with both FFS Medicaid and managed Medicaid programs to improve the efficiency of prescription drug benefits.

MedImpact's comprehensive approach to serving the Medicaid market with its end-to-end PBM program affords clients a variety of flexible solutions to meet both organizational goals and complex state contract requirements. MedImpact meets the dynamic needs of its Medicaid clients by offering a variety of program and technology solutions to help ensure pharmacy benefit program compliance and improve clinical outcomes. Our approach helps payers achieve their objectives for administrative performance and efficiency at low net cost. **Figure 5** outlines our approach.

Partnering with State Agencies and MCOs Across the Nation to Provide Comprehensive PBM Services



- Account management focused on active customer collaboration
- Call center support for enrollees and pharmacy providers
- Claims adjudication and payment services using proprietary technology
- Conversion and validation of paid adjudicated claims to proper encounter data formats
- Covered drug list / PDL management
- Pharmacy and prescriber network administration and management, including audit
- Specialty drug and pharmacy services
- Fraud, waste, and abuse; proactive and retrospective detection, monitoring, reporting, and special investigation support
- P&T (Pharmacy and Therapeutics) support
- Pharmacy clinical program review, development, and monitoring
- Drug Utilization Review

• Fee schedules, including MAC management and physician administered drugs • Reporting and quality assurance	• Analytical services and reporting • State-specific regulatory review, tracking, and reporting • State and Federal program compliance

Figure 5: MedImpact's Approach to Serving the Medicaid Market

In 2017, MedImpact's senior leadership team evaluated an evolving Medicaid PBM landscape that was carving PBM services away from managed care plans and implementing single PDLs (preferred drug lists). Following thorough and careful review, our leadership determined that MedImpact solutions are well-aligned with FFS and made the decision to further invest in the technology, staffing, and resources necessary to develop enhanced FFS Medicaid solutions. Our objective is to improve upon current FFS competitors' contractor technology, which is the result of years of cobbled-together system patches, to deliver a unique approach to managing FFS populations in compliance with state and federal regulations and to ultimately improve the client experience through automation, innovation and accountability while delivering the high-touch member management typically seen in managed care.

Our commitment to this sector and to the development of additional offerings includes our successful participation in the CMS Pre-Certification pilot program, engagements/conversations with state agencies, existing program sponsors, consultant input, and the recruitment and hiring of highly experienced professionals. Through our roadmap and strategic plan, we align services and staff responsibilities to address changing policy and state pain points related to:

- Clinical programs
- Automation
- Medicaid drug rebate solutions
- Managed care data exchange
- Transparency
- Managed care patient management

Our work has culminated in 3 State FFS Medicaid contract awards since 2020, including 2 in Kentucky and 1 in Mississippi. Collectively, these Medicaid FFS contracts encompass comprehensive Medicaid pharmacy and drug rebate services including implementation, Medicaid drug rebate, pharmacy benefit management, preferred drug list development, supplemental rebate, PT/drug utilization board management, CMS certification and operational readiness.

Implementation Strategy

In the early stages of implementation, it is imperative that each stakeholder understands their respective roles and areas of responsibility. With DHS input and approval, MedImpact develops a responsibilities matrix to help orientate each stakeholder with which entity is responsible for what aspect of the single PBM program.

During the final transition stage during implementation, MedImpact will:

1. Conduct operational readiness walkthroughs with DHS using the results from the ORT (Operational Readiness Testing) checklist.

2. Develop and execute an implementation specifications checklist in accordance with the implementation plan which details every step, process, and schedule required to move into production.
3. Establish the gateways and network connections required to link our solution to DHS.
4. Perform final data conversion and coordinate file transfers during implementation.
5. Review final data conversion reports.
6. Develop, execute, and monitor the go-live support tasks and operational monitoring tasks in the implementation plan and implementation specification checklist.
7. Provide attestation to DHS of readiness to go-live.
8. Obtain formal approval from DHS to go-live.
9. Execute implementation plan operational processes including acceptance of all data from the legacy PBM.

Through our proven planning processes and experience on hundreds of successful implementations across the nation, we use our lessons learned to help ensure the implementation for DHS is strategic, efficient, and effective to meet the requirements and needs of DHS and its stakeholders.

Implementation Experience

MedImpact brings more than 30 years of implementation experience to DHS. Our first managed Medicaid implementation was in 1992 with the state of California and we have perfected our approach over time. We have a stellar implementation record, having never failed to meet an implementation go-live deadline. Our implementation team has the skills, expertise, and experience to work with DHS to produce a smooth implementation. This team is reinforced by unwavering support from the account team, the larger organization, and the executive leadership team.

As a recent example of our commitment to implementation success, our team was able to overcome significant external obstacles to achieve an on time, successful implementation of a complex Medicaid client. client. Two months into a 6-month implementation, our client's pharmacy director abruptly left and was replaced by an individual with no implementation experience, and little pharmacy director experience. While continuing with implementation activities, MedImpact worked tirelessly to leverage institutional knowledge to help guide the interim director while reaching all milestones and completing a successful implementation. The expertise and knowledge of our combined teams allowed the MedImpact team to remain focused and achieve all goals while providing support to the client during their difficult, unplanned staff transitions.

RFP Section 2.7 Project Governance and Management - Business Proposal

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.**

MedImpact holds a successful track record of 100% on-time completion of all implementations since its inception, a history spanning more than 30 years. We achieved this through our rigorous project management approach. For all AME (Arkansas Medicaid Enterprise) module implementations, MedImpact is committed to project management grounded in the PMI's PMBOK principles which represent the leading standard for defining project management processes, tools, techniques, and plans. It aligns directly with the SEI (Software Engineering Institute's) CMMI (Capability Maturity Model Integration), ISO 9000x standards, and Lean Six Sigma continuous improvement methods. Our methodology allows the MedImpact team to plan and execute the work required to deliver and operate a DHS solution and modules that meet DHS' requirements.

Our project management framework provides a strong foundation based on clear standards, automated processes, and measured controls to manage activities, tasks, deliverables, work plans, staffing, issues, risks, and milestones for the project. Benefits of this framework includes:

- Reducing project risk by avoiding deviations from DHS-approved requirements and reinforcing agreed-upon project standards and disciplines.
- Promoting a common language, effective communication, efficient linkages, asset reuse, and information-sharing.

Essential to our project management approach is aligning with DHS to facilitate project governance, manage changes to the AMPP solution to meet business needs, and comply with deliverable requirements and performance standards.

A central component of our project management approach is the establishment of a detailed PMP (project management plan) during project initiation. Our PMP serves as the blueprint for executing and managing the work of the project. Establishing a comprehensive PMP up front enables MedImpact to reduce project risk by eliminating ambiguity and miscommunication, create buy-in by engaging in regular and frequent stakeholder communication, leverage MedImpact team's deep expertise through proper resource alignment, and provide DHS with transparency throughout all phases of the project. MedImpact has included a draft Integrated Project Management Plan with this proposal in **Exhibit 6**.

In addition to describing our overall project management model, approach, and strategies, the PMP works in conjunction with additional project deliverables which may include but are not limited to the deliverables described in **Table 8.** MedImpact will work closely with DHS and appropriate stakeholders to clearly define roles, responsibilities, deliverables, and objectives and ensure they are accurately reflected in the WBS.

PMP Deliverable	Description
Communication Plan	Organized and efficient communication among all relevant project stakeholders is a critical factor in successful implementation and operations. MedImpact plans and performs project communication following the communication management process described previously under Communication and Training Requirements. MedImpact develops and follows our formal communication plan throughout the project to

PMP Deliverable	Description
	coordinate communications with DHS, our solution interface partners, other pharmacy vendors (if applicable), and other DHS-designated stakeholders. The plan includes a complete inventory of stakeholders mapped to their communication needs and preferred/recommended communication channels. It also includes a RACI (responsible, accountable, consulted, and informed) matrix defining roles and responsibilities for communications.
Change Management Plan	MedImpact applies rigorous change control protocols for projects following the change control process. To guide this process, MedImpact collaborates with DHS to establish a change management plan that aligns with DHS change management processes. This includes defining how we collaborate with DHS to define procedures for assembling the CCB (change control board) and conducting CCB meetings to make decisions regarding change requests. The resulting change management plan documents our approach, strategies, and methods used for identifying, assessing, reviewing, and implementing (upon DHS approval) changes to the solution, scope, timeline, or deliverables.
Staffing Management Plan	MedImpact has experience developing and implementing clearly defined staffing models that reflect and adjust to the ever-changing needs of the Medicaid programs we support. Leveraging these experiences, we analyze project requirements—including reviewing DHS provider, member, and drug manufacturer/labeler needs—to determine the types and numbers of staff required and document them within the staffing management plan. Hiring and staffing estimates are based on the volume of anticipated claims, PAs, other transaction volumes, and historical comparisons with engagements of comparable size and scope. The staffing management plan defines our approach and strategies for managing staff retention, minimizing attrition, recruiting qualified staff, and provisioning staff with the training necessary to best perform their roles.
Quality Management Plan	The MedImpact Project team is responsible for performing and supporting the project with quality-related activities. This seasoned group of highly qualified and skilled Project staff utilize industry best practice program and project management tools and methodologies to help ensure seamless project management and leadership and to meet and retain all performance standards defined in the project workplan. The Project team delivers quality project management grounded in the PMI's PMBOK principles.
Risk Management Plan	Early and proactive identification and mitigation of project risks helps prevent them from developing into issues and roadblocks that negatively impact scope, schedule, or cost. MedImpact employs a methodical process for managing project risk. Our risk management plan describes our approach and strategies for risk management. If it is determined a risk requires a change request, we develop required change request documentation and initiate our change management process. If a risk becomes an issue, we follow our associated issue management plan to analyze the problem, define, and implement a resolution.
Issue Management Plan	MedImpact's issue management approach is based on transparent and constant communication between the project team and DHS, proactive identification of project risks, methodical analysis, resolution plan development, and expedited yet data-driven decision-making. Our issue management plan defines MedImpact's approach to managing routine project issues and resolution including escalation of issues were

PMP Deliverable	Description
	warranted by issue severity, impact to implementation/operations, or priority. Of particular note, as part of our issue management approach, we employ a process by which tasks that fall behind schedule in the PWP trigger an issue to be logged enabling MedImpact to address slippage and apply corrective measures at the earliest possible opportunity.
Work Breakdown Structure (Schedule Management Plan)	MedImpact has developed a WBS draft work breakdown structure based on our understanding of DHS' requirements and solution outcomes. Using the WBS, we created a draft PWP (project work plan) submitted with this proposal in **Exhibit 5**. Our PMP will not only include the WBS and resulting PWP but will also document MedImpact's approach to creating and maintaining the PWP for the life of the contract. The PWP is a crucial tool used to monitor and manage the work of the project and verify that MedImpact meets its milestones and due dates as expected. Our schedule management plan included as part of the PMP defines the processes for updating actual hours and dates on a routine cadence to support analysis and status reporting depicting project progress, health, and slippage.
Project Deliverable and Maintenance Process	The project deliverable and maintenance process document defines MedImpact's approach and processes for managing deliverables including step-by-step procedures for the creation, quality review, submission, review, and approval of required project deliverables.

Table 8: MedImpact's PMP Component Plans

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.

According to *A Guide to the Project Management Body of Knowledge* (PMBOK® Guide), project governance is an "oversight function that is aligned with the organization's governance model and encompasses the project life cycle." Effective project governance comprises activities and guidance that provide a framework for planning, executing, and managing PBM project implementation and operations. It increases the likelihood of project success and adds to the stability of the project by delivering accountability, decision-making, and oversight.

Working in partnership with DHS, MedImpact will establish and participate in the governance necessary to manage the implementation and operation of the solution. Project governance will be made up of senior management personnel from DHS supported by other state personnel including contract management, technology, procurement, and finance; and senior management personnel from MedImpact. Together, we will establish committees and work groups to facilitate decision-making and escalation processes to support the project scope. Examples of project governance include establishing and participating in the CCB (change control board) to evaluate and make decisions on change requests in a timely and efficient manner and participating with DHS on steering and operating committee meetings.

MedImpact documents our approach to participation in project and program governance within our communication plan which is a part of MedImpact's overall PMP (project management plan). Once established, our Project Manager works with the MedImpact leadership team and with DHS to deploy the jointly approved

the governance process. In addition, our project management, governance approaches, and our entire MedImpact project team are supported by corporate MedImpact leadership to ensure the most successful delivery possible.

Project Approach

MedImpact is committed to project management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, and plans. It aligns directly with the SEI CMMI, ISO 9000x standards, and Lean Six Sigma continuous improvement methods.

Following our industry standards-based and best-practices based approach, we employ our project management model to provide complete management of project work, schedule, deliverables, and cost. Our model is referred to as IPECC indicating the discrete steps within the project (Initiating—Planning— Executing— Controlling— Closing), as depicted in **Figure 6**.

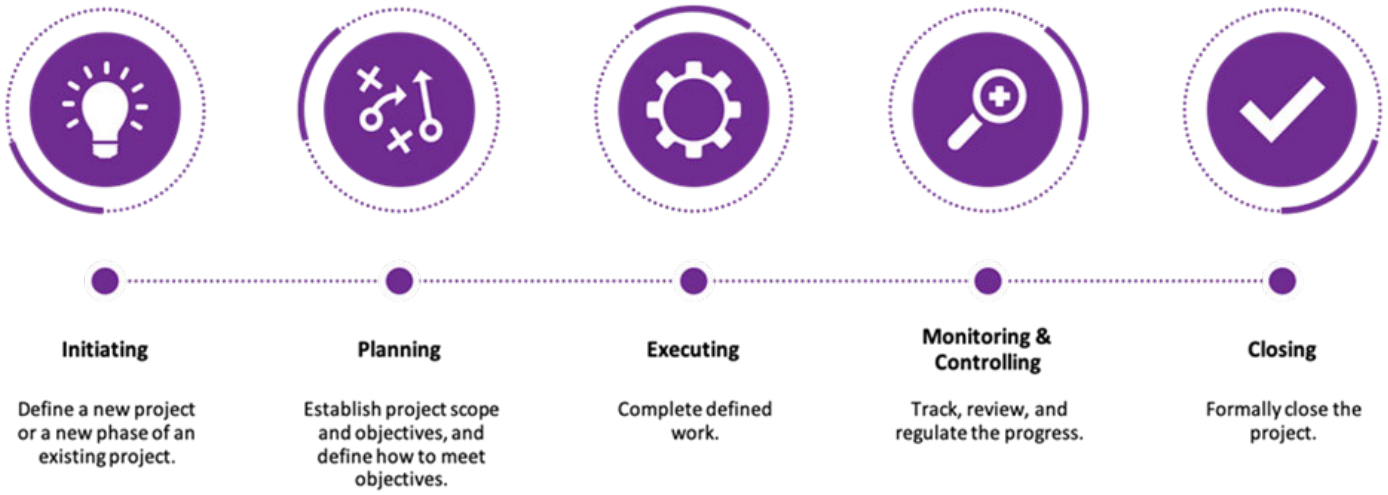


Figure 6: PMBOK-based IPECC Project Management Model

- **Initiating.** Initiation is the process of formally authorizing the development of a new project or a new phase of an existing project. Critical to this phase is gathering and documenting all requirements. MedImpact will collaborate with DHS to analyze the business drivers, requirements, and other supporting data using a wide variety of tools and methods to ascertain that the proposed scope aligns with DHS' and MedImpact's business and technology strategies and will provide the desired results. The outcome of the initiation phase is the creation of the PMP.
- **Planning.** During this activity, we finalize plans and materials required for project delivery and conduct project kick-off meetings to help ensure MedImpact's project team, DHS leadership, and all identified stakeholders are aligned with respect to project goals and objectives.
- **Executing.** MedImpact's Project Manager oversees the execution of work as defined by the PMP and PWP (project work plan). Throughout project execution, the MedImpact team performs routine quality checks to verify the quality of work products and deliverables and confirm on-time delivery to DHS. We provide DHS with transparency into the progress of project work against the planned schedule through regular status reporting throughout the contract term.

- **Monitoring and Controlling**. MedImpact's project control and execution processes continuously interact with one another. We follow comprehensive change control procedures implemented within our business and software development processes. MedImpact is keenly focused on risk and issue management. Through our project control and execution processes, we monitor for evidence that a risk or issue may be realized. In the event a risk progresses and becomes an issue, remediation or contingency plans are activated. We provide regular contract monitoring reporting and performance standards reporting to demonstrate compliance.
- **Closing**. Closure will occur after successful turnover of DHS operations to DHS or to a successor vendor. Following turnover, our Project Manager performs closure activities to generate, gather, and disseminate project-specific information to formalize project completion with DHS' approval. We distribute this information through closure reports and lessons learned artifacts and share them with DHS.

Project Reporting

MedImpact utilizes Microsoft Project for project management reporting because it offers various standard views and reports for all system users. It also offers the flexibility for DHS to identify and define project reports. We can retrieve additional data for key metrics identified during the project control and reporting process documented in the PMP. For formal reporting purposes, MedImpact develops several standard weekly reports including:

- **Weekly Progress Report**: Documented in Microsoft Word format, it provides a detailed summary of all items we discuss at weekly status meetings.
- **Weekly Deliverable Status Report**: Produced in Microsoft Project, it provides the status of all deliverables, milestones, and approvals.

MedImpact uses Microsoft Project to produce reports to assess the health of the project. We can configure these reports for individual audiences such as the Executive Steering Committee, executive director, project manager, or create a DHS-specific dashboard to track desired metrics.

The project team produces, updates, and delivers reports and associated metrics to DHS as part of our general project management responsibilities.

The project manager is responsible for producing a weekly status report and for making it available 24 hours prior to the status meeting. This individual collects information and merges it with automated data to produce the weekly status report. In the project initiation phase of the project, we collaborate with DHS to determine the optimal format for the weekly status report.

The following figures represent sample project management reports. **Figures 7** and **8** displays sample reporting dashboards for status reports.

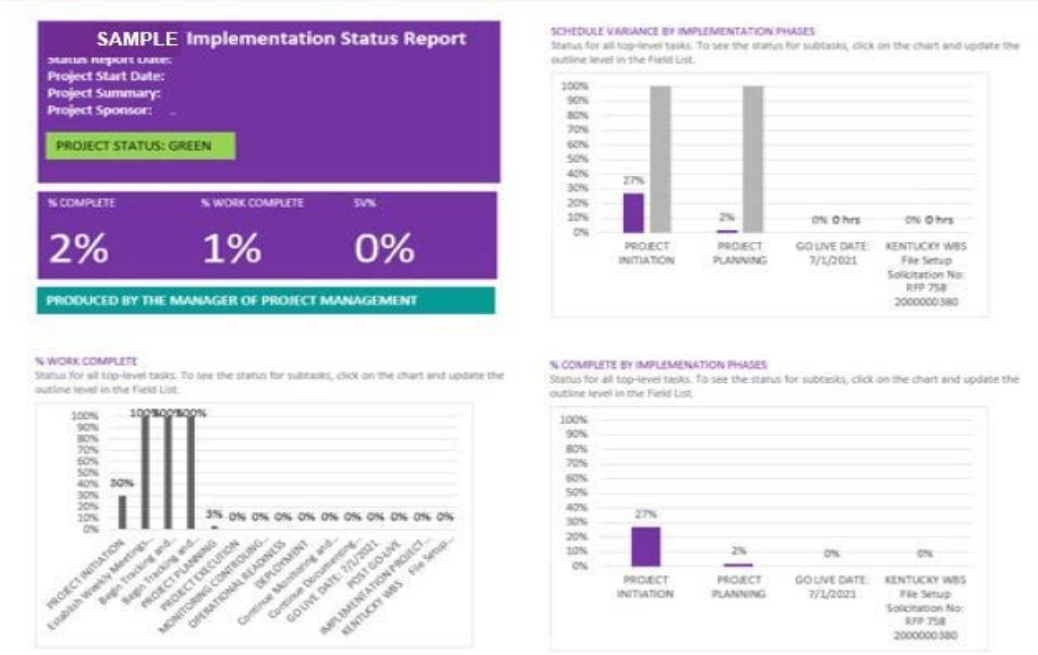


Figure 7: Sample Status Report

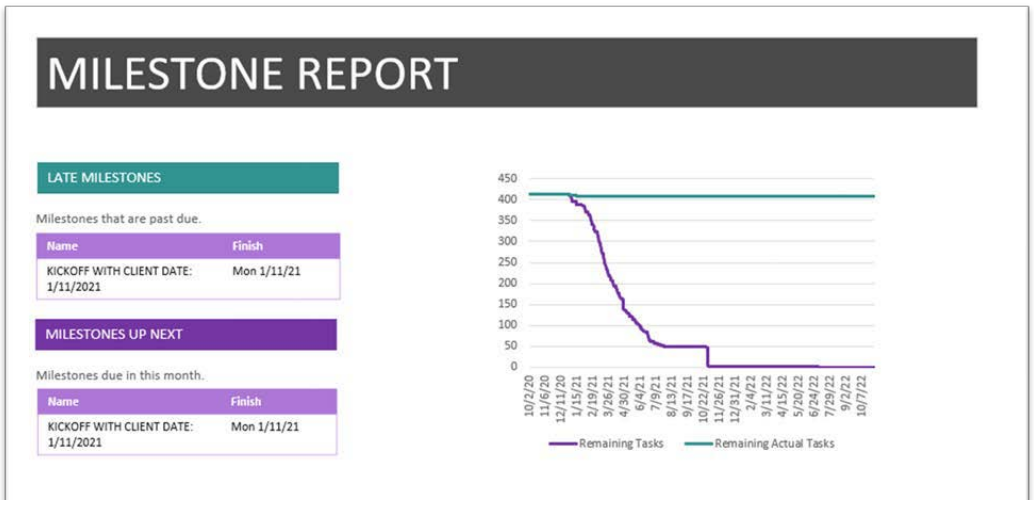


Figure 8: Sample Milestone Report

Project Updates and Documentation

MedImpact submits weekly updates for the project plan throughout the entire DDI (design, development, and implementation) stage following the implementation date. We document all activities or decisions by MedImpact and key DHS stakeholders through the use of a RACI (responsible, accountable, consulted, informed) matrix ensuring all team members understand their contributions at each stage of implementation.

We also develop a PMP and CMP (change management plan) for both the implementation and operational stages of the project and a risk management plan utilizing a RAID (risks, assumptions, issues, dependencies) template. MedImpact uses RAID templates to document, analyze, and prioritize project risks.

Templates for Documentation and Communication

MedImpact will develop and provide standards and templates for all documentation and communication in alignment with the DED process. We will submit these standards and templates for DHS' review and approval as defined in the Communication Management Plan.

The documentation and communication we deliver to DHS will include:

- Weekly Status Reports
- Monthly Status Reports
- PBM Generated Reports
- Meeting Agendas
- Meeting Minutes

MedImpact will provide DHS with weekly status reports with agreed-upon content and format. These reports will provide the status of all Deliverables, milestones, and approvals framed by the reporting window (typically a 1-week prior and 2-weeks forward view). In the Project Initiation phase of the project, we will collaborate with DHS to determine the optimal format for the weekly status report.

The DDI Manager will collect the information and merge it with automated data to produce the weekly status report.

The status reports will include:

- WBS number
- Project Schedule/Gantt Chart
- Overall status
- General Announcements
- Action Items Report
- Comment Log Tracker
- Planned Activities/Deliverables
- Other Items
- Detailed Project Status
- Detailed Deliverables Status

MedImpact uses Microsoft Project to maintain our Project Management Plan.

From Microsoft Project, MedImpact produces reports to assess the health of the project. These reports can be configured for individual audiences, and we can create a DHS-specific dashboard to track the desired metrics. The MedImpact implementation team is responsible for producing and updating reports and associated metrics and delivering them to DHS as part of our general project management responsibilities. MedImpact will support DHS and its Contractors as needed and as related to all IV&V activities associated with the contract.

Communication Management and Stakeholder Engagement

Understanding of roles and agreement around how to communicate are key to effective collaboration between MedImpact and DHS, incumbent contractors, and module contractors. To facilitate the project, MedImpact will develop the Communication Management and Stakeholder Engagement Plan and deliver it to DHS for approval, as a part of the Project WBS.

Effective project control is a result of effective communication throughout the project team. Our Implementation Manager and the Account Manager, as the key representative to DHS from MedImpact and as the Program Sponsor, will encourage open and honest communication throughout the project team about what is being worked on and what the status is.

Open communication does not preclude the need for every project team member and leader to use good judgment in communications. Incomplete information can create chaos and information that has sensitive implications must be communicated only to those team members that have a need for the information.

Communication Model and Methods

MedImpact develops and utilizes a formal communication plan, included within the project management plan, to coordinate communications with DHS, MedImpact, and other stakeholders. A RACI (responsible, accountable, consulted, and informed) matrix documents all activities or decision-making authorities and the responsibilities of all key stakeholders. In addition, the RACI matrix helps ensure all team members and stakeholders understand their contributions at each stage of implementation. The communication plan is among the initial Deliverables developed. This plan is updated throughout the implementation project and operations, and includes the following:

- Information to communicate including the level of detail and format
- Audience for each communication
- Communication methods such as meetings, email, telephone, web portal, and others
- Cadence of communication
- Distribution of information (frequency of both formal and informal project communications)
- Responsible stakeholder for communicating project information
- Communication requirements for all project stakeholders
- Project resources allocated for communication
- Communication of any sensitive or confidential information and individual(s) responsible for authorization
- Management of communication of changes or the communication process
- Project communications flow
- Internal or external constraints that affect project communications
- Standard templates, formats, or documents the project must use for communicating
- Escalation process for resolving any communication-based conflicts or issues
- Identifying Communication Requirements

Cadence and Scope of Communications and Reporting

To facilitate effective communication, we use a system of periodic (weekly, quarterly) reporting of project information coupled with regular (daily, weekly, as needed) status meetings to share information and invite dialogue to investigate and resolve issues. Neither of these is a replacement for the myriad of day-to-day communications between individuals and small groups that must occur on every project to ask and answer questions, reach agreement on implementation decisions, and solve problems. DHS can reach all Key Personnel as needed by phone and email. For example, during transition and operational readiness phases, daily status meeting will be held between DHS and applicable Key Personnel to provide near-real time communication and project updates.

The DDI Manager identifies all project stakeholders and establishes the frequency and method of communication. Stakeholders may include:

- Project management and staff
- MedImpact internal departments
- DHS (project lead, clinical lead, IT lead)
- Department subcontractors including incumbent and module subcontractors
- Providers (Prescribers and pharmacies)
- Members if appropriate
- Billing agents
- Other stakeholders including counties and community agencies
- CMS

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.

MedImpact adheres to PMI's PMBOK principles that incorporate risk management processes, including risk management planning, identification, analysis, responses, monitoring and controlling the risks, and effectively communication all potential risk and corresponding mitigation plans to DHS. This is incorporated in every aspect of the project management process and throughout the contract term.

All project risks are identified, documented, monitored, and reported by the project team weekly. Contingency plans are developed and executed for any risks identified with a high probability of occurrence or impact. Activated by the project team, in tandem with the executive director, these plans identify responsible individuals, mitigation strategy, timelines, deadlines, and potential impact (e.g., cost, time, etc.). MedImpact establishes clear guidelines for reporting, managing, and communicating contingency plans, and actively collaborates with DHS to identify, monitor, and manage risks.

Risk and issue Management Plans are critical to each successful Implementation. The MedImpact project team documents any identified risks for mitigation, reviews, and prioritizes them daily and in weekly internal team meetings. If it is determined a risk becomes an issue and requires a change request, we develop the required change request documentation and initiate or support the change management process. The project team:

- Monitors the risk issue log on an ongoing basis
- Determines probability impact

- Initiates contingency and mitigation plans when necessary
- Reviews and removes risks from the log when appropriate due to a change in their overall risk rating
- Prioritizes and communicates new risks as they are identified by scheduling and facilitating project meetings at the minimum of weekly meetings, and ad hoc meetings to address work packages with associated risks
- Collaborates with DHS to review and adjust the risk management process by evolving requirements or applying lessons learned
- Provides continuous improvement based upon quarterly analysis of the Risk Management approach built upon Lean and Six Sigma principles

MedImpact employs a best practices approach to mitigate risks to successful implementation. **Table 9** outlines potential barriers to meeting DHS' implementation timeline and go-live and our mitigation strategies.

Potential Risks	Mitigation Strategy
Lack of stakeholder coordination	Clear and structured communication plan for all stakeholders
Stakeholder engagement and delivery of content supporting historical and ongoing data integration	Agreement upon format, schedule, and remediation processes. Adherence to timeline related to testing and integration
Unclear roles and responsibilities	Ensuring the RACI has been reviewed and approved by all stakeholders
Stakeholder confusion/lack of awareness of change	Communications with 'other' DHS stakeholders that may be impacted, including communications with professional groups, such as prescribers, pharmacies, and other groups
Resource (SME) availability	Implementation plan should be reviewed by DHS to assure necessary subject matter expert availability for requirements/testing

Table 9: Potential Barriers and Mitigation Strategies

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

To demonstrate our commitment to the highest standards of project management, we have included draft templates of our Project Management Plan (**Exhibit 5**), a Project Schedule (**Exhibit 6**), and a Project Status Report (**Exhibit 7**).

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

MedImpact will establish the project schedule following key project management practices. We employ industry best practices, project management tools, and methodologies to help ensure seamless project management and leadership. We are committed to delivering quality project oversight and management grounded in the PMI's PMBOK principles, which represent the leading standard for defining project management processes, tools, techniques, strategies, schedules, and plans.

Leveraging these principles helps to ensure MedImpact's ability to successfully manage large-scale implementations like DHS' across multiple markets, customer types, and lines of business. Our teams strive to meet and exceed DHS expectations with its solution as well as with its project management and collaboration.

Proposed Project Work Plan

The project workplan / schedule, also referred to as our WBS (work breakdown structure), is developed in the form of a Gantt chart and incorporates significant detail on every area, milestones, and tasks. The WBS is prepared based upon the key dates specified in the RFP and can be adjusted, as required by DHS. Please refer to **Exhibit 5 Sample Project WBS**, based upon all deliverable requirements identified in the RFP and those required by MedImpact, along with definition and organization of the required work. The WBS is organized as follows:

- Pre-Initiation
- Project initiation
- Project planning
- Executing / design and build
- Monitoring and controlling / integration testing
- Monitoring and controlling / user acceptance testing
- Monitoring and controlling / operational readiness
- Deployment (go-live)
- Implementation transition to operations / post-deployment
- CMS certification

The WBS is created by the Project Manager in collaboration with stakeholders and subject matter experts accountable for each task. The WBS is reviewed and approved by DHS prior to incorporation into the master schedule. While finalizing the revised project WBS, MedImpact will collaborate with DHS to define its roles and responsibilities, along with those of DHS and its designees, so that everyone has clear objectives and accountability. As required, the project management plan will clearly articulate how MedImpact proposes to successfully migrate all necessary data from the current contract.

MedImpact monitors, tracks, and reports on all systems and operations-related tasks, promptly addressing identified risks and issues as they arise. Our experienced Project team uses industry-leading project management tools, coupled with standards-driven project management plan processes and procedures, across all phases of the contract—all of which are customized and continually refined to meet the specific needs of DHS.

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

In our more than 30 years of experience, MedImpact has successfully led hundreds of large-scale implementations including multiple large state contracts similar in size and scope to that of the Arkansas program. With in-depth experience implementing and transitioning PBM (pharmacy benefit management) programs across the health plan, commercial, Exchange, Medicare Part D, Medicaid, and TPA markets, MedImpact currently provides PBM services to millions of lives across multiple lines of business throughout the nation.

Our most recent similar government implementation was with the Department of Medicaid Services in the Commonwealth of Kentucky.

Standards for Deliverable Submission, Review, and Approval

MedImpact will maintain complete and detailed records of all meetings, system development life cycle documents, presentations, project artifacts, and any other interactions or deliverables related to the work described in the contract. We will make such records available to DHS upon request throughout the term of the contract.

For each deliverable identified in section 2.7.7 Exhibit 4 Deliverables Summary Table in the RFP, MedImpact will adhere to DHS' deliverable submission, review, and approval process. MedImpact will:

- Gather and document requirements for the deliverable
- Create a Deliverable Expectation Document
- Create a draft in DHS-approved format for the individual deliverable
- Perform internal quality control review(s) of the Deliverable, including, but not limited to:
  - Readability
  - Spelling
  - Grammar
  - Completion
- Adhere to all required templates or development of templates
- Perform modifications that include version control and tracked changes

MedImpact will submit the deliverables to DHS for review. Should DHS request changes, MedImpact will make all changes and resubmit the deliverable for approval within 5 Business Days following receipt of DHS' direction, unless you indicate a longer period in writing.

MedImpact understands and will comply with DHS' requests for clarification or a walkthrough of any Deliverable to assist DHS in its review.

MedImpact will only consider deliverables we submit to DHS as a final, acceptable version at such time DHS notifies us in writing. We will maintain a record of all Deliverable-related correspondence and meetings such as to track the Deliverable submission, review, and approval process.

Approach to Standards for Deliverable Submission, Review, and Approval

As a best practice, MedImpact uses DED (Deliverable Expectation Documents) to develop each deliverable within a defined scope of work, and we will do so for all DHS required work plan deliverables. We will capture expectations for content requirements, objectives, format, delivery method, and distribution list in the DED.

Understanding DHS' DED Requirements

We recognize the importance of ensuring all deliverables are submitted on time and will ensure that the DED review meetings do not interfere with deliverable due dates. We will account for the DED process within the approved work plan and timeline. DEDs will be the primary reference used during the review process to validate the acceptance of deliverables on completion.

Each DED will consist of a detailed outline of the document that specifies the format, content, and level of detail to be in the final work plan. We will take the following steps to develop the DEDs:

- Analyze the RFP requirements applicable to the section(s) covered by the plan
- Review the final proposal content submitted by MedImpact for the section(s) covered by the DED
- Conduct MedImpact subject matter experts including those who will be responsible for implementing the functions covered by each DED
- Conduct cross-functional meetings to address nuances of the implementation approach for each section(s) covered by the plan
- Draft detailed outlines (supporting the DED format) to show the organization and approach for each plan

MedImpact Approach to Delivering the DED

Our approach to service implementation and project management methodology is grounded in the PMI (Project Management Institute's) PMBOK (Project Management Body of Knowledge) principles, which represent the leading standard for defining project management processes, tools, techniques, and plans. Leveraging these principles helps to ensure MedImpact's ability to successfully manage large-scale implementation projects across multiple markets, customer types, and lines of business.

We will develop the DED during the Initiating Phase of DHS' implementation. Critical to the initiation phase is gathering, verifying, and documenting all requirements. MedImpact collaborates with DHS to analyze the business drivers, requirements, and other supporting data using a wide variety of tools and methods to ascertain that the proposed scope aligns with DHS' and MedImpact's business and technology strategies. This project management plan WBS (work breakdown structure) is updated to include tasks identified during the requirement verification and shared with DHS, key team members at MedImpact, and all other stakeholders specified by DHS.

Implement, Maintain, and Monitor Internal Deliverable Quality Control Processes

With a deep understanding of the importance of continuous monitoring of the quality and accuracy of our work, MedImpact performs continuous analysis based on industry best practices and lessons learned to improve the performance of our functions. Analysis results will be reported to DHS. All written documents and Deliverables will be submitted to DHS with the highest level of quality and required completeness.

MedImpact employs rigorous quality control measures with every implementation to help ensure complete and accurate delivery of all services provided under the contract. We use a variety of tools and methodologies to help ensure traceability of any software development, business configuration, and requirements-gathering during the Requirements Definition phase of the project.

Through our proven planning processes and experience on 100s of successful implementations across the nation, we will use our lessons learned to help ensure implementation for DHS is strategic, efficient, and effective. We will work to assure all stakeholders and meet the requirements and needs of DHS and its stakeholders.

Compliance with Deliverable Standards

MedImpact will use an internal quality control process to ensure that all Deliverables we submit to DHS are complete, accurate, easy to understand and of high quality as identified in section 2.7.7 Exhibit 4 Deliverables Summary Table.

MedImpact will provide Deliverables that are responsive to the specific requirements for each Deliverable, organized into a logical order, contain accurate spelling and grammar, are formatted uniformly, and contain accurate information and correct calculations. We will retain all draft and marked-up documents and checklists used in reviewing deliverables for reference as directed by DHS.

We will provide each deliverable according to the specifications of DHS including the number of copies and types of media. A 10-5-5 deliverable review timeline will be applied to all project deliverables as described below:

- When deliverables are submitted, the appropriate DHS staff will review the deliverable within 10 business days.
- Acceptance of each deliverable is noted and comments and corrections are documented.
- MedImpact will have 5 business days from the date it receives the notice of deficiencies to complete all corrective actions and return the deliverable to DHS for second review.
- DHS will review the corrected deliverable and notify MedImpact in writing of acceptance or rejection within 5 business days.

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

MedImpact collaborate with DHS to establish a change management plan that aligns with DHS change management processes. The plan will capture any changes in scope, timeline, or deliverable expectations. If a risk requires a change request, we develop the required change request documentation and initiate our change management process. The change management process may require the project team to re-baseline the project with approval from DHS.

We use accurate, detailed, and complete requirements documented in an RTM (requirements traceability matrix) to define configuration and customization phase activities. MedImpact utilizes the RTM during testing to help ensure there is testing coverage for all requirements. We process requirements uncovered after the approval of the interim RTM through our change order process for RTM updates. The RTM demonstrates to DHS that, upon implementation (go-live), MedImpact will meet all functional and nonfunctional project requirements.

Process

MedImpact follows a formal change control process, mutually defined, and agreed to by DHS, before implementing any change to a PBM solution. As part of the project governance, MedImpact works together with DHS to establish the CCB to manage the change control process. We document the approach to change control along with specific, executable change control protocols and procedures in our change management plan which is a component of our PMP (project management plan).

The change management plan defines the processes and steps for identifying and logging a change request, performing change impact analysis, conducting change review with DHS' CCB, and executing approved changes accordingly. We manage the change control process using Atlassian Jira, an industry leading change and issue tracking and project management. Jira is used by more than 180,000 customers in 190 countries to track and monitor critical project work. It provides robust workflow capabilities to allow change requests to be routed to ensure quick and timely decision making with a full audit history.

The project manager helps to ensure the execution of the change management process for the FFS PBM solution from project initiation to implementation and through support and maintenance. MedImpact's multipronged approach to project control and governance helps to ensure successful execution of effective change management and the allocation of accountability and responsibility.

Bi-weekly project status meetings serve as the primary mechanism to share and communicate information regarding change requests and approved changes to move forward. MedImpact expects an established CCB with which our project leaders can collaborate. The project manager will assess the status of each change request and report on its progress.

The process defines:

- Activities
- Roles
- Change Impact
- Project Stage Management Tools Identification
- Change Control Steps, Roles, and Responsibilities

For approved changes, MedImpact implements our change and development project management IPECC (initiating planning executing controlling closing) model upon PMBOK Guide. This model encompasses requirements collection and management, planning, tracking, quality assurance, configuration management, communication management, cost assessment, risk management, training processes, intergroup coordination, and peer reviews.

This change management process applies to all changes to MedImpact unified technology platform environments, infrastructure, and services (software, hardware, and data). All change requests are subject to MedImpact's change management policies.

MedImpact employs best practices for change management. The project manager logs the change request, full context about the change, the teams involved, and related work. The approval workflow generates as the approval workflows based upon type of change, associated risk, or procedures set by the CCB. We assign

authority to individuals or groups to avoid bottlenecks and collaboratively approve changes. We can automate the approval of low-risk changes.

RFP Section 2.8.3 Project Management Plan Approach - Business Proposal

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.**

MedImpact's quality assurance program supports defects and enhancements in our software development lifecycle.

Process and Procedures

We log defects found during the pre-implementation phase. A cross-functional team made up of quality assurance, development, and the business owner perform risk and impact assessments to determine mitigation and correction strategies.

We also log and review defects found during the post-implementation phase to determine the proper corrective action and ensure that we resolve the defect using timely patch releases.

Through the use of both custom and third-party tools such as Quality Center, QuickTest Professional WinRunner, and LoadRunner, MedImpact ensures that products and services work as intended and remain defect free.

Test Plan Development

All system changes undergo a quality assurance process using a replication of the production environment. Testing verifies that coding is correct and meets the client's requirements. Our testing confirms that claims fully meet the client requirements. We use a test plan to document the rationale for testing along with sample test claims we provide to the client for review.

Regression and Scalability

We create test data and configurations for each test to validate changes to our adjudication system. We maintain and preserve this test data in a dedicated database for these testing purposes. We maintain more than 20,000 test cases with known outcomes for our regression testing suite. As we make changes to the system, we develop and add additional test cases to our validation suite.

Through the deployment of our automated regression test engine, we validate each new release of our adjudication system to ensure its quality and accuracy.

Testing Capabilities

When MedImpact integrates new software into our system, we complete thorough testing prior to the production release as part of our user acceptance testing quality assurance cycle to guarantee that we met W&S's specific requirements.

We test software and benefit modifications as we implement changes to the system. We use multiple testing systems to ensure clients' benefit designs perform as required. We unit test all changes to validate proper rules processing and then migrate the changes to our end-to-end testing environment to test complete operations, including eligibility loading, claims processing, reporting, future dated operations, and invoice settlement processing.

Quality Metrics

Our quality assurance team constantly monitors defect trends and adheres to stringent benchmarks to meet our client service level agreements and MedImpact's annual performance goals.

Data Accuracy

MedImpact reprocesses historical claims data and analyzes the variances as a standard part of our end-to-end testing and validation. MedImpact encourages clients to participate in acceptance testing. At MedImpact, we consider quality review integral to our change management process. We follow a documented repeatable test methodology which includes requirements reviews, test planning and estimation, test case documentation, and test reporting. We make all deliverables available for review upon request. Through the consistent execution of these methodologies and testing practices and use of both standard and custom automation tools, MedImpact consistently delivers solutions of the highest quality.

Deploy Changes and Enhancements

We follow industry standard SDLC methodology to achieve optimal change management outcomes. Activities throughout the SDLC and its phases are analyzed, and we determine the best method to move through each phase efficiently and effectively. This is typically done with the end desire of meeting the schedule outlined in the Project WBS using Agile methodologies to facilitate iterative and incremental system development where sprints are most effective. In this way iterative change, as it is developed and suitable for functional, unit or integration testing, is made available as it is developed and deployed through this gated process.

We use the Scrum methodology to facilitate early and frequent releases of system functionality. Led by certified Scrum Masters, our teams work in sprints (time-boxed system development iterations) to facilitate continual delivery of quality operational system functionality in the shortest time possible. It allows our teams to collaborate effectively with our customers and engage as a well-organized, cross-functional team.

As part of our SDLC process, MedImpact demonstrates continuous improvement by using lessons learned sessions to review testing activities to reduce the occurrence of defects as testing progresses.

Application-Level Hardware and Software Change Release Schedule and Plan

MedImpact understands the importance of release management at every transitioning stage of the SDLC and maintains a formal, documented change control process and policy. The change control tracking includes the date of change, impact of change, task details, testing validation, approval process, and change owner. Because of MedImpact's unique, dual, redundant, highly available data centers, we can often implement changes to systems with little or no impact on client processes.

If a software release or update impacts DHS, the Pharmacy Account Manager coordinates a date and time for the change and provides a notification of completion of the upgrade or release. When the change is the result of a request for an enhancement from DHS, MedImpact performs full UAT with DHS' designated personnel. Once

DHS provides validation and sign-off on the change, the Account Manager arranges a date and time for the implementation or update.

We will work with DHS to develop an efficient System Software Version Release Schedule on an annual basis that will ensure that Department-approved software releases will be high quality and reliable.

Release Notes

Once a system software release has been completed, MedImpact captures release notes detailing the release overview, issues summary, resolution, and impact. These notes are submitted to DHS for review and approval within 3 business days after the release.

Maintain Required Functionality and Operations

MedImpact's test environment is identical to its production environment ensuring that there is no loss of functionality or operations between the implementation and operations phases. All base functionality is maintained during any change management process that occurs. DHS-approved change management process will be followed which captures any changes in scope, timeline changes, or deliverable expectations.

Systems Operations and Maintenance

All standard systems operations and maintenance are provided at no additional cost and without the utilization of billable enhancement hours.

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.

Quality Assurance Control and Quality Management Plan

MedImpact develops a DDI Quality Assurance Control and Quality Management Plan as well as an Operations Quality Assurance and Quality Management Plan to be utilized throughout the life of the contract after go-live. These plans summarize the quality assurance control and quality management process, quality management program, analysis, findings, recommendations, and continuous improvement projects for business areas associated with this contract. This plan is updated twice a year.

MedImpact's Quality Management Program, led by our quality management team, establishes the fundamentals necessary to ensure systems, processes, and associates deliver service excellence daily. The scope of the quality management program includes:

- Methodology for maintaining quality of the code, workmanship, project schedules, Deliverables, and Subcontractor(s) activities (should the need arise).
- Quality in systems configuration, enhancement, testing, implementation, and post-implementation verification.
- Quality in rebate administration.
- Process design and staff training.
- Performance standards development and measurement.
- Customer satisfaction measurement and analysis.

We will deliver the Quality Assurance Control and Quality Management Plan for the duration of the DDI phase to DHS as defined in the approved Project WBS.

This multiple-entity, cross-functional team discusses performance issues, areas identified for improvement, and ways in which we can partner together to tackle emerging industry issues. The MedImpact enterprise quality management program uses the following methodologies to help ensure quality within our PBM services:

- **LSS (Lean Six Sigma)**: Our teams maximize value with a focus on minimizing waste using methodical, documented strategies, and processes. The process documents value-added services as well as non-value-added services. Our teams hold regularly occurring Kaizen events to prioritize, document, and discuss our strategies. We use 5 principles, referred to as 5S, where we Sort, Set in Order, Shine, Standardize, and Systemize. Our LSS principles and techniques are used to improve workflow, reduce waste, solve problems, provide optimal customer service to Members and Providers, and continuously improve our processes.
- **PDSA (Plan, Do, Study, Act) Process**: The Quality Management team discusses the plan of what needs to happen, decides what needs to occur, the approach and expected result is studied, the team then acts by sunsetting the item, considering it complete, or trying a different approach.
- **SDLC**: Our information technology and information reporting teams use the SDLC process to help ensure the development of new technology or solutions involves rigorous phases that include quality time spent in the review of requirements, designing, and planning. These phases of the MedImpact SDLC help to ensure we build a solution in line with the needs of DHS and other customers.
- **ISO9001:2015**: Our QMS (quality management systems) are driven from the International Standard of Quality Systems (QMS Management). Our teams use the specifications, terms, and units of measurement to communicate, report, and measure quality. ISO9001:2015 is an important tool used in measuring financial sustainability and risk.
- **ITIL (Information Technology Infrastructure Library)**: We incorporate ITIL-driven IT services management strategies in our claims and rebate administration processes so that we are effectively positioned to handle increasing member demand, maintain regulatory compliance, and maximize value for DHS.
- **TCM (Trend Calculation Methodology)**: Our trend calculation methodology involves the use of Commercial, Medicaid, and Medicare Part D data. This compiled data across our entire book of business provides a baseline for comparison for our clients. Using a comparison of DHS against the trend calculation book of the business baseline, we can establish whether performance levels are consistent and within an acceptable range. The trend calculation methodology excludes plans with the following:
  - A plan or program lacking 24 months of continuous coverage for claims processing and eligibility
  - A plan or program with a change in enrollment of more than 20%
  - A plan or program designed as a cash card discount program
  - A plan or program with no eligible or utilizing Members
- **Clinical Quality Methodologies**: Our clinical team uses established monitoring and reporting solutions that sweep claims processed by our point-of-sale system to produce summaries of clinical quality measures with historical claims utilization. The clinical team routinely monitors clinical quality, efficacy, and patient safety using our enhanced DUR (drug utilization review) process.
- **Direct Customer Feedback**: The most important measurement or methodology is received directly from our customers. We use customer surveys, suggestions received through correspondence or our call center, our annual meeting called Impact, and customer focus groups.

- **CMS Guidance**: Our programs are driven by and compliant with regulations set within the CMS Prescription Drug Benefit Manual Chapter 9, Medicare Managed Care Manual Chapter 21, and Medicaid and CHIP Managed Care Final Rule (CMS-2390-F).

Master Testing Strategy and Management Plan (including Defect Management)

We employ rigorous quality control measures with every implementation to help ensure complete and accurate delivery of all services provided under the contract. IT Quality Management is responsible for creating and maintaining the testing strategy for each project and product release following our standardized documented processes including procedures for consistency and traceability. The testing strategy outlines the functional components of the product or application being changed, the planned testing approach, the types of tests to be conducted, which testing methodologies to employ, which testing environments to use, testing automation technologies and tools, and an outline of the release exit criteria.

The testing strategy also outlines all tools and metrics to be captured in alignment with standard controls and measurements for software quality and test effectiveness. Software and project testing risks, along with their mitigations, are included in the test strategy. The testing strategy is published for team collaboration and reviewed with the cross-functional team to help ensure completeness.

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.

As part of the project initiation activities occurring within weeks of contract award, MedImpact will collaborate with DHS to identify key stakeholders and schedule a AMPP project kick-off meeting. In advance of the meeting, MedImpact will develop the kick-off agenda and draft presentation materials for DHS review and approval. Key objectives of the kick-off meeting are to introduce the MedImpact project team and solution, provide an overview of the AMPP solution in the context of the larger Arkansas Medicaid enterprise, confirm goals and objectives, establish expectations of the project and of the stakeholders' roles and responsibilities in it, and build buy-in among stakeholders. We will document our approach to planning for and delivering kick-off meetings within the Communication Plan deliverable of this response.

The kick-off meeting covers information about the project; provides a high-level overview of the requirements, deliverables, and schedules; assigns and discusses internal roles and responsibilities; reviews the ways in which project tools are used; and establishes expectations.

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.

MedImpact brings 3 decades of successful experience delivering comprehensive pharmacy services to state Medicaid models and delivery systems across the nation like the state of Arkansas'. Your project requires skilled personnel with the requisite qualifications, experience, and business acumen necessary to successfully implement and operate the AMPP to your satisfaction and the satisfaction of your stakeholders.

A significant barrier to project visibility is a fragmented flow of information caused by too many communication channels and layers of management with no real connection between them. We believe that every large project is a complicated system of its own with specific dependencies, requirements, documentation, and approval processes that requires engaged senior leadership. Our organization streamlines visibility of prioritized projects.

The Implementation Manager will oversee and govern the full contract scope coordinating with our team of experts performing the services required throughout implementation and beyond. They are supported by the account management team who will schedule quarterly and annual meetings with DHS to discuss performance, goals, future opportunities, and projects. MedImpact prioritizes prompt responses to client inquiries and will provide structured support through routine coordinated operations meetings with your team.

The designated Implementation Manager will facilitate these meetings providing the opportunity to:

- Review inquiries and service items
- Discuss and plan priorities
- Track progress toward goals
- Address DHS' day-to-day to day needs

A RACI (Responsible, Accountable, Consulted, and Informed) matrix and an organization chart is used to document all MedImpact and key DHS stakeholder roles to track all activities or decision-making authorities undertaken by MedImpact. In addition, this template helps ensure all team members understand their contributions at each stage of implementation.

Proposed Organization for Each of the Project Phases

MedImpact has extensive experience serving Medicaid programs with a clearly defined staffing model that reflects and adjusts to the ever-changing needs of the programs we support. Leveraging this experience, we analyzed all project requirements to determine the types and numbers of required staff for DHS.

We based hiring and staffing estimates on the volume of anticipated claims, PAs (prior authorizations), and other transaction volumes provided in the RFP (Request for Proposal) documentation. This approach optimizes staffing projections to meet all contract obligations and planned volume fluctuations. During implementation, we will work to verify transactional volumes provided as part of this RFP and validate our staffing projections. These steps are critical to mitigate the risk of surprises at go-live (operational start date) that may impact response times in the PA unit or call center.

As part of our planning processes, we have provided a staffing load chart (**figure @**) which details the planned FTE allocation and deployment for this project. We will onboard Key Personnel within DHS-required timeframes following contract award/execution and confirm they are properly credentialed and trained during the first 30 days of implementation. The load chart also illustrates our timeline for adding other support staff, the number of full-time equivalents by job type, and details our forecast of project staffing needs by phase. Our load chart provides a visual representation of estimated effort, measured in working hours, for each staff resource assigned to the project.

Maintaining Staffing Levels and Acquiring and Retaining Staff

The delivery of a successful solution for Arkansas hinges on staffing. MedImpact provides personnel with the right set of qualifications, skills, and experience necessary to successfully implement and operate the program to the satisfaction of DHS and all stakeholders. Our goal is to provide DHS with the best staffing available. MedImpact plans to fill the Key Personnel positions with existing employees with the experience and knowledge to meet DHS' needs. MedImpact will recruit additional support staff to round out our team upon award of the contract. We are confident this mix of new and existing staff will provide DHS with a robust team to ensure seamless implementation and successful operations for the life of the contract. We have planned onboarding,

including Arkansas-specific training, and allocated staff according to our proven models (and as indicated in the load chart) presented in **Figures 2 and 3.**

Employee retention starts from the moment we post a job and continues through each team member's tenure with MedImpact. Our human resources team has implemented a comprehensive people strategy and a well-structured talent acquisition strategy that focuses on attracting top talent and long-term retention. We seek out the most qualified individuals, assess their skills, and determine where they would best fit our organization.

To acquire and retain staff, MedImpact offers employees a competitive salary and benefits program while encouraging healthy work/life balance. Whenever possible, MedImpact strives to promote from within. As such, we provide professional development opportunities while also encouraging our managers to identify employees with advancement potential for any open roles throughout the organization. Our goal is to create an environment that is conducive to employee empowerment, strong teams, and efficient and effective operations. This philosophy contributes towards our low account team turnover, with an average tenure of 6 years.

Maintaining our staffing levels for the Arkansas PBM, and every client project, involves creating an environment where our employees feel they are supported and have the knowledge to do their jobs and make a difference.

Training

Effective training is key to the success of FFS Medicaid programs the size and scope of Arkansas'. Initial and ongoing training programs and education activities ensure the account team has what they need to act as DHS' partner. All staff will undergo core onboarding and training specific to this project. This includes corporate compliance training that encompasses HIPAA, privacy and security, non-discrimination training published by the OCR (Office for Civil Rights), and more. We also provide one-on-one and ongoing staff training in response to feedback, program, procedure, technology changes, and DHS' requests.

We will tailor the comprehensive staff training plan to DHS, in coordination with you, to assure all our staff, authorized DHS personnel, and end users (pharmacies, billing agents, and Prescribers) have the information they need to work effectively with our systems and processes. We will conduct an annual evaluation of the effectiveness of the training plan and revise and resubmit the plan to DHS to reflect the continuous improvements we have made in our training approach.

System Proposal

RFP Section 2.8.11 Solution Design, Development, and Implementation – Configuration Management - System Proposal

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.

DHS requires a PBM solution that is robust, scalable, and adaptable to meet the current and future needs of the Arkansas pharmacy program. MedImpact's PBM solution, and the organizational support model behind it, are built to deliver exceptional value, speed, and user experience. Our on-premise, highly available, and scalable private cloud is based upon a multi-tenant platform utilizing Oracle virtual private databases to segregate and secure customer data. By employing this solution, we provide DHS with the same benefits as a publicly hosted cloud solution with the added advantage that the data is robustly secured within our premise.

Our solution provides maximum reliability, affording our customer base 100% availability, 24 hours per day, 7 days per week, 365 days per year. **Figure 9** shows the key aspects of MedImpact's infrastructure foundation.



Figure 9: MedImpact's PBM Solution Architecture Foundation

MedImpact's solution leverages leading and emerging technologies such as APIs, microservices, containers, DevOps, and more to meet the program's business needs—both current and future—while providing a superior user experience. The technology platform underpinning the PBM and rebates systems are focused on delivering operational excellence through the following principles:

- Enhanced user experience
- Modular, interoperable architecture
- Value configuration over coding, making incorporating updates and enhancements fast and easy

- Strong security and privacy
- Resiliency through elastic capacity and continuous availability
- Assemble, simulate/test, publish development style

Design Patterns

Our proposed solution for the Arkansas Medicaid program employs a modular architecture based on industry-standard interface capabilities is designed to follow the MITA concepts and framework. However, whenever possible we employ design patterns across systems to allow for flexibility and reusability of code. This provides us with the ability to increase the efficiency of both development and maintenance. Using intelligent, logical design patterns also allows for adaptability across systems within the integrated solution.

Technology Infrastructure

MedImpact employs a secure technical infrastructure including databases, servers, IP switches, firewalls, IPS, and telephony gear in a locked datacenter with technical infrastructure secured within locked cages secured via the use of biometrics. **Figure 10** provides a high-level visual representation of MedImpact's platform architecture.

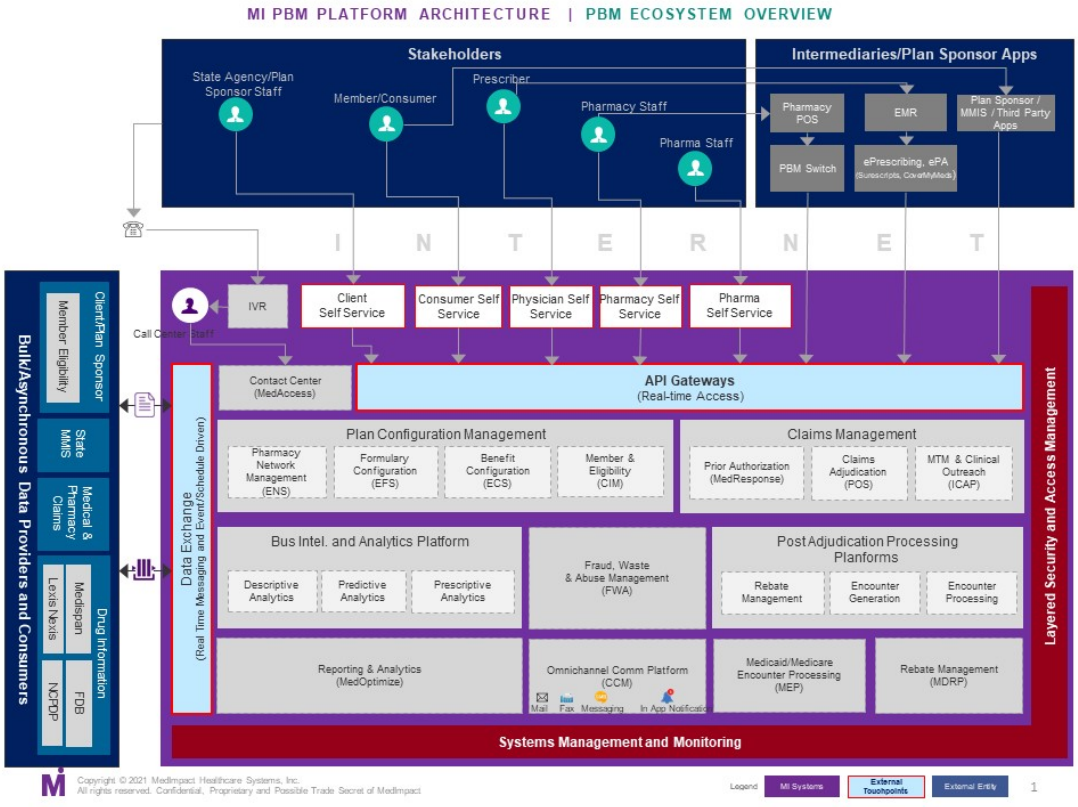


Figure 10: MedImpact PBM Platform Architecture

Conceptual, Logical, and Physical Architectures

Our solution architecture enables prompt response to industry and regulatory changes without the burden of extensive computer programming and additional time often required to integrate disparate systems. Through ongoing quality improvement processes, we continually review and enhance the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations. Beyond the PBM and rebate platforms themselves, MedImpact supports DHS with cadenced, controlled enhancement processes to maintain currency from an architectural and industry perspective. This includes following our stringent change management, configuration management, and release management protocols to verify that any update to the solution is made in a controlled manner following approved processes in accordance with DHS policies and procedures.

MedImpact's platform integrates custom applications to support our operations and functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting the business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier. MedImpact also uses IBM's security middleware products to secure and monitor access to our applications and data. The platform also includes third party tools such as Cognos and SAS for analytics and reporting functions.

The following high-level diagram, **Figure 11**, depicts the current MedImpact system's architecture.

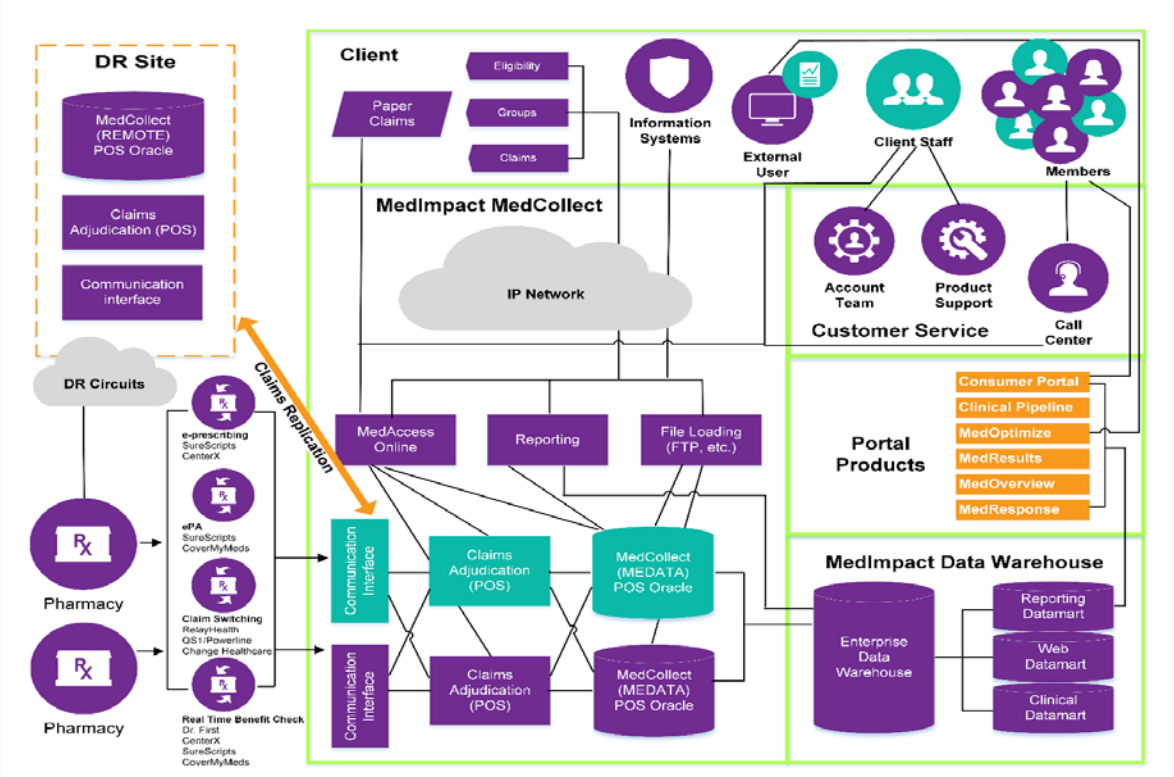


Figure 11: MedImpact System Architecture

MedImpact uses best-of-class server and storage solutions to provide a stable operating platform for administering our services. Server architectures include IBM Power, Oracle/Sun SPARC, and Cisco UCS. Storage platforms include NetApp, Hitachi Data Systems, and Oracle ZFS products. We have also supplemented our network enterprise with redundant and robust Cisco switches and routers for LAN/WAN services, Check Point, Cisco firewalls for protection and remote access, and Citrix load balancers for infrastructure scalability.

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).

Our PBM and rebate solutions deliver modular, individual platforms, each offering robust flexibility and configurability. These systems are integrated to allow for seamless transfer of claims data for rebate processing. This configuration delivers a high degree of accuracy and efficiency including the ability to check validity, member and provider eligibility, benefit plans, edits/business rules, and claims disposition. All of our solution components are available 24 hours a day, 7 days a week, 365 days a year. Our adjudication architecture has unlimited capacity to expand our processing and storage capabilities to satisfy any performance requirement.

Integrated Solutions

Our claims adjudication engine is supported by an ecosystem of specialized applications that offer an innovative approach to pharmacy program management. These core applications reside within our unified information technology platform enabling us to leverage the efficiencies of shared infrastructure, tools, and technologies. This provides a single source of truth for data which promotes accuracy, uniformity, and visibility. **Figure 12** depicts the MedImpact claims processing ecosystem.

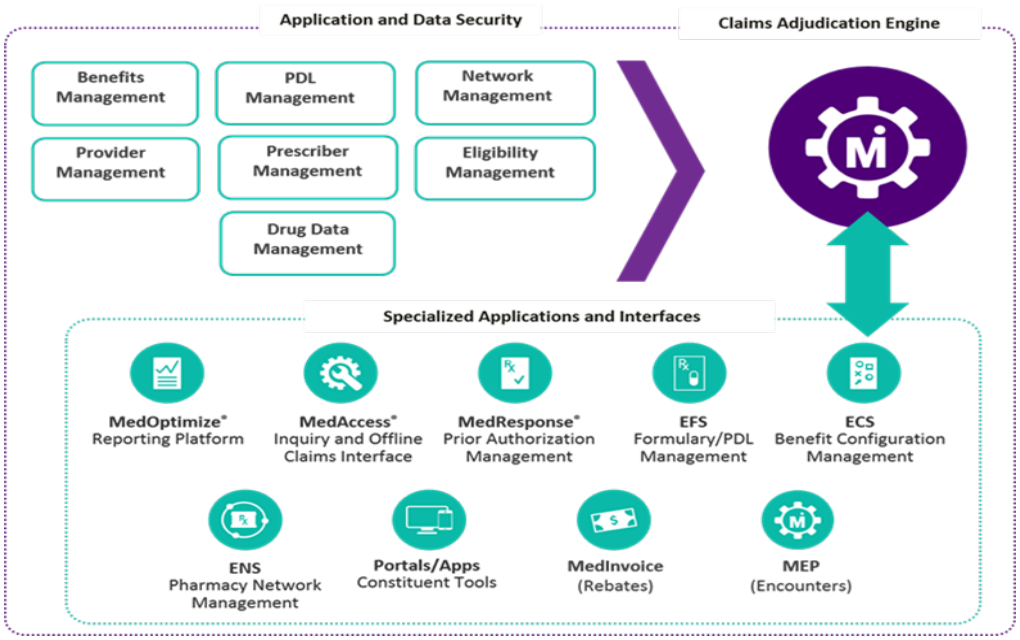


Figure 12: MedImpact Claims Processing Ecosystem

Within our unified platform, there are several specialized user interfaces to effectively support the operations required to successfully administer a PBM program.

Foundational to MedImpact's unified technology platform is a combination of industry standard COTS products such as Oracle RDBM (Relational Data Base Management) and enterprise-class open-source software such as Gravitee (API Management Software). We maintain concurrency with current releases or 1 level below current release. Our development platform is based on C++ and Java while the database platform utilizes Oracle.

Database Architecture

MedImpact's solutions are built to support the mission-critical nature of pharmacy and drug rebate services. Our solution and supporting communication infrastructure are designed and implemented with active redundant component architecture to deliver 100% availability, 24 hours per day, 7 days per week, 365 days per year, with no unscheduled downtime. We use our on-premise, highly available, and scalable private cloud, which is based upon a multi-tenant platform utilizing Oracle virtual private databases to segregate and secure customer data. Oracle Virtual Private Database, shown in **Figure 13**, enforces security, to a fine level of granularity, directly on database tables, views, or synonyms.

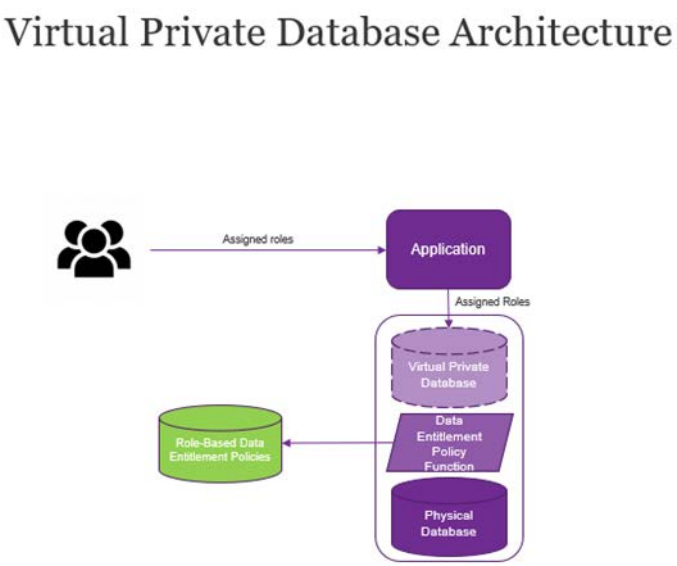


Figure 13: Virtual Database Architecture

Because security policies are attached directly to these database objects, and the policies are automatically applied whenever a user accesses data, there is no way to bypass security. MedImpact's on-premise solution provides the same benefits as a publicly hosted cloud solution with the added advantage that the data is robustly secured within our premises.

Our architecture includes automatic failover between data centers to minimize any service disruption. Failover does not result in service disruption. System architecture and supporting technologies are highly configurable and robust, enabling MedImpact to achieve consistent and high performance. We also leverage the full active

redundancy of our platform to eliminate the need for downtime associated with routine maintenance, affording increased flexibility, agility, and responsiveness, as well as the ability to quickly adapt to meet Arkansas' changing business needs. **Figure 14** shows MedImpact's approach to delivering a high availability solution for DHS.



Figure 14: MedImpact Solution Availability Assurance

MedImpact has certified our hosting environment's security compliance with 325 moderate security controls under the AZ RAMP certification for the state of Arizona, the location of our primary hosting site. MedImpact is HITRUST certified and performs annual SSAE 18 SOC 1, Type 2, and SOC 2, Type 2 audits. Our hosting environment provides:

- Active redundant component architecture for network infrastructure
- Elastic scalability to enable capacity scaling vertically and horizontally
- Full, active redundancy between 2 geographically separated data centers
- Support for real-time synchronization between the separate data centers
- Flexibility to introduce changes and enhancements without scheduled downtime
- Support for a high degree of configuration over legacy coding

Our primary data center, located in Tempe, Arizona, is fully owned by MedImpact and operated by MedImpact IT and facilities staff. The Tempe facility has numerous carriers built into our redundant "meet me" rooms and has achieved SOC 2, Type 2. Our San Diego, California secondary data center is housed within a Zayo colocation facility. The San Diego Zayo facility is SOC 2, Type 2, and OIX-2 certified. MedImpact's assets are in a dedicated

server room that is fully secured by monitored badge access. IT Infrastructure gear, including servers, IP switches, telephony, and data storage devices are biometrically secured in their own cages. MedImpact's data centers maintain direct point-to-point and indirect VPLS WAN connectivity to one another. The point-to-point circuits are commissioned from three distinct carriers and maintain geographically diverse paths into our data centers. We further maintain interstate geographic redundancy by following distinct northern and southern routes between California and Arizona. In the event of a triplicate failure of our point-to-point circuits, our systems will dynamically fail all the way back to our VPLS WAN network.

MedImpact's technology systems are supported by an ecosystem of several core applications residing within the unified information technology platform, enabling the ability to leverage the efficiencies of shared infrastructure, tools, and technologies. A key feature of MedImpact's hosting environment is that we are not dependent upon a third-party recovery service provider to support or perform any recovery processes in the event of an incident or disaster because of the following environment safeguards:

- **Server Redundancy**: In case of individual system failure, MedImpact's multiple redundant systems enable claims processing to continue in fewer than 60 seconds, with minor interruption, as processing is moved to a t-standby server. Claims processing systems are on redundant or high availability hardware.
- **Storage Redundancy**: MedImpact's replicated databases on isolated storage frames provide critical protection against storage system failure. We replicate critical data locally and to our secondary data center to protect against a single-site failure.
- **Data Center Redundancy**: MedImpact's systems and critical data are safeguarded by physical data center isolation and redundancy between data centers located 362 miles apart in San Diego, California and Tempe, Arizona. Our data centers are on different power grids with backup power feeds in each location. Distance helps protect from a single local event failure or disaster and provides continuous availability. We provide technical support 24 hours per day, 7 days per week, 365 days per year.

Figure 15 illustrates our approach to providing redundancy within our infrastructure's network connectivity and illustrates key benefits of MedImpact's approach.

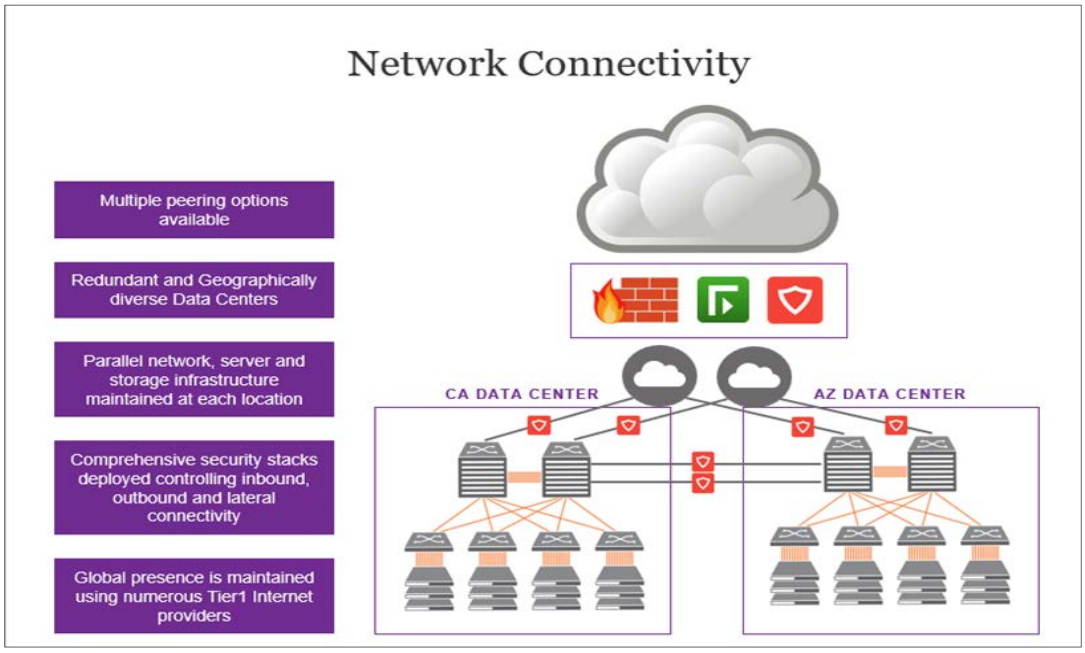


Figure 15: Network Connectivity

MedImpact's dual, redundant, always on, replicated data centers contain duplicate IT security technology at each location to help ensure the exact same protections for ePHI (electronic protected health information) that existed prior to a disaster are in place during a disaster (emergency mode operation) and after a disaster. No separate recovery process or procedure is required to enable MedImpact's ePHI security safeguards in the event of a disaster. In the event of the loss of either data center, MedImpact's ePHI security safeguards are automatically in place and working upon failover.

Internally, all power, cooling, network, and system components are 100% redundant within each facility. In the event of a complete data center failure, all applications are dynamically failed over to the active/available facility. We test this failover capability quarterly to maintain system and staff readiness.

MedImpact's public- and customer-facing presence is maintained through a series of Internet and private line circuits. Numerous carrier diverse Internet circuits are dynamically available, and we audit all private line circuits to maintain geographic and Local Exchange Carrier redundancy. DHS may choose to communicate with MedImpact over the Internet via SSL-enabled portals, which are TLS 1.2 compliant, or via dedicated and redundant IKEv2 VPN tunnels.

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.

MedImpact's offering is a COTS solution. Our definitions of customization and configuration are in alignment with the definitions presented in the instructions of Attachment G in the RFP. Customization of a COTS solution

requires custom coding, programming, or software. Configuration of a COTS solution can be done with a using built-in tools or as a part of a new release.

Our PBM solution directly aligns with current MITA (Medicaid information technology architecture) principles and framework. We employ a modular architecture based on industry-standard interface capabilities with business rules separated from the application code to facilitate configuration over coding. In addition, we maximize the use of COTS products in lieu of proprietary systems and custom coding. Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices. This sets us up for success with certification from the beginning. Highlights of our PBM solution design include:

- A modular, flexible approach to systems development including the use of open interfaces and exposed APIs
- Business rules separated from core programming
- Business rules available in both human and machine-readable formats
- Use of formal system development methodology and open, reusable system architecture
- Support for CMS certification with minimal effort
- Logging and audit controls to support audit and contingency requirements, in accordance with MITA

MedImpact's unified integration platform combines COTS and proprietary components to support PBM functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier. MedImpact also uses IBM's security middleware products to secure and monitor access to its applications and data. The platform also includes third party tools such as Cognos and SAS for analytics and reporting functions.

MedImpact uses best-of-class server and storage solutions to provide a stable operating platform for administering our services. Server architectures include IBM Power, Oracle/Sun SPARC, and Cisco UCS. Storage platforms include NetApp, Hitachi Data Systems, and Oracle ZFS products. We have also supplemented our network enterprise with redundant and robust Cisco switches and routers for LAN/WAN services, Check Point, Cisco firewalls for protection and remote access, and Citrix load balancers for infrastructure scalability.

MedImpact's PBM solution is highly scalable with system capacity to handle current business volumes with the ability to expand to fit the program as business needs change. Our performance goal is to double volumes (POS claim and supporting transactions) without degrading performance, which is measured in milliseconds. Therefore, MedImpact's system architects and POS engineers are accountable to leadership for planning and designing the PBM to run at or below 50% of available capacity to allow for new and expanded business needs. This translates to the system scalability necessary to accommodate anticipated volumes with the capacity to double claim volume without performance degradation. MedImpact continuously monitors, adjusts, and adds additional hardware / infrastructure, as required. System architects meet quarterly with executive leadership to demonstrate current system capacity and performance, peak levels of processing during the reporting period, and ways in which system space or processing capabilities are increased to assure future readiness for user requirements.

Our n-tiered architecture is a standard used throughout the industry for encapsulating functionality for maximum reuse and maintainability providing unlimited numbers and flexibility of functional layers. MedImpact's logical layer design enables it to differentiate between component tasks, maintain flexibility with modular deployment integrations, and facilitate supporting re-usability of components. We divide the PBM into separate layers that have distinct roles and functions to maximize maintainability of the code, optimize application functionality, and provide clarity when determining where certain technology or design decisions must be made. MedImpact's components deliver reusability and system flexibility, lower the cost associated with system modification and maintenance activities, and provide compliance with DHS and CMS standards.

Our architecture enables us to add additional infrastructure and module functionality without requiring the system to be stopped and restarted. We can remove components of the infrastructure for maintenance without affecting the remaining infrastructure. MedImpact provides real-time replication between 2 physically distanced data centers. Failover from one data center to the other does not require service disruption. We actively test this capability in our disaster recovery and business continuity exercises. MedImpact also supports self-healing for its infrastructure and modules. Automated tools monitor the health of our solution and automatically take actions to restore normalcy whenever problems are detected.

MedImpact's PBM solution architecture enables prompt response to industry and regulatory changes without the burden of extensive computer programming and additional time often required to integrate disparate systems. Through ongoing quality improvement processes, we continually review and enhance the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations. Beyond the PBM platform itself, MedImpact supports DHS with cadenced, controlled enhancement processes to maintain currency from an architectural and industry perspective. This includes following our stringent change management, configuration management, and release management protocols to verify that any update to the solution is made in a controlled manner following approved processes in accordance with DHS policies and procedures.

MedImpact's solution provides a more economical, efficient, and effective approach than a custom built or transferred IT solution. Our solution is mature, tried, and tested so there are no defects. DHS will reap the benefits of new features and capabilities that we build across our customer base. Our solution is scalable, reliable, and optimizes performance.

4. Describe how you intend to maintain physical and logical security of the solution and its implementation relative to the services it provides.

MedImpact is committed to ensuring privacy and confidentiality to protect critical PBM systems and sensitive data. Our solution complies with all federal and state privacy, confidentiality, and security requirements, statutes, rules, regulations, and guidance. MedImpact has several measures in place to ensure that we are in alignment with MARS-E guidance to protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule as part of our role as a Business Associate as defined under HIPAA. Using both physical and logical access and security safeguards, MedImpact offers best-in-class protection of Arkansas' data.

MedImpact maintains strict physical access controls. Access to the building and areas containing sensitive information require key-card access. Visitors to our facilities must be escorted by authorized personnel and are provided with a visitor badge clearly identifying them as non-employee. MedImpact does not place any workstations with access to covered information in public areas. MedImpact's buildings do not face the street

and prevent approach to the main entrance by vehicle traffic. MedImpact's facilities are further protected by CATV surveillance with feeds viewed by MedImpact's physical security personnel. Surveillance video is stored for 6 months. MedImpact's physical security personnel are on premise 24 hours per day, 7 days per week, 365 days per year and perform regular patrols of the internal workspaces and building campus including the parking structure.

MedImpact's data centers are also monitored by CATV with those feeds reviewed by both MedImpact's Network Operations Center and physical security personnel. Access to the data center must be reviewed and approved by a manager and director. MedImpact further secures devices in the datacenter through biometric locks on device cages. All servers, storage devices, network, and telephony gear as well as firewalls and IPS's are locked in cabinets that require the appropriate fingerprint access to gain entry.

To further protect our data centers, MedImpact deploys Siemens Desigo Building Management System. We keep the temperature between 72-75 degrees with the high threshold of 77 and the low 60. For the humidity threshold we have a high of 60 and a low of 40 and keep it between 40% and 50%. These events are monitored 24 hours per day, 7 days per year by our Network Operations Center as illustrated in **Figure 16:**

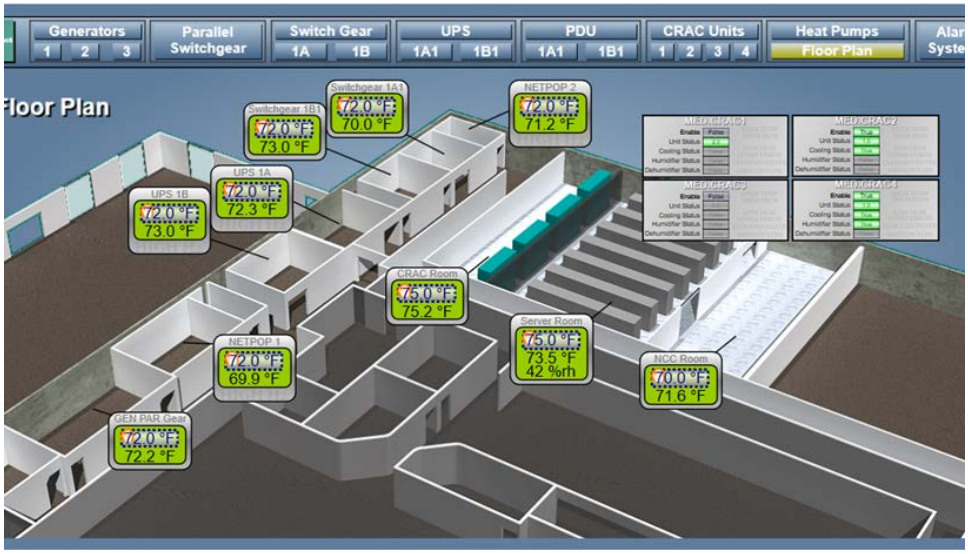


Figure 16: Network Operations Center

From a user access perspective, our protocols for logical security ensure system and data access is strictly limited to authorized users. Provisioning of user access is performed using RBAC (role-base access control) to confirm that users are only permitted to access the data and functions required to do that user's specific task responsibilities as designated for their role. Role based security can be further limited using "row" level access, further limiting individual users from accessing specific data otherwise available for that role. MedImpact's identity and access management platform (shown in **Figure 17**) incorporates SSO (single sign on) and FSSO (federated single sign on) solutions that provide instant access to current and historical information without requiring a separate sign-on beyond the initial authorized PBM user sign-on.



Figure 17: Access Management Platform

MedImpact protects data through effective training, tools, polices, processes, and procedures. Along with its data security team, MedImpact employs policies, procedures, and guidelines to protect individuals' privacy rights as specified in the HIPAA privacy, NIST, and other state/federal statutes, regulations, and guidelines. Our data protection protocols include encrypting data in transit and data at rest. Our encryption methods are Federal Information Processing Standard Publication 140-2 (FIPS 140-2) certified or higher which meet or exceed the requirements for protecting HIPAA data levels 1-4.

MedImpact's holistic use of information encryption across its solution includes:

- **TLS Encryption**: Currently, the use of TLS is considered best practice for web browser encryption. TLS 1.2 or higher encryption is used on all web-based applications that support external connectivity to MedImpact information technology resources.
- **Secure File Transfer using Secure Transport**: MedImpact provides secure file transfer through a TLS encrypted website using Secure Transport. Secure Transport is configured via a front-end web server connecting to a back-end file repository. No files are stored on the front-end server.
- **Secure Email**: Secure email is required to send any email which contains PHI, PII, or company confidential information to a remote email location which resides outside of the MedImpact domain. Axway Communications Corporation MMS/IME software provides encrypted emails. Any emails flagged by this system get redirected to the IME email encryption service. This service holds the email for pickup or optionally encrypts the email using S/MIME to send to a remote IME server for site-to-site email encryption.
- **SFTP with PGP**: For large file transfers, MedImpact supports SFTP with PGP which provides encryption of data prior to transferring over the internet using the secure file transfer protocol.
- **Data in Motion**: MedImpact secures data in motion with a 256-bit AES encryption algorithm with a 2048 bits or greater encryption key.
- **Data at Rest**: MedImpact encrypts all data at rest with a 256-bit AES encryption algorithm with a 2048 bits or greater encryption key automatically using hardware features.
- **Data in Use**: MedImpact only decrypts data in use to perform a necessary business function.

MedImpact also performs an annual SSAE SOC 1, Type 2, and SOC 2, Type 2, third party audit. We can provide copies of MedImpact's SSAE SOC reports which confirm adequate physical and logical controls in place. A validation of HITRUST certification upon request. MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify,

Protect, Detect, Respond, and Recover. **Figure 18** illustrates how we incorporate NIST cyber framework and HITRUST CSF into our technology solutions.

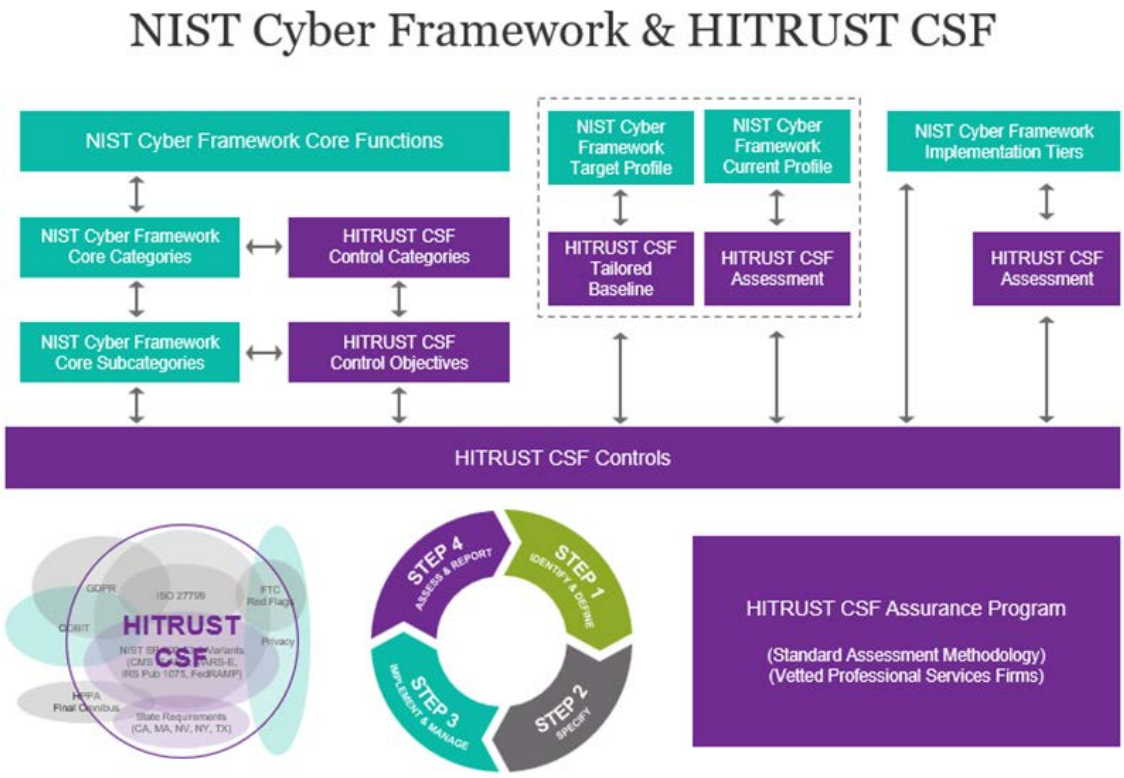


Figure 18: MedImpact Incorporates NIST Cyber Framework and HITRUST CSF

This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks.

RFP Section 2.8.22 Solution Design, Development, and Implementation: System Requirements Validation - System Proposal

1. Describe your plan for capturing and validating all System Requirements.

Our implementation strategy begins with the requirements-gathering process by creating a baseline of requirements from sources, such as the RFP and proposal response, along with contract negotiations. From these requirements, we formulate an RTM (requirements traceability matrix) specifically customized to DHS. MedImpact's business and technical analysts collaborate with DHS personnel to complete the RTM. These analysts schedule and participate in targeted detailed requirements validation sessions with their counterparts at DHS to validate and refine the requirements. As part of the work plan, the requirements-gathering process begins with extraction of all information gleaned from the RFP scope of work, online program documentation, posted drug lists, PA (prior authorization) criteria and forms, and any other accessible program data sources. This captured research content is imported into MedImpact's RTM—our requirements analysis document—to form the initial draft of our requirements documentation. This assimilated information is separated into detailed tasks essential to achieving each requirement. A standards manual is developed to guide all deliverables and to help ensure requirements are met. Upon completion of the initial draft, and within two weeks of contract signature, an RTM session is conducted in collaboration with the DHS Implementation team. This collaboration helps to ensure all requirements are gathered, reviewed, and validated with DHS.

The RTM defines the approach to conducting successful requirements-analysis meetings, which includes the following steps:

- Establish project goals and objectives early
- Document every requirements elicitation activity
- Transparency with requirements documentation
- Talk to and assure the appropriate stakeholder and users
- Avoid making assumptions regarding requirements
- Prioritize features / needs
- All requirements separated into granular work packages within expanded WBS (work breakdown structure)

RTM items include:

- Customer information: access; accounting set-up
- Pharmacy network: design; reimbursement
- PDL (preferred drug list) design
- Benefit configuration: member drug coverage; coordination of benefits; transition of care
- Regulatory compliance (Arkansas-specific policy)
- PA configuration
- Call center: technical; clinical
- Requirement traceability matrix

This information is then separated into detailed tasks essential to achieving each requirement. Upon completion of the initial draft and within two weeks of contract award, an RTM session is conducted in collaboration with

the DHS Implementation team. This collaboration helps to ensure all requirements are gathered, reviewed, and validated.

Our Implementation team, composed of staff members from each functional area and led by our PMI (Project Management Institute)-certified PMP leaders, focus on and serve as subject matter experts during RTM workshops, enabling us to dissect and capture each requirement. Once the RTM workshops are completed, the team of experts in each functional area reviews the requirements. Following internal approval by the subject matter experts and the Implementation team, the document is forwarded to DHS for review, input, and approval.

Upon receipt of DHS approval of the RTM requirements documentation, our implementation manager documents any additional steps, tasks, or program requirements into the WBS. The WBS provides a complete breakdown of the tasks required to meet all deliverables defined by DHS, as well as any additional requirements defined through the RTM process. As part of this process, some tasks occur prior to the kick-off and are finalized within 90 days following implementation.

The WBS is displayed in the form of a Gantt chart and incorporates significant detail on every area, milestone, and task. The WBS is prepared based upon the key dates specified in the RFP and can be adjusted, as required by DHS. Please refer to Exhibit 6 – MedImpact Project Schedule for a WBS and Gantt chart based upon all deliverable requirements identified in the RFP and those required by MedImpact, along with the definition and organization of the required work. The Project Schedule is organized as follows:

- Project initiation
- Project strategies and plans
- Executing/design and build
- Monitoring and controlling/integration testing
- Monitoring and controlling/user acceptance testing
- Monitoring and controlling/operational readiness
- Deployment (Operational start date)
- Implementation transition to operations/post-deployment

Any identified issues and risks for mitigation are captured by the Implementation team and are reviewed and prioritized during daily and weekly internal team meetings. If it is determined a risk or issue requires a change request, we develop required change request documentation and initiate our change management process. MedImpact will collaborate with DHS to establish a change management plan that aligns with DHS change management processes. The change management plan captures any changes in scope, timeline changes, or deliverable expectations. If it is determined a risk requires a change request, we develop required change request documentation and initiate our change management process. The change management process may require the Implementation team to re-baseline the project with approval from DHS.

The implementation team:

- Monitors the risks and issues log on an ongoing basis
- Determines the probability and potential impact
- Initiates contingency and mitigation plans when necessary

- Reviews and removes risks from the log when appropriate due to a change in their overall risk rating
- Prioritizes and communicates new risks as they are identified by scheduling and facilitating project meetings at the minimum of weekly meetings, and ad hoc meetings to address work packages with associated risks
- Collaborates with DHS to review and adjust the risk management process by evolving requirements or applying lessons learned
- Provides continuous improvement based upon quarterly analysis of the risk management approach built upon Lean / Six Sigma principles

MedImpact will work with DHS during project planning and implementation to capture and validate all system requirements.

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.

For every implementation, MedImpact develops and relies on an accurate, detailed, and complete requirements inventory, documented in a PBM project RTM (requirements traceability matrix), to make certain that the deployed and operational solution will meet defined requirements. We also use the RTM during testing to help ensure there is testing coverage for all requirements. Finally, we use the RTM to demonstrate to DHS that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact. We document the RTM following our industry-standards based requirements management process.

Our implementation strategy begins with the requirements verification process by creating a baseline of requirements from sources, such as the RFP and proposal response, along with contract negotiations. From these requirements, we formulate an RTM specifically tailored for DHS and project. The RTM is our proven tool for comprehensive requirements verification and refinement.

The RTM facilitates successful requirements verification meetings which include the following steps:

- Establish project goals and objectives early
- Document the results of requirements verification activities
- Provide transparency with requirements documentation
- Build confidence of stakeholders and SMEs
- Avoid any assumptions regarding requirements
- Prioritize features/needs
- Provide a framework for all requirements to be separated into granular work packages within the PWP

The requirements verification process begins with extraction of all information gleaned from the RFP scope of work, online program documentation, posted drug lists, PA (prior authorization) criteria and forms, and any other accessible program data sources. This captured research content is imported into MedImpact's RTM to form the initial draft of our requirements documentation. Information gleaned from the RTM exercise is used to update the RTM. MedImpact business and technical analysts will schedule and participate in targeted detailed requirements and JAD sessions with their counterparts at DHHS to validate and refine the requirements to create the RTM. Updates to the RTM may necessitate accompanying updates to the PWP.

MedImpact's Implementation Manager will facilitate multiple, collaborative working sessions composed of SMEs (subject matter experts) from DHS and other stakeholder groups. Once the working sessions are complete, our team of experts in each functional area reviews the requirements along with our quality team to finalize the draft RTM. We will use the industry recognized Jira tool to log requirements and establish traceability to user stories as part of our Agile-based SDLC process. **Figures 19** and **20** illustrate how Jira tracks requirements and allows monitoring of progress through visual dashboards.

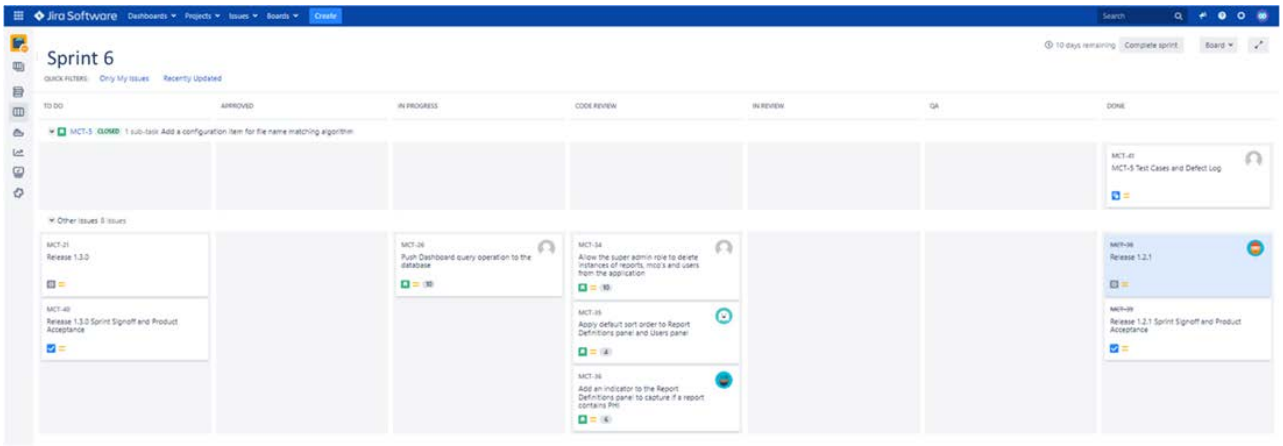


Figure 19: Jira Requirements Tracking

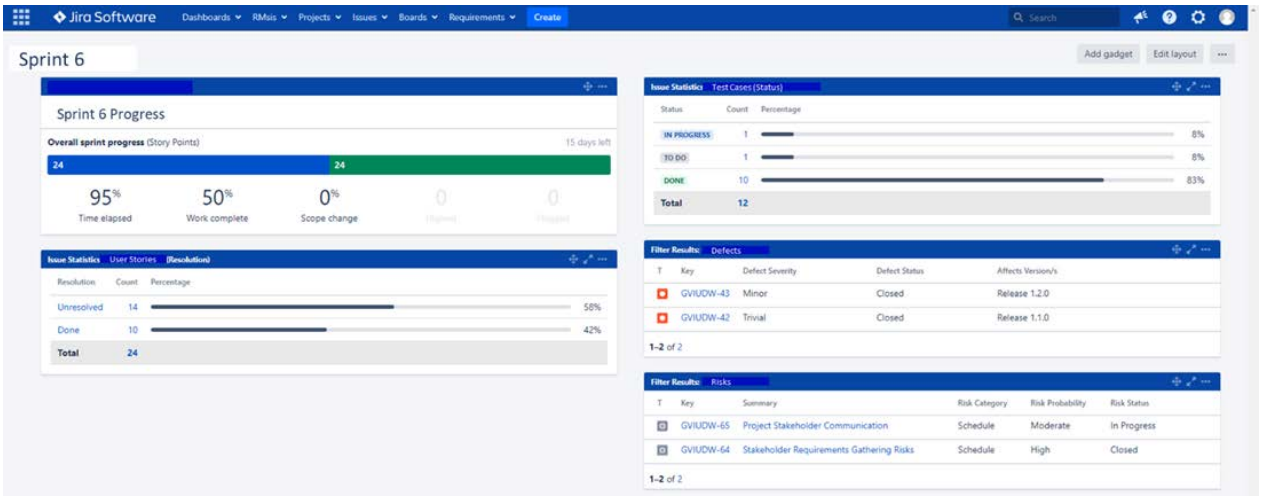


Figure 20: Project Monitoring Using Jira

Following these internal review and approval steps, we submit the RTM deliverable to DHS for review, input, and approval. Upon receipt of DHS' approval of the RTM, we make any related updates to the PWP. The PWP provides a complete breakdown of the tasks required to meet all RTM requirements.

Accompanying the RTM, MedImpact will develop and submit to DHS a draft RSD (requirements specifications document) for the proposed solution and modules. The RSD will include:

- Solution and module(s) overview
- Goals and objectives for requirements management
- Requirements management strategy and approach
- Accompany requirements inventory (documented separately in the RTM)
- Any clarifying information associated with requirements, such as assumptions, constraints, and dependencies
- Identification of the entity (person, subsystem, module) responsible for meeting each requirement
- Narrative describing any hardware and software configuration that will be used to meet requirements
- Logical Data Model
- Conceptual Data Model

MedImpact will develop and submit an RSD and accompanying RTM for DHS review and approval as part of DHHS's requirement to submit Milestone #1 Requirements and Design phase deliverables within the first few months after contract award. Once approved, the RTM serves as the baseline for providing traceability throughout all subsequent phases of the project.

As we verify requirements through subsequent development and testing, we use the RTM to verify test coverage for every requirement. We develop test cases for each requirement and link them within the RTM. As test execution occurs, MedImpact records the results of testing with the associate RTM requirements. In this way, we provide full traceability back to the original requirement and demonstrate to DHS (and CMS as part of certification activities) that requirements (functional and non-functional) are met by our solution.

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.

Paramount to the success of all implementations is ongoing collaboration and communication. At the outset, we work with DHS to establish the roles and responsibilities, performance expectations, and overall project communication expectations.

With organizationally and geographically diverse teams, MedImpact considers all methods of communication and collaborates with DHS and other stakeholders to clearly understand the expectations. We utilize active communication methods, including:

- Face-to-face meetings
- Video conference, meeting – one-on-one or group
- Telephone conference, or voice only Web conference
- Webinars, becoming increasingly popular for the delivery of presentation-based activities
- Telephone
- Stand-up, in-person presentations

Planning and preparing for these meetings is important to make sure all necessary stakeholders from MedImpact, DHS, and any other organizations are present, understand the areas they cover, and the goals of the meetings. MedImpact contacts attendees well in advance of meeting dates and times and confirms attendance advance to ensure efficient and productive meetings.

MedImpact recognizes the most significant part of communication entails being present and prepared to communicate to all stakeholders at their respective levels. To accomplish this objective, we listen intensely to assure full understanding of the end goal and work toward that common goal.

We collaborate with DHS from the outset to identify its specific communication needs and requirements, which may include the following:

- Information to communicate—to include the level of detail and format
- Audience for each communication
- Communication methods—meetings, email, telephone, Web portal, etc.
- Distribution of information—frequency of project communications, both formal and informal
- Responsible stakeholder for communicating project information
- Communication requirements for all project stakeholders
- Project resources allocated for communication
- Communication of any sensitive or confidential information and individual responsible for authorization
- Management of communication of changes or the communication process
- Project communications flow
- Constraints, internal or external, that affect project communications
- Standard templates, formats, or documents the project must use for communicating
- Escalation process for resolving any communication-based conflicts or issues

The implementation manager identifies all project stakeholders and establishes the frequency and method of communication, including:

- Project management and staff
- MedImpact internal departments
- DHS—project lead; clinical lead; IT lead
- Providers (prescribers and pharmacies)
- Members
- Billing agent announcements
- Other stakeholders, including MCOs, counties, and community agencies
- CMS

The Implementation team determines communication methods and technologies to be used based on factors, including stakeholder communication requirements, available technologies (internal and external), and organizational policies and standards.

A SharePoint platform enables the Implementation team and DHS to view updates, archive various reports, and conduct project communications. This platform affords senior MedImpact and DHS management, as well as stakeholders, compatible technology to access project data and communications at any time. SharePoint also provides the ability for stakeholders and Implementation team members to collaborate on project work and communication.

MedImpact conducts weekly meetings with DHS stakeholders to discuss project status, identified issues requiring resolution, and to report on project control metrics. In addition, we report to DHS leadership weekly on project control metrics and any items that may require escalation and mitigation.

In addition, the implementation manager performs the following prior to the meeting date:

- Updates WBS and the Microsoft Project standard dashboard that show late tasks, completion percentage of current tasks, and upcoming tasks
- Prepares and distributes meeting agendas

The implementation manager is responsible for each meeting and conducts the following:

- Minutes from the project status meetings
- Action Items from the meetings
- Additional follow-up required from the meetings

MedImpact's use of Microsoft Project offers various standard views and reports for all system users, as well as other project reports identified and defined by DHS. Additional data can be retrieved for key metrics identified during the project control and reporting process work plan. For formal reporting purposes, MedImpact develops several standard weekly reports, including:

- **Weekly Progress Report:** Documented in Microsoft Word format, this report provides a detailed summary of all items to be discussed at weekly status meetings.
- **Weekly Deliverable Status Report;** This report, produced in Microsoft Project, provides the status of all deliverables, overdue deliverables, milestones, and approvals.

Through the functionality available in Microsoft Project, MedImpact produces reports to assess the health of the project. These reports can be configured for individual audiences, such as the Executive Steering Committee, executive director, implementation manager, as well as an DHS-specific dashboard to track specific desired metrics. Reports and associated metrics are produced and updated by the implementation manager, with delivery of these reports to DHS as part of our general project management responsibilities.

The implementation manager produces a weekly status report and makes it available prior to the status meeting. This individual collects the information and merge with automated data to produce the weekly status report. In the Project Initiation phase, we collaborate with DHS to determine the optimal format for the weekly status report.

Communication

Communication is an effective tool to equip project stakeholders with the knowledge they need to engage with the MedImpact project team, establish an understanding of and confidence in the MedImpact PBM solution, and adopt and use PBM solutions and services. MedImpact carefully plans and documents our approaches for managing project communication with all stakeholders throughout implementation and operations.

Establishing a framework for frequent and open communication among project stakeholders is essential for effective and on-time delivery of the solution and its component modules. Our CP (Communication Plan) serves as the roadmap for clear, timely, and transparent communication throughout project design, development, implementation, and ongoing operations. Our planned approach, strategy, and communication protocols address challenges that, if not addressed early, can become magnified as the project progresses:

- Various, diverse stakeholders with different priorities and communication needs
- Diverse terminologies used across modules
- Coordination of consistent communication across all stakeholders, internal and external
- Differing levels of pharmacy and healthcare experience among stakeholders
- Lack of buy-in from project stakeholders due to lack of understanding of solution and benefits

By following a structured CP, we focus on relationship building as our first priority to establish an environment of collaboration and increase the likelihood of PBM solution adoption. The plan provides the structure for daily collaboration between MedImpact, DHS, other module vendors, and additional project stakeholders. It also defines the cadence, objectives, and approach for conducting successful project meetings, including status meetings, governance board meetings, kick-off meetings, joint senior leadership meetings, and other collaboration sessions to facilitate progress.

MedImpact's CP will address, at a minimum, the following topics:

- Communication goals and outcomes
- Communication approach and strategy
- Stakeholder matrix, mapping stakeholders/groups to stakeholder information needs
- Relationship building, including DHS and MedImpact organizations and other stakeholders
- Governance and escalation procedures
- Roles and responsibilities (documented in a RACI)
- Key messages, mapped to media type/channel (e.g., in person, electronic communication, web portal, etc.)
- Communication schedule
- Meetings and status reporting
- Communication standards
- Standard templates, formats, or documents
- Distribution lists
- Referenced deliverables and artifacts
- Glossary of terms and acronyms

We will submit the Communications Management Plan for DHS' review and approval within the first 30 days after contract award and annually thereafter in accordance with Arkansas PBM Deliverable #6.

RFP Section 2.8.24 Solution Design, Development, and Implementation: Design and Development - System Proposal

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.**

MedImpact practices a multiphase implementation approach dividing DHS' implementation project into separate stages for both MedImpact's and DHS' complete understanding of crucial deliverable deadlines for a successful launch on the go-live date. Our approach to implementation begins with project initiation including creation of a project charter, defining project management tools, and working with DHS to establish project templates. Next, is requirements-gathering and documentation which are critical to building the foundation for other SDLC activities including planning, DDI configuration, testing, and final implementation.

Requirements Definition and Validation Phase

The DDI Manager will facilitate multiple, collaborative working and JAD sessions (held within the first 2 weeks following the kickoff) composed of SMEs (subject matter experts) across the organization, as well as DHS' SMEs, to provide their expertise on the project deliverables required by their respective teams. While these workshops are typically conducted in person, doing so will be dependent upon the current pandemic. In the event travel is restricted or prohibited on a state or federal level, MedImpact will schedule web-based meetings to review documentation, establish communications, and facilitate requirement capture and validation.

Our project team, composed of team members from each functional area and led by our PMI (Project Management Institute)-certified PMP leaders, will serve as SMEs during JAD sessions enabling us to dissect and capture each requirement. Once the JAD sessions are complete, the team of experts in each functional area reviews the requirements. Following internal approval by the SMEs and the Project team, the document is forwarded to DHS for review, input, and approval.

Upon receipt of DHS' approval of the RTM documentation, our DDI Manager documents any additional steps, tasks, or program requirements into the WBS. The WBS provides a complete breakdown of the tasks required to meet all deliverables defined by DHS as well as any additional requirements defined through the RTM process. As part of this process, some tasks occur prior to the kick-off through the certification (which we consider a phase of implementation) finalization.

Draft RSD (Requirements Specification Document)

MedImpact will develop and submit to DHS a draft RSD for the proposed PBM Module components, modules, and functional areas based on the information gathered within the RTM.

RTM (Requirements Traceability Matrix)

MedImpact understands the importance of Environment Architecture requirements-gathering and documentation in building the foundation for other SDLC activities. Accurate, detailed, and complete requirements, documented in an RTM are used to define activities of during the Configuration/Customization phase. The RTM is used during testing to help ensure there is testing coverage for all requirements. The RTM will

provide tracing forward from requirements to test cases to runs to issues, and then from issues back to requirements. Finally, the RTM is used to demonstrate to DHS that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact and have been fully tested.

Detailed System Design Plan

MedImpact begins development of the DSD (Detailed System Design) by gathering the performance requirements that will serve as the basis of the conceptual design. The performance requirements are further refined and detailed through a series of requirements analysis meetings then finalized and presented as the DSD. The main goal of the DSD is to create a comprehensive plan for a system that will meet the target objectives of the conceptual design by:

- **Implementing Project Planning and Control:** Vigorously plan and control to establish proper follow-up, create project intention, define tasks, illustrate events/activities, initiate an itinerary, allocate staff hours, provide performance feedback, and quickly rectify errors.
- **Involving the User:** Maintain close and consistent communication with downstream users is necessary for success.
- **Providing Detailed Sub-System Definition:** Specifically define details of each sub-system including functional and operational components, tasks, and sub-tasks.
- **Configuring Output/Input Design:** Configure detailed specifications of outputs and inputs for each sub-system.
- **Incorporating User Feedback:** Host preliminary demonstrations of the proposed system and sub-systems to elicit feedback and correct inaccuracies from users.
- **Building Database Design:** Identify and establish data fields and record types and establish their relationship to data tables. Determine the appropriate length of data fields within tables and document the database design in a comprehensive data dictionary.
- **Designing Procedures:** Establish the rules, standards, and methods for system tasks such as data entry, error handling, and back-up procedures. System analysts will clearly document all procedures and directions for each procedure.
- **Documenting Design:** Carefully document comprehensive details of all the design phases that consists of:
  - System objectives
  - Design constraints
  - Inputs and outputs
  - Data files
  - Procedure manuals
  - Summary of the proposed system
  - Program specifications
  - Database specifications

System Analysis and General Design Phase

Through in-depth, multidepartment interviews with DHS, the MedImpact implementation team gathers all technical and functional requirements for the implementation. The implementation manager then works with

the various MedImpact business unit representatives to develop a comprehensive project plan encompassing all aspects of the implementation, including timelines and accountabilities from both MedImpact and DHS.

MedImpact will work with the client to develop this project plan. Once DHS approves it, MedImpact will move into the technical design phase of the implementation process.

Technical Design Phase

During the technical design phase of implementation, our implementation team members will develop a comprehensive design plan for DHS' specific needs using the project plan to direct the design plan.

We will copy DHS on all design documents (e.g., service requests), and DHS must approve them before work begins ensuring mutual agreement on how MedImpact will implement DHS' specific requirements into the system.

Development Phase

During the development phase, we will code DHS' specific requirements into the MedImpact system coding the benefits and pharmacy network information and developing the necessary technical customizations to complete the implementation. We then will test all work to make sure it is consistent with DHS' specifications using the project plan to document regular updates from the implementation team, standing meeting schedules, and ad hoc communications.

Implementation and Operations Phase

After MedImpact codes and tests DHS' requirements, we will place them into production so that claims processing begins on DHS' start date. We will monitor closely DHS' activity during the first weeks of production to confirm everything functions properly to address and correct any observed issues in a timely manner. MedImpact will provide DHS with frequent updates during the implementation phase to make all parties aware of progress, issues, and resolutions.

A. If your approach is a Waterfall approach, what are the proposed steps?

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?

MedImpact is committed to project management grounded in the PMI's PMBOK principles which represent the leading standard for defining project management processes, tools, techniques, and plans. It aligns directly with the SEI (Software Engineering Institute's) CMMI (Capability Maturity Model Integration), ISO 9000x standards, and Lean Six Sigma continuous improvement methods, and we use a hybrid model utilizing both Agile and Waterfall development frameworks. Our methodology allows the MedImpact team to plan and execute the work required to deliver and operate a solution and modules that meet DHS' requirements.

The Waterfall methodology is a sequential development process that flows like a waterfall through all phases of a project (analysis, design, implementation, verification, and maintenance) with each phase completely wrapping up before the next phase begins.

The 5 different phases of the Agile Project Management framework include envision, speculate, explore, adapt, and close. MedImpact generally utilizes 2-week sprints, and we utilize JIRA to help organize, track, and complete any backlog items.

MedImpact implements our change and development project management IPECC (initiating planning executing controlling closing) model upon PMBOK® Guide. This model encompasses requirements collection and management, planning, tracking, quality assurance, configuration management, communication management, cost assessment, risk management, training processes, intergroup coordination, and peer reviews.

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.

MedImpact partners closely with our PBM clients to facilitate a clear expectations of vendor and customer staff. We understand that the customer vendor relationship is fundamental to a successful project. Our stringent requirements for our project staff are complimented by the support and contributions of DHS staff. To promote this level of professional collaboration, we expect DHS project staff will:

- Actively participate in eliciting, reviewing, and approving product requirements and designs
- Provide regular feedback and answer clarifying questions throughout the product development process
- Track project progress, constantly review deliverables, and take part in meetings
- Validate incoming invoices
- Choose the project manager
- Assign clear tasks to the project manager
- Procure the necessary project resources
- Make project-specific decisions
- Support the project manager in case of problems and crises

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.

MedImpact's strategy for future technology enhancements and modernization for our FFS line of business involves a 3-prong approach. Internally, we constantly evaluate emerging technologies to determine how upgrades and enhancements of our infrastructure would benefit all our customer base. Secondarily, we evaluate federal and state regulations and requirements, such as CMS, across the country to determine future enhancements that may benefit a state or combination of states. Finally, we listen to our customers to gain their perspectives and future plans.

RFP Section 2.8.27 Solution Design, Development, and Implementation: Data Quality, Data Conversion, and Migration - System Proposal

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.

Complementing our data management approach described here is our approach to data migration (conversion) from the current PBM solution to MedImpact's new PBM solution. Careful analysis followed by a well-articulated migration plan is critical to make certain that data is successfully migrated and, if necessary, transformed for use in the new solution. To provide a blueprint for seamless migration, MedImpact will develop and submit for DHS review and approval a data migration plan that includes, minimally, the following:

- **Introduction:** Summary of the purpose of the plan, scope of activities that result in its development, intended audience for the document, and expected evolution of the document.
- **System Overview:** Technical overview of the source, target system, and major components involved in the migration. Includes high-level description of the purpose of applications, how data is stored, criticality and sensitivity of the data, description of the function of the data
- **Data Migration Strategy:** Describes the scope and approach of the migration, MedImpact and DHS roles and responsibilities, migration schedule, and data quality assurance efforts
- **Data Migration Preparation:** Describes all preparatory or initiation processes that must be completed prior to data migration.
- **Data Migration Evaluation and Migration:** Cross-references source to target and identifies data quality concerns
- **Migration Scope:** Rationale for the migration and a general description of the data migration effort including specific system functions affected and not affected/converted and a high-level mapping of the data and data types to be converted or migrated to the new system
- **Migration Process:** Approach that will be used to extract, transform/cleanse, and load data from the source to target destinations during the migration process including descriptions of any automated data migration tools that will be used (ETL tools); identification and description of any part of the migration process that will be performed manually; identification of criteria for a go/no-go decision; description of system integration testing and UAT; description of data migration reconciliation approach, trial migrations, results reporting; and data verification/validation procedures.
- **Roles and Responsibilities:** Listing of all stakeholders, identifying roles, and responsibilities in the migration process
- **Migration Schedule:** Schedule of migration activities including post-data migration clean up, final validation, and acceptance (will be incorporated into the PBM project PWP upon approval of the data migration plan)
- **Data Quality Assurance:** Identification of success and failure metrics including the types of data quality problems that may occur; description of strategy to be used to help verify data quality before and after all data migrations; approach to data scrubbing; and quality assessment of data prior to migration
- **Emergency Roll Back Contingency Procedures:** Identification of potential risk, notification of the correct mitigation staff, deployment of roll-back strategy and procedures, communication of a timeline, and documentation of the impact

- **Appendix**: Includes a record of changes, acronyms, glossary, referenced documents, and an approval page

As MedImpact plans for data conversion, we follow best practices conversion process steps:

- Extracting data from legacy system
- Tracking changes in anticipation of dual maintenance
- Importing data into scrub environment
- Migrating data to production
- Scrubbing data
- Normalize the test data

MedImpact's infrastructure tracking tools log key performance indicators, including network activity for all data exchanges (SFTP and real-time API). These performance indicators are automatically collected in our system-wide event manager. Reports can be generated from the data collected. We will collaborate with DHS during requirements-gathering to collect DHS requirements for producing load reports for electronic data exchange functionality.

Each file load initiates the creation of a load result report sent to DHS immediately following the load process. The load result report includes statistics on total records processed; new records added; existing records updated or skipped (e.g., no change in any record information); total deletions (if applicable); and total errors encountered (with a detail listing of the error records.) This feedback report allows entities to actively monitor file load performance and react immediately to any issues observed.

Data maps will be completed and documented. The published data mapping documentation will include a cross reference map of required KME data and POS data elements and data structures. Additionally, a separate transaction and interface map will be provided, detailing the data structure of each interface.

All system interface information will be tracked online. At a minimum, our system will enable DHS and MedImpact staff to update information, attach files, and track testing requirements and results information for each interface. A listing of all summary interface data for all interfaces will also be maintained throughout the life of the contract. The proposed structure of this interface tracking mechanism will be reviewed and approved with DHS following contract award.

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.

MedImpact's Data Conversion Plan describes the strategy, preparation, and specifications for converting data from a source system to our target systems. Our plan describes the overall approach, assumptions, and processes that will be used in the data conversion. We include an inventory and cross reference of source and target data elements, schema, metadata, and all self-describing files; process for data extraction, transformation, and loading for each data source; tools needed to execute the conversion; and strategy for data quality assurance and control.

Furthermore, MedImpact develops a Data Management, Data Conversion, Migration and COTS Data Integration Plan and submits it for DHS review and approval. The plan defines MedImpact's plan and procedures for managing data, integrating data, and converting data into the solution. Our approach focuses on verifying that data conversion is performed consistently, correctly, and without error. MedImpact completes data mapping

and publishes documentation including a cross-reference mapping of required source system data, POS data elements, and data structures from the current PBM to the new MedImpact PBM solution tables. Additionally, we provide a separate transaction and interface map which details the data structure of each interface.

3. Describe your approach to testing converted data.

MedImpact employs rigorous quality control measures with every implementation to help ensure complete and accurate delivery of all services provided under the contract. We use a variety of tools and methodologies to help ensure traceability of any software development, business configuration, and requirements-gathering during the Requirements Definition phase of the project to applicable test cases. We design a test strategy for each testing stage / phase and requirements related to that stage, using the most current testing approaches, testing tools, and test types that are most appropriate for the situation.

The core purpose of testing is to help ensure the final systems and deliverables:

Detect failures so that defects may be discovered and corrected to help ensure the operational start date is seamless to end-users

Ensure reliability in the systems/software

Improve user experience and optimize business operations

Create efficiency, reduce cost, and meet requirements for reporting and utilization

Meet DHS needs efficiently and effectively

MedImpact supports all required environments for a seamless data migration. We ensure that all relevant tools, utilities, and software are provided to DHS and identified support staff. Our conversion process promotes transparent communication with DHS to determine the appropriate ownership licenses and access rights that are transferred to DHS during the conversion process. As we plan for data conversion, we follow best practices conversion process steps:

- Extracting data from legacy system
- Tracking changes in anticipation of dual maintenance
- Importing data into scrub environment
- Migrating data to production
- Scrubbing data
- Normalize the test data

MedImpact begins conversion activities early in the project schedule with completion prior to beginning system and integration testing. This affords MedImpact the ability to test with converted data beginning with system testing through UAT to avoid data conversion surprises for cutover.

Data conversion files undergo conversion testing and conversion system Integration testing prior to loading the converted data into the testing environments. MedImpact loads the converted data into the test environment and all errors are researched and corrected prior to loading the data into production.

During the conversion process, MedImpact produces a series of conversion results reports that show the results of the file conversion. At a high level the reports show record counts in and out. Other conversion reports will

indicate fields within records that may contain erroneous data, missing data, or invalid formats. MedImpact will collaborate with DHS to resolve these issues uncovered during conversion.

Our approach to data conversion/migration enables us to minimize issues during final conversion. For final conversion prior to go-live, we compare final conversion test results with final conversion tests for go-live.

Through our proven planning processes and experience on hundreds of successful implementations across the nation, we use our lessons learned to help ensure the implementation for DHS is strategic, efficient, and effective to assure all stakeholders and meet the requirements and needs of DHS and its stakeholders.

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.

Please see **Exhibit 8 – MedImpact Sample Data Conversion Plan** for a draft plan. We have provided components of how we develop the plan consistent with the details in our Data Conversion Approach outlined in section 2.8.27.1. We will work with DHS during Phase II to further refine and finalize the Data Conversion Plan.

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.

MedImpact understands and attests that DHS will retain ownership of historical and ongoing operational data. Data will be provided in an easily extracted industry compliant, standard format to support the state's usages of program data. We seamlessly support data extraction in industry standards and formats such as NCPDP, ANSI ASC X12, and XML.

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.

MedImpact has strict internal control and quality check process for validation of transactions. For example, after an EDI file is uploaded to a MedImpact SFTP server, an automated server scan is executed by the MedImpact system to retrieve the file from client folders residing on the SFTP servers. Prior to update of records, the retrieved files undergo a validation process in which the following is performed:

- **File Decryption**: Client files are decrypted by MedImpact (client files are generally encrypted using Pretty Good Privacy [PGP]).
- **File Validation and Formatting**: During the file validation process, data elements in the file e.g., the client's name, physician number, and date of birth, , are scanned and any errors or missing information are identified and flagged. The file is also formatted during the validation process for eventual upload into MedImpact data stores. Errors identified during the validation process will be reviewed to determine impact and will be addressed or corrected as appropriate.
- **Notification to Client**: Upon completion of the validation process, MedImpact notifies the client that the file was received and whether any errors or missing information were identified.
- **File Load and Notification to Client**: Once the validation process is complete, the validated file is automatically loaded into the MedImpact operations scheduling software. The automated file load system

updates the POS system and automatically produces a Load Results Report that details the number of records processed and any errors identified during the POS update process. The report is automatically posted to the client's FTP folder for follow up and review.

RFP Section 2.8.39 Solution Design, Development, and Implementation: Implementation and Go-Live - System Proposal

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.**

A central component of our project management approach is the establishment of a detailed PMP (project management plan) during project initiation. Our PMP serves as the blueprint for executing and managing the work of the project. Establishing a comprehensive PMP up front enables MedImpact to reduce project risk by eliminating ambiguity and miscommunication, create buy-in by engaging in regular and frequent stakeholder communication, leverage MedImpact team's deep expertise through proper resource alignment, and provide DHS with transparency throughout all phases of the project. MedImpact has included a draft PMP with this proposal in **Exhibit 5**.

In addition to describing our overall project management model, approach, and strategies, the PMP includes a number of sub-plans that define key areas of focus. **Table 10** describes the sub-plans (component plans) comprising the PMP:

PMP Sub-Plan	Description
Communication Plan	Organized and efficient communication among all relevant project stakeholders is a critical factor in successful implementation and operations. MedImpact plans and performs project communication following the communication management process described previously under Communication and Training Requirements. MedImpact develops and follows our formal communication plan throughout the project to coordinate communications with DHS, our solution interface partners, other pharmacy vendors (if applicable), and other DHS-designated stakeholders. The plan includes a complete inventory of stakeholders mapped to their communication needs and preferred/recommended communication channels. It also includes a RACI (responsible, accountable, consulted, and informed) matrix defining roles and responsibilities for communications.
Change Management Plan	MedImpact applies rigorous change control protocols for projects following the change control process. To guide this process, MedImpact collaborates with DHS to establish a change management plan that aligns with DHS change management processes. This includes defining how we collaborate with DHS to define procedures for assembling the CCB (change control board) and conducting CCB meetings to make decisions regarding change requests. The resulting change management plan documents our approach, strategies, and methods used for identifying, assessing, reviewing, and implementing (upon DHS approval) changes to the solution, scope, timeline, or deliverables.
Staffing Management Plan	MedImpact has experience developing and implementing clearly defined staffing models that reflect and adjust to the ever-changing needs of the Medicaid programs we support. Leveraging these experiences, we analyze project requirements—including reviewing DHS provider, member,

PMP Sub-Plan	Description
	and drug manufacturer/labeler needs—to determine the types and numbers of staff required and document them within the staffing management plan. Hiring and staffing estimates are based on the volume of anticipated claims, PAs, other transaction volumes, and historical comparisons with engagements of comparable size and scope. The staffing management plan defines our approach and strategies for managing staff retention, minimizing attrition, recruiting qualified staff, and provisioning staff with the training necessary to best perform their roles.
Quality Management Plan	The MedImpact Project team is responsible for performing and supporting the project with quality-related activities. This seasoned group of highly qualified and skilled Project staff utilize industry best practice program and project management tools and methodologies to help ensure seamless project management and leadership and to meet and retain all performance standards defined in the project workplan. The Project team delivers quality project management grounded in the PMI's PMBOK principles.
Risk Management Plan	Early and proactive identification and mitigation of project risks helps prevent them from developing into issues and roadblocks that negatively impact scope, schedule, or cost. MedImpact employs a methodical process for managing project risk. Our risk management plan describes our approach and strategies for risk management. If it is determined a risk requires a change request, we develop required change request documentation and initiate our change management process. If a risk becomes an issue, we follow our associated issue management plan to analyze the problem, define, and implement a resolution.
Issue Management Plan	MedImpact's issue management approach is based on transparent and constant communication between the project team and DHS, proactive identification of project risks, methodical analysis, resolution plan development, and expedited yet data-driven decision-making. Our issue management plan defines MedImpact's approach to managing routine project issues and resolution including escalation of issues where warranted by issue severity, impact to implementation/operations, or priority. Of particular note, as part of our issue management approach, we employ a process by which tasks that fall behind schedule in the PWP trigger an issue to be logged enabling MedImpact to address slippage and apply corrective measures at the earliest possible opportunity.
Work Breakdown Structure (Schedule Management Plan)	MedImpact has developed a WBS draft work breakdown structure based on our understanding of DHS' requirements and solution outcomes. Using the WBS, we created a draft PWP (project work plan) submitted with this proposal in **Exhibit 5**. Our PMP will not only include the WBS and resulting PWP but will also document MedImpact's approach to creating and maintaining the PWP for the life of the contract. The PWP is a crucial tool used to monitor and manage the work of the project and verify that MedImpact meets its milestones and due dates as expected. Our schedule management plan included as part of the PMP defines the processes for updating actual hours and dates on a routine cadence to support analysis and status reporting depicting project progress, health, and slippage.
Project Deliverable and Maintenance Process	The project deliverable and maintenance process document defines MedImpact's approach and processes for managing deliverables including step-by-step procedures for the creation, quality review, submission, review, and approval of required project deliverables.

Table 10: MedImpact's PMP Component Plans

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.

A significant barrier to project visibility is a fragmented flow of information caused by too many communication channels and layers of management with no real connection between them. We believe that every large project is a complicated system of its own with specific dependencies, requirements, documentation, and approval processes that requires engaged senior leadership. Our organization streamlines visibility of prioritized projects with the necessary visibility at the senior level to ensure awareness and responsiveness.

The Project Manager will oversee and govern the full contract scope coordinating with our team of experts performing the services required throughout implementation and beyond. He is supported by the account management team who will schedule quarterly and annual meetings with DHS to discuss performance, goals, future opportunities, and projects. MedImpact prioritizes prompt responses to client inquiries and will provide structured support through routine coordinated operations meetings with your team.

We will develop and implement a DHS training plan tailored to the needs of DHS. Our training management approach will provide subject-specific information to the following:

- Authorized DHS staff in a classroom-style setting or virtual webinars to prepare them for the transition of operations including ongoing changes implemented during operations.
- Documentation, including layouts and a data dictionary to support the receipt, processing, and application of historical program data.
- Claim and Provider payment details required to support successful implementation.

Our training management approach will include a training plan, training preparation, documentation, status, and progress reporting on training tasks. This approach addresses and includes operational components of the contract. Our approach has been informed by our extensive experience, lessons learned, and industry best practices.

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.**

We will tailor the comprehensive staff training plan to DHS, in coordination with you, to assure all our staff, authorized DHS personnel, and end users (pharmacies, billing agents, and Prescribers) have the information they need to work effectively with our systems and processes. We will conduct an annual evaluation of the effectiveness of the training plan and revise and resubmit the plan to DHS to reflect the continuous improvements we have made in our training approach.

Effective training is key to the success of FFS Medicaid programs the size and scope of Arkansas'. Initial and ongoing training programs and education activities ensure the account team has what they need to act as DHS' partner. All staff will undergo core onboarding and training specific to this project. This includes corporate compliance training that encompasses HIPAA, privacy and security, non-discrimination training published by the OCR (Office for Civil Rights), and more.

Training

Effective training is key to the success of FFS Medicaid programs the size and scope of Arkansas'. Initial and ongoing training programs and education activities ensure the account team has what they need to act as the DHS' partner. All staff will undergo core onboarding and training specific to this project. This includes corporate compliance training that encompasses HIPAA, privacy and security, non-discrimination training published by the OCR (Office for Civil Rights), and more. We also provide one-on-one and ongoing staff training in response to feedback, program, procedure, technology changes, and DHS' requests.

We will tailor the comprehensive staff training plan to DHS, in coordination with you, to assure all our staff, authorized Department personnel, and end users (pharmacies, billing agents, and Prescribers) have the information they need to work effectively with our systems and processes. We will conduct an annual evaluation of the effectiveness of the training plan and revise and resubmit the plan to DHS to reflect the continuous improvements we have made in our training approach.

Training Plan

We will develop and implement a DHS training plan tailored to the needs of DHS. Our training management approach will provide subject-specific information to the following:

- Authorized Department staff in a classroom-style setting or virtual webinars to prepare them for the transition of operations including ongoing changes implemented during operations.
- Documentation, including layouts and a data dictionary to support the receipt, processing, and application of historical program data.
- Claim and Provider payment details required to support successful implementation.

Our training management approach will include a training plan, training preparation, documentation, status, and progress reporting on training tasks. This approach addresses and includes operational components of the contract. Our approach has been informed by our extensive experience, lessons learned, and industry best practices.

Training Plan Development

MedImpact will develop a comprehensive training plan tailored to the PBM solution to assure all MedImpact staff, authorized Department personnel, and end users (pharmacies, billing agents, and Prescribers) have the information they need to work effectively with our systems and processes. We will conduct an annual evaluation of the plan's effectiveness, revise, and re-submit it to DHS to reflect continuous improvements in our training approach over the contract term.

The training plan includes the following table of contents:

- **Purpose:** Help all stakeholders who work with our processes and systems understand the underlying concepts and principles, so they will be able to perform their work with a high level of proficiency.
- **Audiences for Training:** Identifies the primary audiences for training and their general informational needs.
- **Schedule for Training:** Presents schedule information from the project workplan.
- **Scope of Training (Curriculum):** Defines the set of training classes that we will produce and deliver during the coming year.
- **Organization and Staffing**: Defines the organization and staffing of the training group responsible for production and delivery of the training materials.

- **Training Modes**: Describes the modes through which we will deliver training.
- **Training Tools and Materials:** Specifies the training tools that MedImpact will use to create and manage training.
- **Evaluation**: Describes the tools and processes we use to evaluate the effectiveness of training materials and delivery.
- **Tracing of Training:** Utilizes the Microsoft Teams Events Registration Site to track available courses, schedule, mode, registrations, actual attendance, and evaluation results.

MedImpact's PBM Training Approach and Process to Identify Training Needs

The scope of training includes both internal and external Department users including Department staff, subcontractors, prescribing Providers, and pharmacists.

MedImpact will develop and maintain training plan(s) that outline:

- Delivery of training to all staff identified by DHS as needing training
- Development and maintenance of training materials in state-approved formats
- Delivery of training to new staff consistent with assigned roles and responsibilities
- Delivery of training for each release at the discretion of Department
- Analysis to improve and tailor training to specific user roles and groups

MedImpact Training Methodologies (face-to-face, online, webinar, other).

MedImpact employs a variety of training modes to deliver training. These may include:

- In-person training for DHS personnel (Dependent on the COVID pandemic and Arkansas weather events)
- Online training available to all appropriate stakeholders (pre-recorded and live)

MedImpact views user documentation and training materials as the enabling element for workforce success ensuring that each user knows:

- Tasks to perform
- How to perform those tasks
- How to know when they are performing the tasks correctly
- Tools to use to perform the tasks

MedImpact uses the Microsoft Team Training Center for online training. This system provides the following capabilities:

- Sharing multimedia including presentations, video, system demonstrations, and more.
- Breakout sessions for small groups.
- High-definition video, integrated audio, and voice-over-IP conferencing.
- Threaded question-and-answer sessions between the instructor and attendees.
- Trainee knowledge tests.
- Private or public chat between attendees.
- Feedback through audience polling.
- Attendee evaluation feedback post-class .

- Recording of classes for future playback.
- Class registration and reporting of attendance.
- Support for training on mobile devices and across systems software.
- Support for training in multiple languages (Microsoft Windows platform only).

Meeting the Learning Needs of Authorized Users

MedImpact will also help ensure all training materials are accessible to all trainees in accordance with the Americans with Disabilities Act. Each technical writer, instructional designer, and trainer within our Documentation and Training team will complete training on the requirements of the Act as part of their initial training with MedImpact to ensure that they understand the relevant requirements.

All printed materials we design for in-person training events will incorporate design guidelines to accommodate users with visual impairments. Examples include:

- Printing alternate versions of materials designed for a minimum 14-point open typeface (such as Helvetica or Arial) to enable readability for those with visual impairments.
- Printing of Braille versions of materials as needed.

Online training materials will be reviewed against the following standards:

- Section 508 of the Rehabilitation Act (29 U.S.C. § 794d) as amended by Workforce Investment Act of 1998 (P.L. 105-220).
- Web Content Accessibility Guidelines (WCAG) 2.0 and incorporating WCAG 2.1 standards as applicable.

The documentation and training team will work with our IT team to help ensure the technology we use for training delivery conforms with these standards and that we address any issues that would limit accessibility. Considerations we examine include, but are not limited to, the following:

- Sufficient size typeface to accommodate users with visual impairments such as minimum 14-point or larger and responsive design if the user zooms the page
- Alternate (alt) text for screen visual elements
- Clear identification of screen hyperlinks
- Design considerations for automated screen readers

As part of our documentation and training materials review and testing processes, we identify MedImpact staff or external users with disabilities who would be good candidates to participate in reviews and usability testing of our materials. These users are invited to participate in and provide specific, actionable feedback on how we can improve the materials to address any barriers they encounter in using the materials. If the magnitude of the change is significant, we ask them to review the materials again to verify we have made appropriate corrections.

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.

MedImpact will follow the plans and processes defined by DHS when performing contract management activities. We will perform a general go-live collaborative review and document all go-live activities, roles and responsibilities, detailed reporting, frequency of status updates, and more. In addition to normal implementation activities, we understand there may be additional meetings including War Room huddles including on-site reviews with 3 status reports daily, requirements, testing, and data integration activities required to support the successful alignment with DHS.

Our FFS Medicaid team brings a wealth of knowledge and experience in implementing pharmacy solutions in advance of and concurrent to a deployment, as well as a deep understanding of the level of coordination and cooperation required to help ensure program success. MedImpact assumes responsibility for the change management, readiness, and go-live activities listed in this RFP as well as the RFP attachments.

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.

MedImpact's testing process begins with the gathering and review of the client configuration requirements. The implementation team provides a comprehensive overview of configuration setup options and works collectively with the client to document and approve those requirements. The configuration, formulary, benefits, and pharmacy network teams will begin setup based on documented and approved requirements. Each team has the responsibility to fully unit test their setup at the configuration level (quality staging platform) before moving those projects into integrated testing (End-to-End; E2E).

The E2E systems are a complete mirror of the production platform. The E2E applications and databases allow for all client configurations and pre-production coding to be staged and fully tested before moving to production.

The testing protocol is designed to challenge every aspect of the documented requirements. The testing strategy consist of four phases:

1. **Standard**: The standard test sets consists of internal testing that validates that core logic works as designed with the client's configuration. These sets may vary based on the line of business, formulary type, and network configuration.
2. **Targeted**: Targeted test sets will challenge the configuration specifically designed and coded per the approved requirements. This testing will validate client specific, benefits, copays, accumulators, networks, eligibility, and all client specific builds
3. **Regression**: Regression testing includes the loading and validation of eligibility (groups and members) with history claims associated with that eligibility. During regression testing history claims are reprocessed/adjudicated with the client's staged configuration and variance reports are generated for a careful review results.

4. **Custom**: In the custom phase of testing the client is given the opportunity to provided test scenarios to the integrated test team to process. This testing supports the need for clients to see test scenarios that may have not be identified in the previous sets listed above.

Issues that are identified during these test phases will be corrected and new test claims generated before any of the configuration setup is moved to production.

MedImpact will work with DHS to use internal or DHS' preferred requirement validation processes. Should any items require remediation, additional development, or modification. Once open, items are tracked through weekly status reporting and closed as each is resolved.

RFP Section 2.8.43 Maintenance & Operations - System Proposal

1. Please explain how you will perform the System Monitoring, including any experience performing similar duties for similar clients.

MedImpact's experienced operations support team will provide support of DHS' solution, modules, and related business process throughout the operations phase. We perform ongoing system monitoring for each of our clients. During Operations, we will continue to follow our established and proven project management, requirements management, and system development approaches as we monitor and support stable PBM solution operations. Guided by these processes and following the approved Maintenance and Operations Support Plan, the MedImpact operations support team will deliver the following key services:

- **Operations Monitoring:** MedImpact uses IBM's security middleware products to continuously secure and monitor access to our applications and data. The platform also includes third party tools such as Cognos and SAS for analytics and reporting functions. MedImpact's platform integrates custom applications to support our operations and functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier.
- **Data Retention:** MedImpact publishes a corporate data retention policy that outlines the various data types and retention lengths. MedImpact retains PHI in accordance with our regulatory requirements. MedImpact publishes our data retention schedule available to all employees on the corporate intranet under the compliance section. Our legal department owns our data retention policy. MedImpact's record retention procedures establish the rules, guidelines, processes, and responsibilities for handling all of MedImpact's official and unofficial records.
- **System Documentation and End User Documentation:** MedImpact treats end user and system administrative documentations as living documents. These documents will be updated at regular intervals following their initial development until the completion of testing. As testing is completed, DHS will be provided with end user and system administrative documents that reflect all findings so that the documents fully and accurately describe MedImpact's operations as they are configured in preparation to go live.
- **Operations Staffing:** Our staffing model for operations, documented in an update to the MedImpact Staffing Management Plan component of the overall PMP, will reflect the support required to meet performance standards and SLAs, deliver user support and help desk services, and perform other operations and maintenance functions to provide continued, stable, and available PBM solutions and services.

MedImpact routinely provides system monitoring for all of our customers including the Commonwealth of Kentucky which is similar to DHS.

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.

During the more than 30 years we have maintained and operated our PBM solution and infrastructure, MedImpact has developed and refined numerous operations policies, processes, and procedures that provide reliable system operations and regular maintenance that virtually eliminate downtime. At a high level, ongoing operational activities consist of, but are not limited to, the following:

- System changes, maintenance, and modifications, including testing and documentation
- Software enhancements and updates
- System availability and monitoring
- Network Infrastructure monitoring
- Help desk and user support
- Security management
- Document maintenance and version control
- Performance monitoring and tuning
- System defects resolution (record, track, resolve, and report)
- Cooperation and compliance with state audit requests, including HIPAA, SS-A, and FTI
- Escalation procedures

Maintenance and Operations

Our system engineering team maintains infrastructure and follows detailed maintenance procedures to minimize down time. They leverage automation to streamline our operations and data centers resulting in improved timeliness, quality, and reliability of operational services. We will provide DHS with a comprehensive, electronically available, Maintenance and Operations Support Plan inclusive of all key areas identified by DHS.

Daily Performance Monitoring

MedImpact uses IBM's security middleware products to continuously secure and monitor access to our applications and data. The platform also includes third-party tools such as Cognos and SAS for analytics and reporting functions. MedImpact's platform integrates custom applications to support our operations and functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting the business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier.

MedImpact regularly provides technical support to our customers including the Commonwealth of Kentucky, which is similar to DHS.

3. Please explain your approach to proposing upgrades to the solution in accordance with RFP Section 2.8.45.

MedImpact consistently upgrades its claims processing system to ensure optimal performance. The claims adjudication system has monthly scheduled releases. These releases include enhancements to existing

adjudication logic and the introduction of new adjudication capabilities such as utilization management logic or safety edits. In addition to functional changes, these releases also incorporate infrastructure maintenance efforts to ensure that the claims adjudication system aligns with the current technical and business needs.

For software releases or updates that impact DHS, including enhancement to our claims processing system, reporting tools, and any other tools that DHS will use, the account executive will work with DHS to coordinate a date and time for the change and provide a notification of completion of the upgrade or release.

Updates, Patches, and Repairs

MedImpact employs HCL (formerly IBM) Big Fix platform to perform patching throughout the enterprise. We apply patches monthly to servers, workstations, and laptops. In the event of a critical patch, MedImpact's patching platform can download and apply the patch within 24 hours.

MedImpact reviews vendor and patch release notices on an ongoing basis and acts in accordance with our client service level agreements. We employ redundant adjudication systems to ensure that upgrades or patches do not affect clients. When receiving a software patch notification, MedImpact:

- Downloads and reviews the required bulletin
- Conducts a full impact analysis of the proposed patch
- If approved, completes a deployment to a test environment
- Creates and executes a full deployment plan and schedule if the patch passes testing (validating development and testing, deployment and contingency plans, and notifications)
- If the patch or update fails in testing, backs out the patch according to our rollback plan
- Completes a change request for review by change management for deployment into production

Defect Identification, Tracking, and Correction

In addition to logging defects found during the pre-implementation phase, we log and review defects found during the operations and maintenance (post-implementation) phase to determine the proper corrective action and ensure that we resolve the defect using timely patch releases.

Using both custom and third-party tools such as Quality Center, QuickTest Professional WinRunner, and LoadRunner, MedImpact ensures that products and services work as intended and remain defect free.

Security and User Account Maintenance

MedImpact performs audits on privileged user access on a quarterly basis for MedImpact applications and databases that access, store, or transmit PHI and system access (server access as administrator or root) with advanced rights to control or configure systems and services. We also audit privileged users on an annual basis by a third-party auditor as part of MedImpact's SSAE SOC-2 audit control reporting. If a privileged user leaves the company, we automatically remove their access via a well-defined and scripted process that starts with the human resources employee termination request. Employee terminations via this process occur the same day as the employee termination. MedImpact maintains a separate on-call support process for emergency terminations which we can perform immediately upon request from human resources if the situation warrants. MedImpact's log repositories monitor user's activities which we report and review with management on a quarterly basis.

Data Retention

MedImpact publishes a corporate data retention policy that outlines the various data types and retention lengths. We retain PHI in accordance with regulatory requirements. MedImpact publishes our data retention schedule available to all employees on the corporate intranet under the compliance section. Our legal department owns our data retention policy. MedImpact's record retention procedures establish the rules, guidelines, processes, and responsibilities for handling all MedImpact's official and unofficial records.

4. Please detail your experience keeping system documentation similar to what is contemplated in RFP Section 2.8.36.

End user and System Administrative documentations are updated at regular intervals from project initiation until the completion of testing. DHS will be provided with documentation that fully and accurately describes MedImpact's operations as they are configured in preparation for go-live.

MedImpact views user documentation and training materials as a way to ensure that each user knows:

- What tasks to do
- How to perform those tasks
- How to confirm they are performing the tasks correctly
- What tools to use to complete the tasks

MedImpact creates and maintains a comprehensive system of end user documentation that complies with DHS' standards and supports users with easily accessible and usable information for accomplishing job tasks. We write our documentation so that when a user has a question about what to do next, our documentation answers that question clearly, concisely, and quickly.

MedImpact's user documentation for systems and processes describes for each system or business process area the operational details and processing features of each solution to ensure end users understand how the system functions, so they can accomplish their business tasks and goals. For each major system and process area, MedImpact has a system of user documentation that addresses the needs of different user audiences. **Table 11** outlines the different elements of the system and describes the applicability of each element.

User Documentation (Manual) Element	What It Contains	When It Is Used
User Guide	The User Guide explains how to perform specific procedures with the system or process to accomplish a job. We organize the User Guide according to major job tasks which we identify through review of the job description, system functions, business processes, and the user's role within those processes.	The user needs to learn how to perform a particular job task or procedure that they have not done before. Typically, such examples use generic data not tied to sample databases.

User Documentation (Manual) Element	What It Contains	When It Is Used
Reference Guide	The Reference Guide is an encyclopedia of the system elements for a particular system or subsystem. For screen-driven, graphical user interface, or browser-based systems; it describes the screens available and the functions of each screen element. For command line-based systems, it describes the commands and options available.	End users refer to these guides when they need to determine the range of values accepted by a particular screen field or need more detailed information on a particular screen or command. System developers may also refer to this documentation before making modifications to refresh their memory regarding the intent behind specific systems functions.
Quick Reference Guide	The Quick Reference Guide is a short, simplified overview of the most commonly used functions in the system. Typically, it ranges in length from 1 to 2 pages.	Experienced end users refer to these guides when they need to remember details of a key screen or function or to look up standard values to enter in a field.
Getting Started Guide	The Getting Started Guide is similar to the User Guide but focuses only on the most important tasks needed to help a user become familiar with using the system.	First-time users access this guide to begin learning the system as the basis for tutorials conducted in training of new users. The tutorial database enables users to learn the system in a structured and repeatable way.
Concept Guide	The Concept Guide is an executive summary level overview that explains the structure, purpose, and application underlying the system or process.	Executives and managers refer to these guides to orient themselves to the basic tools used by their functions to perform work. Other end users may read the Concept Guide to obtain a big picture view of the system and how it fits into the overall MedImpact enterprise.

Table 11: System of User Documentation

5. Please confirm your ability to collaborate with the State as required by RFP Section 2.8.43.

MedImpact provides a team of talented O&M support staff to execute the operation and maintenance of the PBM solution in accordance with DHS as required by RFP Section 2.8.43. MedImpact's operational support model includes structured processes for maintenance of the PBM solution and modules, following all relevant change control, configuration management, and release management processes. High-level maintenance activities performed by MedImpact include:

- **Updates, Patches, and Repairs:** MedImpact employs HCL (formerly IBM) Big Fix platform to perform routine system maintenance including patching, updates, and repairs necessary to deliver stable operations. We apply patches monthly to servers, workstations, and laptops. In the event of a critical patch, MedImpact's

patching platform can download and apply a patch within 24 hours. MedImpact reviews vendor and patch release notices on an ongoing basis and acts in accordance with our client service level agreements. We employ redundant adjudication systems to ensure that upgrades or patches do not affect clients. When receiving a software patch notification, MedImpact:

- Downloads and reviews the required bulletin
- Conducts a full impact analysis of the proposed patch
- If approved, completes a deployment to a test environment
- Creates and executes a full deployment plan and schedule if the patch passes testing (validating development and testing, deployment and contingency plans, and notifications)
- If the patch or update fails in testing, backs out the patch according to our rollback plan
- Completes a change request for review by change management for deployment into production

- **Defect Identification, Tracking, and Correction:** In addition to logging defects found during the pre-implementation phase, we log, and review defects found during the operations and maintenance (post-implementation) phase to determine the proper corrective action and ensure that we resolve the defect using timely patch releases. Through the use of both custom and third-party tools such as Quality Center, QuickTest Professional WinRunner, and LoadRunner, MedImpact ensures that products and services work as intended and remain defect free.
- **Security and User Account Maintenance:** MedImpact performs audits on privileged user access on a quarterly basis for MedImpact applications and databases that access, store, or transmit PHI and system access (server access as administrator or root) with advanced rights to control or configure systems and services. We also audit privileged users on an annual basis by a third-party auditor as part of MedImpact's SSAE SOC audit control reporting. If a privileged user leaves the company, we automatically remove their access via a well-defined and scripted process that starts with the human resources employee termination request; employee terminations via this process occur the same day as the employee termination. MedImpact maintains a separate on-call support process for emergency terminations which we can perform immediately upon request from human resources if the situation warrants. MedImpact's log repositories monitor users' activities, which we report and review with management on a quarterly basis.

MedImpact will provide support to DHS and other PBM solution stakeholders throughout the Operations phase. We will document our plan for provisioning a customer support help desk in our PBM Solution Maintenance and Operations Support Plan, submitted for DHS review and approval during the Development and Testing phase prior to solution deployment. Our Maintenance and Operations Support Plan will define the approach and processes that the MedImpact team will follow to provide comprehensive customer care for PBM stakeholders. MedImpact will submit an updated initial PBM Solution Customer Support Plan for DHS review and approval within 30 calendar days of the contract effective date. At a minimum, the plan will:

- Establish the purpose and scope of customer support for the PBM solution and component modules
- Describe customer support services, including but not limited to help desk services
- Establish roles and responsibilities for providing customer support functions
- Define operational hours for the provision of customer support services

As a related customer support artifact, MedImpact documents and publishes a PBM User Manual, organized by module, and available through the web portal or other DHS approved delivery channel. The User Manual is a living document and will undergo updates as changes to the solution are approved via the standard change control process and implemented following MedImpact's release management protocols.

MedImpact's help desk will be available 24 hours a day, 7 days a week, 365 days a year to assist callers as needed. Help desk, or call center, staff are available to provide support for DHS, providers, or other callers in a manner that upholds the contract SLAs and DHS' performance standards.

MedImpact will publish regular reporting to DHS to provide visibility into customer support activities throughout Operations. This includes providing a monthly status report. Metrics included in our Operations phase reporting will address such topics as SLA/performance guarantee compliance, change request status and execution, help desk/call center volumes and trending topics, and other relevant operational metrics demonstrating MedImpact's timely provision of appropriate levels of customer service and resolution of complaints.

6. Describe how the State will maintain reliable access to the Pharmacy System and the standards for operational uptime and data security.

DHS will maintain reliable access to the Pharmacy System through MedAccess. With the use of MedImpact's online claims administration application, MedAccess, DHS will have real-time online access to pertinent data allowing you to take charge of your prescription drug benefit and provide superior customer service to your members. Key features of the MedAccess application include:

- Real-time information
- Member summary view
- Member and claim search
- Eligibility maintenance to add, update, or terminate member records
- Claim view and analysis
- Operational PA maintenance to add, update, or terminate PAs
- Member benefit view
- Pharmacy search
- Restriction lookup
- Claims quote

Operational Uptime

The platform maintains an uptime of 99.99% and is available 24 hours a day, 7 days a week, 365 days a year. MedImpact performs 12 to 15 scheduled releases throughout the year with no downtime. MedImpact maintains dual, redundant, highly available datacenters located in San Diego, California, and Tempe, Arizona. Data replication between the 2 sites and dual routing through the switches allows MedImpact to quickly switch between sites or in the event of an issue to avoid the loss of critical services. Disaster recovery and business continuity testing occurs 3 to 4 times per year, at which time we switch processing from 1 site to the other. These planned quarterly outages take approximately less than 1 minute to switch between sites and occur during nonpeak hours.

Data Security

MedImpact systems are FSSO enabled and can integrate with the MES Integration Identity and Access Management portal using SAML (Security Assertion Markup Language) or OIDC (OpenID Connect) protocols. This supports just-in-time account provisioning and role assignment.

MedImpact conforms to role-based access assigned to both internal and external resources via our IBM Identity Access Management platform. We can assign both functional and data entitlements based on job functions to limit who can see data and PHI. MedImpact can also control data access to a minimum necessary role level. During implementation, MedImpact and DHS will establish the various role access levels for specific employees assigned to the project.

Security and Privacy Control

MedImpact's unified technology platform meets all HIPAA/HITECH and CMS requirements and maintains SSAE SOC 2 Certification. At an enterprise level, MedImpact maintains a dedicated HIPAA Compliance Program composed of its corporate compliance officer, privacy officer, and security officer. Through the guidance of this team, MedImpact complies with all current HIPAA rules.

Access Control

MedImpact has successfully created a security minded culture. Every employee knows how critical their actions on the network are to the safety of our clients' data, including PHI, PII, and SSI. Identity management, authentication, and access controls are an additional line of defense. All administrative access is restricted, monitored, and requires 2-factor authentication. In addition, all remote users are required to use multi-factor authentication and VPNs (virtual private networks).

MedImpact maintains a formal, documented role-based access control policy which persists for the life of the user or network account. Role-based access controls conform to least privileged based upon job functions and are reviewed quarterly and re-certified by the platform owners. We utilize fine-grained access policies based upon functional and data entitlements that can limit application functionality combined with data restriction based on the line of business and client virtual private database.

All MedImpact's technologies support highly configurable, granular role-based, and row-based-access capabilities. Our flexibility to configure unique user roles affords DHS and DHS-approved stakeholders access to MedImpact systems providing full transparency while maintaining HIPAA security and privacy minimum necessary controls. We continually monitor for anomalous account behavior and promptly alert the appropriate parties.

RFP Section 2.8.37 System Security and Privacy - System Proposal

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.**

MedImpact understands the latest version of 45 CFR 164.522(b). We share responsibility with DHS to comply with this law. DHS provides clients with their privacy rights via an NPP (Notice of Privacy Practices). DHE is also responsible for approving requests and providing written notification of the approved request to its MedImpact Operations Manager for the implementation or termination of a Restriction or Rerouting of Confidential Communications. If DHS agrees to grant a Request, MedImpact may not use or disclose PHI in violation of such a Restriction or Rerouting of Confidential Communications except when the client who requested the Restriction needs emergency treatment and the restricted PHI is needed to provide emergency treatment. In that case, MedImpact may use restricted PHI or disclose such information to a Health Care Provider to provide treatment to the client. In the case of such an exception, MedImpact shall Request that the Health Care Provider not further use or disclose the PHI.

MedImpact understands NIST SP 800-53 Rev. 5 as we utilize this as our control framework and to provide conformance to HIPAA privacy and security rules. MedImpact maintains HITRUST certification, conforms to NIST, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols.

MedImpact understands the latest version of MARS-E 2.0. MedImpact complies with NIST 800-53 which aligns with the controls stated in MARS-E (2.0) and as tested with MedImpact's HITRUST certification.

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).**

MedImpact, as a Business Associate, takes its HIPAA Compliance Program seriously and maintains a comprehensive investigation process for potential privacy or security incidents. MedImpact has never had a security incident involving the penetration of our secure network or the successful and intentional circumventing of our physical, technical, or administrative safeguards to gain control of systems, processes or data or the exfiltration of that data for use outside of our organization. Within the last 5 years, two of MedImpact's subcontractors experienced cyber-attacks affecting the information of over 10,000 individuals. MedImpact facilitated communication between the subcontractors and our affected covered entity clients through investigation, mitigation, required notifications associated with these incidents.

3. **Provide a proposed System Security Plan in accordance with the details outlined in RFP Section 2.8.15**

MedImpact will deliver a comprehensive system security and privacy management plan for DHS' approval during the project planning phase within the timeline defined in the RFP. The plan will describe MedImpact's approach to privacy, confidentiality, and security standards. We employ a layered approach, protecting data at the operating system, application, database, and network levels. MedImpact maintains HITRUST certification and conforms to NIST, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols.

Layered Systemic Approach

MedImpact has a layered, systemic approach to network security that employs the latest industry standards to ensure we have a front-of-the-line process to protect our vital information.

Network Segregation Controls (VLANs, Subnets, Firewalls)

MedImpact has network segregation controls including VLANs, subnets, and next generation firewalls. Remote access to MedImpact's network requires a VPN profile that dictates that the connecting system comply with certain mandatory security controls such as the latest patch levels and antivirus scans. VPN access requires 2-factor authentications for all users. MedImpact supports RSA tokens for 2-factor authentication.

Host-Based Firewall Protection for Employee Workstations

MedImpact employs next generation firewalls at the perimeter. We encrypt all laptops. MedImpact does not grant users local administrative privileges on network computers.

Anti-malware Protection for Employee Workstations

MedImpact runs anti-virus and anti-malware protection via Trend Micro's Apex One on all employee workstations and laptops. We enable real-time scanning and auto updates on our system. We perform full scans weekly. The scans tie into MedImpact's Advanced Persistent Threat platform to provide additional malware protection.

BYOD (Bring Your Own Device)

MedImpact does not support BYOD. MedImpact has standardized on iOS devices for smart phones and tablets. Our security team manages company assigned devices via MedImpact's mobile device management platform, AirWatch. We encrypt all devices and can erase or wipe phones remotely if the user has lost it or had it stolen, preventing access to MedImpact's infrastructure.

Email Security Protecting PHI and PII

MedImpact requires, as part of policy, that employees use secure email for any email that contains PHI, PII, or company confidential information to a remote email location that resides outside of the MedImpact domain. MedImpact uses the MMS/IME software to provide encrypted emails. Our system redirects any flagged emails to the IME email encryption service. This service holds the email for pickup or optionally encrypts the email using S/MIME to send to a remote IME server for site-to-site email encryption. Clients can retrieve their emails using a standard web browser to connect to a secure socket layered and encrypted website front-end. Our system does not store any emails on the front-end server.

Type of Wireless Networks and Wireless Security

MedImpact maintains a line of business wireless network and a segregated and separate guest network from the production network. Non-employees and their devices must comply with terms of use agreements to use the guest network that grants monitored access only to the internet. MedImpact's guest network does not grant access to production systems. NAC and 802.1x authentication

MedImpact maintains NAC (network access controls) and 802.1 authentications for our wireless network via Aruba controllers.

Risks and Vulnerability Identification

Our plan will also include an overview of the risk scenarios and approach to known risk threats or vulnerabilities. MedImpact performs quarterly vulnerability assessments on all externally facing platforms. We perform vulnerability assessments to discover and mitigate technical vulnerabilities that a malicious user could exploit. MedImpact also runs vulnerability scans for new applications and systems before production. MedImpact also performs regular internal system scans on those systems that support our applications that process, store, or transmit ePHI. MedImpact considers the results of vulnerability assessments sensitive and confidential and does not distribute the reports outside of MedImpact.

Vulnerability Scanner Tools

MedImpact performs quarterly vulnerability scans using Qualys and AT&T Security Service. MedImpact performs third party penetration testing.

Remediation Practices

MedImpact's vice president and chief information security officer reviews the resulting vulnerability scan reports and submits them via MedImpact's ticketing system to the platform owners for mitigation in accordance with remediation timelines outlined in MedImpact's 210-PL-1007 Information Security Program document. MedImpact employs IBM’s Big Fix platform to perform patching throughout the enterprise. We apply patches monthly to servers, workstations, and laptops. In the event of a critical patch, MedImpact’s patching platform can download and apply the patch within 24 hours.

Vulnerability Reporting Policy and Practices

MedImpact considers the results of vulnerability assessments sensitive and confidential and does not distribute the reports outside of MedImpact.

Penetration Testing Practices

MedImpact contracts with a third party for our penetration testing protocols.

Penetration Testing Reporting Policy and Practices

MedImpact considers the results of penetration tests sensitive and confidential and does not distribute the reports outside of MedImpact.

Security Architecture, Processes, and Controls

It will provide the security architecture, processes, and controls to meet state and Federal standards (including but not limited to firewalls, zoning, encryptions, intrusion prevention, hardening, remote access, logging).

Secure Data Transfer

MedImpact encrypts data both at rest and in transit. We manage data file transfers through a secure FTP platform with PGP encryption. We also support alternative methods of enhancing security such as VPN connections. We will work with DHS during the project planning phase to determine the solutions that will work best for Arkansas’ Medicaid program.

Physical and System Security

MedImpact maintains physical and system security of the PBM solution to protect sensitive data such as PII and PHI. We comply with security and privacy requirements and standards such as the HIPAA, HITRUST, and

state/federal standards. The system security and privacy management plan will outline MedImpact's approach to ensure confidentiality and privacy standards are met including, but not limited to:

- Network security controls
- Perimeter security
- System security and data sensitivity classification
- Penetration testing
- Intrusion management
- Monitoring and reporting
- Host hardening
- Remote access
- Encryption
- Integration with Statewide active directory services
- Interface security
- Security test procedures
- Managing network security devices
- Security patch management and remediation
- Secure communications over the Internet
- Logging

MedImpact implements multiple layers of physical security to protect our personnel, control access to employee areas, and limit access to areas with sensitive data to those that require it to perform their job function.

We maintain onsite professional security personnel to patrol interior spaces and the campus 24 hours a day, 7 days a week, 365 days per year. Security cameras record activity in all areas of the building's interior and exterior including guest and employee parking areas, loading docks, and street and sidewalk areas. Our security personnel monitor video recordings in real time and retain all surveillance recordings for 1 year in secure storage.

MedImpact's office building entrances do not face a main street and we have installed physical barriers to prevent cars from getting within 100 feet of the main entrance doors. MedImpact maintains staffed reception desks via a single entrance. Workstations placed in public areas do not have access to PHI or sensitive data. We require card reader access to enter employee areas and stairwells and we maintain a mantrap between the public reception area and access to employee areas, stairwells, and elevators.

The MedImpact data centers have an additional layer of physical security to prevent access to systems with PHI and client data. These additional measures include video monitoring and recording of all activities in our data centers and biometric fingerprint locks that control access to IT infrastructure gear, servers, telephony, IP switches, and firewall equipment. **Figure 21** provides an overview of our PBM platform architecture showing layers, controls, and relationships.

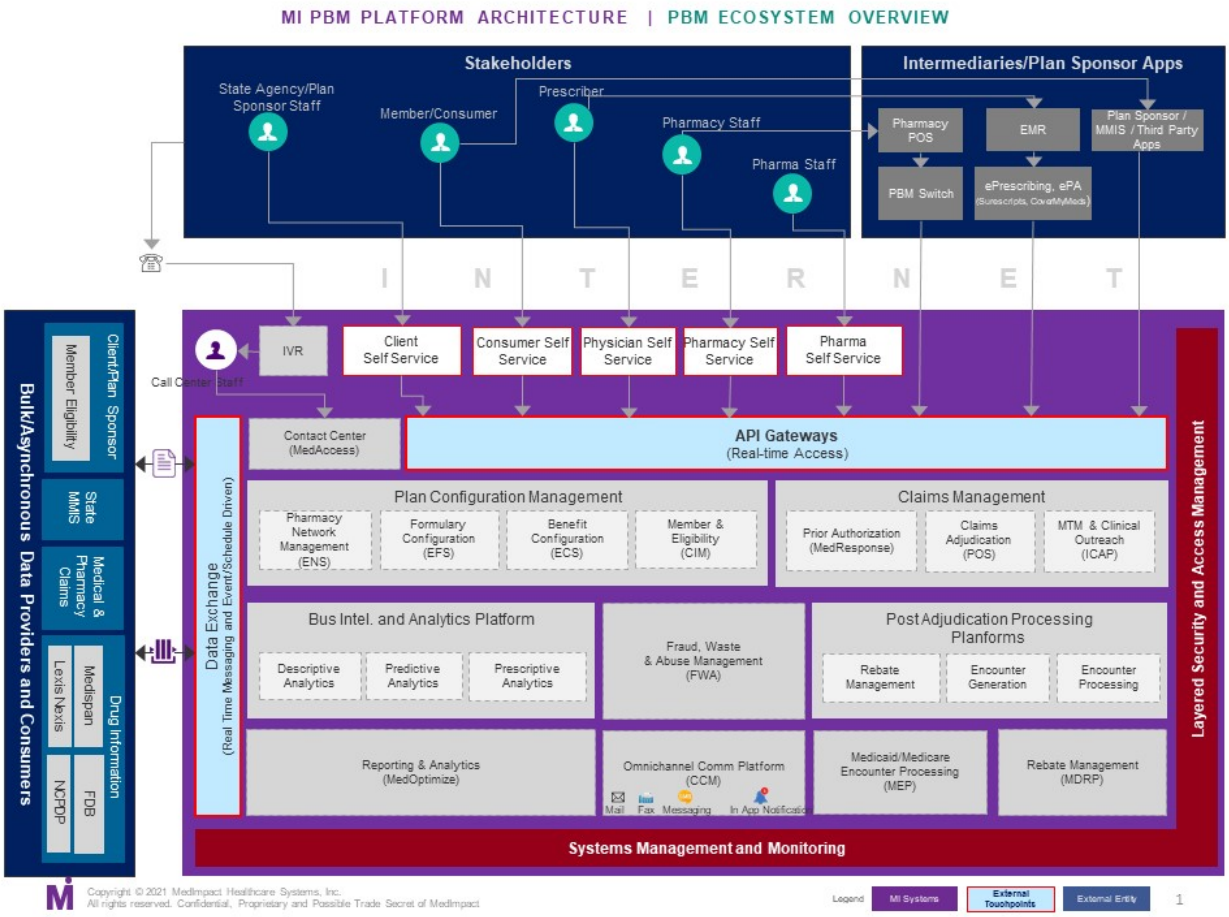


Figure 21: PBM Platform Architecture

Security, Privacy and Consent Management

The HIPAA Regulations establish requirements regarding permitted uses or disclosures of PHI. MedImpact Entities maintain appropriate processes to protect and safeguard PHI in accordance with the HIPAA Regulations. Before sharing PHI, MedImpact Entities confirm the identity and, where applicable, the authority of person requesting or receiving PHI unless the person is known to the MedImpact Entity.

A MedImpact Entity will obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when these are a condition of the disclosure. Where it is reasonable in the circumstances, a MedImpact Entity will rely on the documents, statements, or representations presented to it that, on their face, meet the applicable requirements.

Compliant Data Sharing

Our protection extends to our employees, who are our most critical line of defense. Security awareness, HIPAA privacy and compliance training are required for all new hires and all employees annually. This training requires

that employees test their knowledge retention by completing a subject matter test. Employees must get a letter grade of B or better to avoid a retake. MedImpact's HR and Compliance departments track employee training requirements.

Tailored email phishing campaigns are conducted weekly and reviewed monthly. If a user fails an email phishing test, they are automatically assigned to take mandatory remedial training. All network users are required to complete annual security and compliance training to maintain their network credentials.

MedImpact maintains a HIPAA Compliance page on the company intranet open to all employees for references on both state and federal security and privacy guidelines.

Audit and Accountability

MedImpact maintains an internal audit department that performs HIPAA Risk Assessments and security control testing. We also maintain a Risk Register to categorize, track, and mitigate risk within our organization and as it relates to the PHI that we protect. Security risk assessments are conducted using the CIS Critical Security Controls. Using this prioritized set of actions, we can continually identify risks and implement risk management strategies. This enables us to focus and prioritize our efforts in a way that is consistent with business needs. This is accomplished through asset management, governance, and risk management. Continuous vulnerabilities assessments and remediation are key to maintaining the security of our infrastructure.

Assessment, Authorization and Monitoring

MedImpact performs quarterly access reviews on our applications that handle ePHI. This includes a review of all functional and data entitlements processed via our auditing platform. Application owners review entitlements for completeness and access in accordance with least privileges. Any required changes are entered into our ticketing system for re-provisioning.

Privileged Account access is reviewed every 60 days. This includes system administrators, database administrators and network administrators including any local accounts.

Application activity logging is collected for certain applications and sent to MedImpact's Splunk platform for review. Application owners are provided with reports on a quarterly review that includes all application activity such as reads, modify, and delete the specific record as well accessed, date and time and unique user ID performing the action.

MedImpact has also deployed Oracle's Audit Vault and Database Firewall product to track all database activity against ePHI. Reports are generated and reviewed by MedImpact's Database Administrators and Internal Audit and Information Security departments.

User Roles, Security Permissions, and Administrative Functions

MedImpact conforms to role-based access assigned to both internal and external resources via our IBM Identity Access Management platform. MedImpact can assign both functional and data entitlements based on job functions, limiting who can see data and PHI. MedImpact can also control data access to a minimum necessary role level. During the implementation phase, the client and MedImpact personnel complete an implementation questionnaire to establish the various role access levels for specific employees assigned to the project.

For example, prior authorization roles available via MedImpact's MedResponse® platform include prior authorization intake, prior authorization coordinator, prior authorization reviewer, and prior authorization outreach while reporting roles via the MedOptimize® application include report consumer, report query builder, PHI access, PHI restricted, and market check. DHS can select any of these roles for DHS ' personnel via the desktop and a standard supported web browser.

MedImpact can also restrict data access via data entitlements. Many clients find this helpful in separating lines of business and personnel. MedImpact provides the client with cutting-edge tools to administer, manage, and improve drug programs' performance. The client has access to the same systems as systems as MedImpact staff. **Figure 22** provides a high-level overview of MedImpact's roles-based access model.

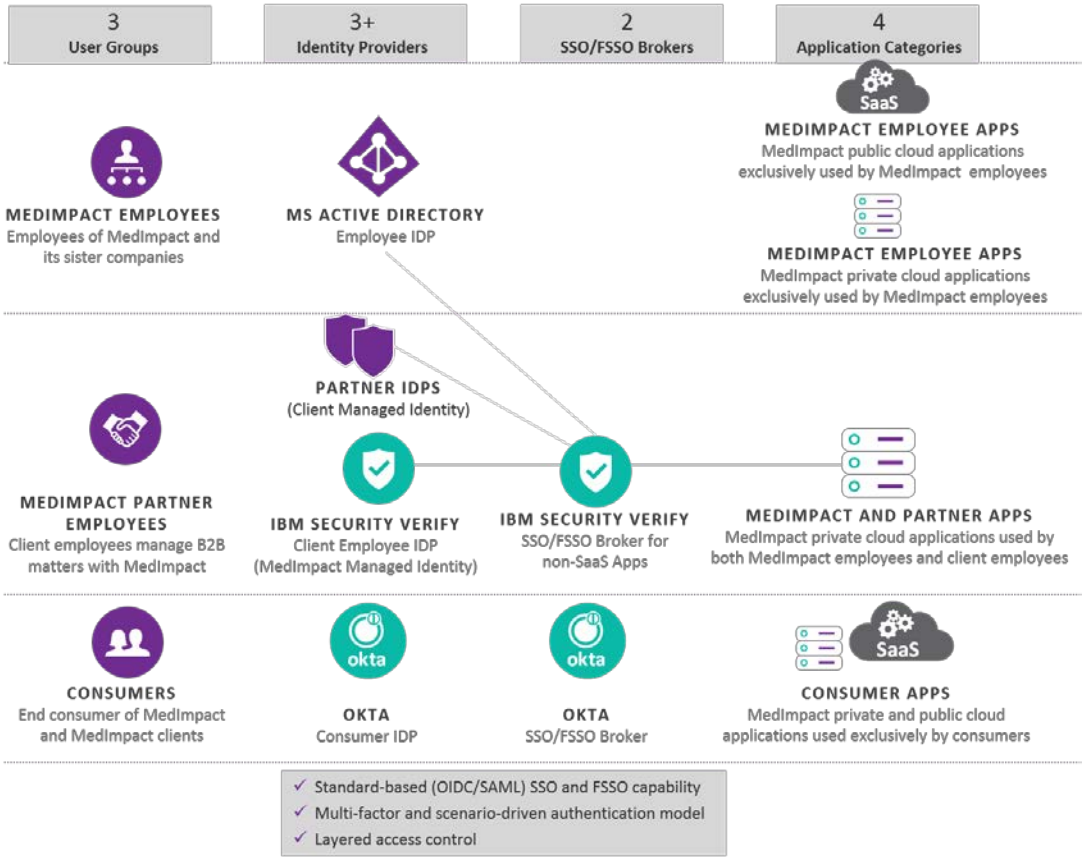


Figure 22: Security Diagram for Access

MedImpact performs audits on privileged user access on a quarterly basis for MedImpact applications and databases that access, store, or transmit PHI and system access (server access as administrator or root) with advanced rights to control or configure systems and services. We also audit privileged users on an annual basis by a third-party auditor as part of MedImpact's HITRUST certification audit control reporting. If a privileged user leaves the company, we automatically remove their access via a well-defined and scripted process that starts with the human resources employee termination request; employee terminations via this process occur the same day as the employee termination. MedImpact maintains a separate on-call support process for emergency terminations which we can perform immediately upon request from human resources if the situation warrants.

MedImpact's log repositories monitor users' activities, which we report and review with management on a quarterly basis.

MARS-E (2.2) Alignment

MedImpact complies with NIST 800-53 which aligns with the controls stated in MARS-E (2.2) and as tested with MedImpact's HITRUST certification. **Figure 23** outlines the control framework requirements to earn HITRUST certification.

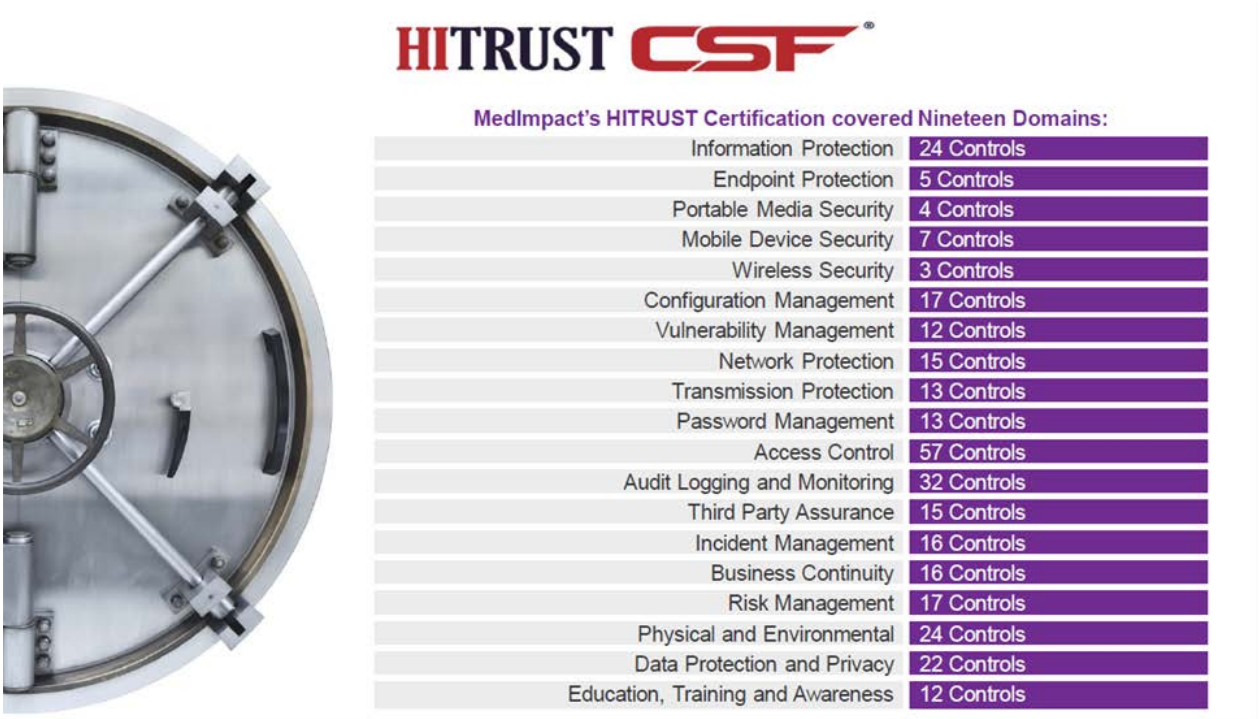


Figure 23: MedImpact's HITRUST Control Framework

Maintaining Confidentiality Safeguards

MedImpact has several measures in place to ensure that we protect all information in accordance with HIPAA as a business associate. We train call center staff to follow all HIPAA rules and regulations and PHI permissible use and disclosures. When a client calls MedImpact, staff verifies their identity using the minimal necessary information rule and by asking for the client's ID number, date of birth, home address, and phone number, which easily confirms the identity of an eligible member and keeps PHI risk to a minimum. In addition, MedImpact follows a role-based access methodology to grant the appropriate least privilege level access to resources based on job function, which further protects member PHI.

MedImpact conducts annual corporate compliance program (includes code of conduct), FWA, HIPAA privacy, and security training for our entire workforce within 90 days of hire and annually thereafter. The comprehensive trainings include training module progress quizzes and final tests based on audio and visual educational sessions and sample scenarios covering each component of the respective training course. The corporate compliance department verifies all employees complete the required training courses upon hire and annually thereafter while maintaining corresponding training records.

Privacy Requirements Adherence for Different Data Elements

MedImpact's PBM services utilize ePHI and conform to the HIPAA security and privacy rule as applicable to a business associate.

System Security and Privacy Management Deliverable

Please refer to **Exhibit 9 – MedImpact System Security Plan** for a copy of a sample plan. We will use this as a base along with this response to build the custom system security and privacy management for DHS. It will include any relevant protocols or details to support that Arkansas-specific privacy, confidentiality, and security standards are met. We will also work with DHS to collectively to determine and capture the roles and responsibilities of MedImpact and DHS in the plan.

4. Describe how your proposed Solution will protect sensitive information, including but not limited to Client information and Provider information.

As part of the pharmacy benefit management industry, MedImpact manages sensitive member information and private client data; therefore, data security is essential. MedImpact has several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a business associate as defined under HIPAA.

MedImpact's privacy and security standards require comprehensive data protection to safeguard member information. MedImpact employs a layered approach, protecting data at the operating system, application, database, and network levels. Additionally, MedImpact requires annual training for all employees on ethics, privacy, and security training. The privacy and security trainings outline MedImpact's policies and procedures regarding the minimum necessary rule; required protection of PHI in verbal, electronic, and hard copy mediums; and privacy right request support for covered entity approved requests. MedImpact deploys the following technical, administrative, and physical safeguards to protect PHI:

- Data loss prevention components integrated into our endpoint protection suite to track and control data flows
- Web filtering to block the use of social media, and cloud sharing platforms such as Google Docs as well as noncorporate email platforms such as Gmail, Hotmail, and Yahoo mail
- Clean desk policy requiring the removal and secure storage of any paper documents containing PHI
- Locked file rooms
- Building and workspace access secure via the use of keycard readers
- Secure shred bins provided for data destruction
- Activity audit trails to track and report on application and database usage including viewing and editing of information
- Data encryption at rest and in transit and all laptops and desktop computers with full disk encryption, including all external transmissions of PHI encrypted at TLS 1.2 with strong cipher set
- Disabled USB ports on all endpoints on laptops and desktops to prevent data copy
- Quarterly user access reviews
- Administrative user activity logging and review

- Physical security personnel available 24 hours per day, 7 days per week, 365 days per year who patrol the building interior workspaces and campus combined with CATV video surveillance
- Secure print functions that require the entry of a PIN at the printer to release the output
- Security information and event monitoring platform to analyze security event information from our firewalls, intrusion prevention systems, and endpoint controls feeding SIEM events to a Security Operations Center that compares the events to a global database of threats, including 0-day threats for alerting of MedImpact on-call information security personnel
- Comprehensive endpoint controls including antivirus and antimalware controls as well as behavior monitoring, firewall, predictive machine learning, real-time scanning, suspicious connection service, and vulnerability protection
- Users not permitted to be administrators on their devices, thus preventing the disabling of security controls and the installation of malware
- Secure technical infrastructure including databases, servers, IP switches, firewalls, IPS, and telephony gear in a locked datacenter with technical infrastructure secured within locked cages secured via the use of biometrics

MedImpact evaluates and update our sensitive information protection strategies to remain compliant as laws and requirements evolve.

5. How will you ensure security and confidentiality of information, while allowing for a free flow of information accessible through various means?

MedImpact will ensure security and confidentiality of information while allowing for a free flow of information accessible through a variety of means. We currently support numerous secure data exchange options for sharing pharmacy claim information such as SFTP platform with PGP encryption or secure VPN connections. MedImpact offers secure web service-based APIs, message queues, and traditional batch interfaces as well. Data is encrypted both at rest and in transit to ensure security and confidentiality. We will work with DHS during the project planning and implementation phase to identify the best method for secure data exchange for this project.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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	MedImpact delivers a claims processing solution in a single, integrated platform. Our single platform delivers a higher degree of claims processing accuracy and efficiency. Our system is available 24 hours a day, 7 days a week, 365 days a year. MedImpact's adjudication architecture has an unlimited overall capacity. Our overall performance consistently meets or exceeds over 99.9% system availability and in 2022 it was 100%. MedImpact confirms the solution will meet all stated SLA's for availability and performance, as documented in the RFP, for all business functions and in all sites including the Disaster Recovery/failover site. MedImpact maintains dual, redundant, highly available, always-on data centers, located in Tempe, Arizona, and San Diego, California. Distance helps protect from a single local event failure or disaster and provides continuous availability. We also provide technical support 24 hours a day, 7 days a week, 365 days a year. Our BC (business continuity) and DR (disaster recovery) approaches include comprehensive technical controls and redundancy at all levels to provide high availability and well-maintained, secure operations. We regularly test our BCP/DR plans to ensure we are prepared for any emergencies. MedImpact's BCP (business continuity plan) steering committee declared the COVID-19 pandemic a testing opportunity and used the observations and lessons learned to continuously improve our plan and processes. We executed our BCP live test from March 13, 2020, through June 14, 2021. In 2023, MedImpact performed a successful DR (disaster recovery) test on April 21, 2023 . At a minimum, MedImpact performs 2 DR tests annually. The most recent successful test (post live test for Covid) of our BCP plan protocols was April 26, 2023.
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	MedImpact's multiple levels of redundancy for critical systems maintains a continual service to protect our information technology assets. In the event of a failover, our internal RTOs (recovery time objectives) and RPOs (recovery point objectives) meet or exceed DHS' required performance measures. We are not dependent upon a third-party recovery service provider to support or perform any recovery processes because of safeguards. MedImpact has server redundancy which means that in case of individual system failure, MedImpact's multiple redundant systems enable claims processing to continue in fewer than 60 seconds, with minor interruption, as processing is moved to a hot-standby server. Claims processing systems are on redundant or high-availability hardware. We also have storage redundancy which results in replicated databases on isolated storage frames that provide critical protection against storage system failure. We replicate critical data locally and to our secondary data center to protect against a single-site failure. Lastly, we also have data center redundancy in place meaning our systems and critical data are safeguarded by physical data center isolation and redundancy between data centers located 362 miles apart in San Diego, California and Tempe, Arizona. Our data centers are on different power grids with backup power feeds in each location. Distance helps protect from a single local event failure or disaster and provides continuous availability. We provide technical support 24 hours per day, 7 days per week, 365 days per year.
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	MedImpact's testing protocols meet or exceed DHS requirements for testing its DRP (disaster recovery plan) and BCP (business continuity plan). MedImpact's BCP and DRP are tested, reviewed, and updated at least annually with a prompt coordinated response to any detected problems. We conduct formal reviews and comprehensive tests of the BCP no less than annually. We also schedule exercises and associated tests of various BCP components throughout the year as often as weekly or monthly. For example, we test our reverse 911 system weekly and employee remote access monthly. At a minimum, MedImpact performs 2 DRP tests annually.
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	MedImpact provides report documentation of testing within 10 business days in a manner determined by DHS. We understand and agree that, in the event MedImpact fails to demonstrate through these tests that it can restore systems functions, MedImpact shall be required to submit a CAP (Corrective Action Plan) to DHS describing how the failure shall be resolved. MedImpact's BCP Steering Committee and IT Disaster Recovery teams are responsible for verifying that the testing is completed and that we maintain a test plan and results log to validate tests and results.
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	MedImpact has a layered disaster and business continuity strategy to guarantee continuous operations of critical services. We have redundancy at all levels to provide high availability and a well-maintained, secure operation. MedImpact's detailed DR plan accounts for emergency mode operation during a critical event or outage an, includes detailed security control plans, procedures, and includes physical considerations specific to each location. The plan is reviewed and updated annually.
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	MedImpact understands and appreciates that a competent approach to preparing, planning, and responding to the natural disasters, pandemics, and acts of violence that plague our society dictates collaboration and cooperation among all stakeholders. With 3 decades of experience, MedImpact actively collaborates with its clients to develop solutions and mitigate risks during emergency and disaster situations. We are committed to contributing our expertise and spirit of innovation to DHS's mission of serving Arkansas' most vulnerable populations through all challenges that may confront the state.
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	Problem-solving for issues that may arise with the pharmacy POS module or within our unified technology platform serves as the basis for continuous improvement and learning among MedImpact team and DHS stakeholders. MedImpact's BCP and IT DRP focus on those functions which are fundamental to our mission of ensuring clients have uninterrupted access to their drug therapies via pharmacy claims adjudication and call center services. We establish tiers of services based on their criticality to customers and clients. RTO (recovery time objective), the projected time required to restore an application to normal operations, is established for each tier with claims adjudication restored within 15 minutes and call center handling and PA within 30 minutes. The RPO (recovery point objective) is defined as the maximum targeted period in which data might be lost from an IT service due to a major incident. The RPO for MedImpact's Tier 1 through 3 applications is 15 minutes.
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	MedImpact's BCP and IT DRP focus on those functions which are fundamental to our mission of ensuring enrollees have uninterrupted access to their drug therapies: pharmacy claims adjudication services and call center services. We establish tiers of services based on their criticality to customers and enrollees. RTO (recovery time objective)—the projected time required to restore an application to normal operations—is established for each tier, with claims adjudication restored within 15 minutes and call center handling and PA within 30 minutes. The RPO (recovery point objective) is defined as the maximum targeted period in which data might be lost from an IT service due to a major incident. The RPO for MedImpact's Tier 1 through 3 applications is 15 minutes. The IT DR Management team and the IT recovery operations team will immediately begin developing a resolution plan and provide that plan to DHS within 4 hours. The final incident report will be provided to DHS within 24 hours of the identification of the incident in the format required by DHS.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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	The MedImpact business continuity plan is an active document created to assist in safeguarding life, protect vital records and resources, and exercise care over preserving critical resources. MedImpact's redundant, always on, replicated data centers contain duplicate IT security technology at each location to ensure that the exact same protections for ePHI that existed prior to a disaster remain in place during a disaster (emergency mode operation) and after a disaster. We do not require a separate recovery process or procedure to enable MedImpact's ePHI security safeguards in the event of a disaster. In the event of the loss of either data center, we have our ePHI security safeguards automatically in place to kick in upon failover.
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	MedImpact's BCP and IT DRP include detailed contingency plans to coordinate and direct the emergency preparedness procedures, practices, resources, communications, and facilities needed for business recovery readiness. If key staff are incapacitated or the primary workplace is unavailable, the plans establish requirements for contingent staffing and backup facilities to temporarily house staff. Our backup facility plans include all hardware, software, computer resources, peripherals, offsite data entry services, and alternate space for MedImpact staff to fully support operations, while helping to ensure our services and access to all backup resources continue uninterrupted. The BCP designates back-up individuals capable of functioning as alternate Team Leaders. In an emergency event, any member of the Business Continuity and Disaster Recovery Leadership team can initiate the Command Center call. The IT DRP details interim measures, including the relocation of processing to IT systems and operations at an alternate site, the recovery of IT functions using alternate equipment, or executing key IT functions using manual methods. The plans assume use of mobilization teams and contingency plans that expedite the restoration of expected levels of service after an event.
BC11	Business Continuity	Testing	Vendor shall ensure adequate documentation and material are available the alternative workspace and temporary site.				Meets	MedImpact maintains secure, offsite data vault facilities with Iron Mountain in Gilbert, Arizona and San Diego, California. 'Runbooks,' which provide detailed operational and recovery guidelines for our operating systems, applications, Web services, portals, middleware, and identity access management platform, are stored in our IT document repository, Confluence. This can be accessed from any of the locations. IT personnel required to perform the recovery use the runbooks to perform the correct steps to recover MedImpact's mission-critical functions. MedImpact performs multiple disaster recovery tests per year to reinforce the process and train personnel on the recovery requirements.
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	We have a robust BCP that details execution (including stakeholder communication) and key roles and responsibilities. The MedImpact BCP steering committee, headed by MedImpact's vice president of operations, is responsible for the planning, updating, testing, and execution of MedImpact's BCP. The steering committee includes senior staff members from MedImpact's business and IT departments along with operations, human resources, account management, IT infrastructure, IT security, compliance, and accounting. MedImpact's vice president of operations is a member of the BCDRLT (business continuity disaster recovery leadership team). The BCDRLT has the authority to establish emergency communications, alert employees, notify clients, and inform the press. The BCDRLT will declare a disaster event and manage damage control, critical functions, and IT disaster recovery teams. The responsibility for planning, updating, and testing of MedImpact's DR (disaster recovery) plan rests with MedImpact's vice president of IT applications and infrastructure. MedImpact's CIO (chief information officer) holds responsibility for the overall direction of IT recovery operations in a disaster event. The vice president of IT applications and infrastructure along with the CIO and other MedImpact IT leaders make up the ITDRMT (IT disaster recovery management team). The ITDRMT reviews test plans and ensures that IT personnel are familiar with the plan and notification procedures. The ITDRMT provides consultative review and approval on changes to MedImpact's DR plan. In the event of a disaster or event, the ITDRMT assigns skilled IT professionals to create a command center, perform the damage assessments, alerts the secondary data center and make recommendations to the BCDRLT on the best course of action to provide the most comprehensive recovery in the shortest amount of time.
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	MedImpact confirms that we test and review our business continuity and disaster recovery policies and procedures at least annually and will submit them to the State for approval. MedImpact's BCP steering committee declared the COVID-19 pandemic a testing opportunity and used the observations and lessons learned to continuously improve our plan and processes. We executed our BCP live test from March 13, 2020, through June 14, 2021. At a minimum, MedImpact performs 2 DR tests annually. The most recent successful test (post live test for Covid) of our BCP plan protocols was April 26, 2023.MedImpact completed the most recent successful disaster recovery procedure test on April 21, 2023.
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	MedImpact will update the TIP (Technical infrastructure Plan) annually, and in the event of major hardware or software installation, with the appropriate content to support the design of the MedImpact DRBCP as outlined in section 2.8.19 Disaster Recovery and Business Continuity and Contingency Plan (DR-BCCP) Deliverable of the RFP. We will design the DR-BCCP to ensure the State's technical and operational performance measures and SLAs outlined in Attachment C of the RFP including the Business Continuity Failover, Reporting, and standard performance guarantees.
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	MedImpact's database structure stores current and historic date-specific provider data records as supplied by the DHS' MMIS.
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	MedImpact supports the use of an NPI based upon the provider data. We will work closely with DHS to determine the correct mapping required to accept the State-defined alpha-numeric Medicaid provider identification number. The POS system uses various prescriber checks during the claim adjudication process. For example, the pharmacy must submit a value in the prescriber ID qualifier field on the claim. The value submitted in the prescriber ID qualifier field must be 01. The pharmacy must submit a value in the prescriber ID field on the claim. The value submitted by the pharmacy in the prescriber ID field must pass the algorithm check for NPIs. The NPI must exist in MedImpact's database. The NPI must be the prescriber's individual (Type 1) NPI as opposed to an organization's (Type 2) NPI. The prescriber's NPI must be active as of the claim's date of service based upon the latest data from NPPES (National Provider & Plan Enumeration System). If MedImpact's data indicates the prescriber is deceased, the prescription written date must be prior to the death date and the claim's date of service must be within one year of the death date. The prescriber must not be actively sanctioned as of the claim's date of service, based upon the latest data from the OIG's (Office of Inspector General's) LEIE (List of Excluded Individuals and Entities).
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	Our POS claims adjudication system assigns all claims a unique 10-digit, numeric claim identification number. This number is also returned to the pharmacy in the NCPDP claim response status segment in field 503-F3, 'Authorization Number.' Whenever a claim is reversed, our system creates a new claim record with a unique claim identification number and a crosswalk to the original claim. In MedAccess, a user can easily navigate between the two claims by selecting the "reference claim" from the claim record. Additionally, the system stores any adjustments to a claim as unique adjustment claims; these are similarly associated to the original claim record to preserve the auditability of all records.
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 (ICD) as directed by the State.				Meets	MedImpact will update NDC, diagnosis, and all other applicable reference and pricing data when changes are published to the standards (ICD) as directed by the State. We continually monitor for updates and regularly load pricing changes. We receive and load AWP (average wholesale price) updates from MediSpan daily Monday through Friday and load complete AWP files weekly. We receive and update drug information files weekly from MediSpan and First Databank.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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 (enrolled in a Managed Care Organization (MCO) or a lock-in program, receiving medication through a waiver program, or a disease management program).				Meets	MedImpact's client eligibility file load process accommodates the loading of all member-related data, using the X12N 834 standard and/or MedImpact's proprietary file specification, or a custom format mapped to the latter. Through this load process, we maintain Aid Codes and OHI information, along with scope and term of coverage information and a variety of member attributes that may also determine scope of coverage. MedImpact can receive and process member eligibility files up to every 15 minutes. MedImpact configures the DHS hierarchical structures so that all MCOs are associated in our claims processing system for purposes of sharing the State's MAID (Medicaid identification number) to aggregate member history across multiple eligibility spans. Historical and ongoing enrollment/eligibility files do not create separate member profiles across multiple spans. During implementation, MedImpact works with DHS to determine the scope of use of member history to help ensure proper processing (used for clinical purposes but not for financial/accumulation purposes).
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	MedImpact's provider functionality determines a pharmacy and prescriber's eligibility to perform the services and receive reimbursement for the billed service on the date the service was provided, based upon the pharmacy provider files provided by DHS which is used to create the required network carriers and pharmacy panels required to process pharmacy claims. Related determinations are made during adjudication including pharmacy validation (NPI), carrier, panel, excluded provider identification, lock-in/out, overrides (PAs), duplicate claim review, and any other State-defined parameters. Other types of pharmacy provider-related restrictions, such as special claim reviews, payment withholds, including withholds for delinquent taxes, or other limitations as instructed by DHS, can be accommodated through claims adjudication and financial/claim payment mechanisms, as required. Provider functionality evaluates the claim to determine if the claim should approve or reject based upon the drug and submitted prescribing physician information, such as NPI number, a physician panel, the physician's DEA activity codes, the physician's practitioner type code, or the physician's taxonomy code. Some provider-related rejections can be overridden by the pharmacy by submitting the appropriate SCC, which confirms the pharmacy provider data submitted is active/valid, based upon the data available to them.
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	MedImpact provides online COB claims processing services to our clients using standard NCPDP COB logic that conforms to CMS regulations and provides concurrent review of program enrollment at the time of adjudication. MedImpact accepts other coverage codes that the pharmacy submits on the claim transaction, and we adjudicate the COB claim based on the plan and client payer amounts provided and plan specific configuration, including copay deduction if appropriate.
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	MedImpact's claims adjudication system supports online, real-time adjudication of pharmacy claims. Upon receipt, raw claims are stored and parsed to validate submission in the correct D.Ø format and that all required fields are present and valid. After the claim format is validated, claims are processed through a variety of rules and edits to determine their final disposition. In all instances, the system returns properly formatted responses to pharmacies as either payable or rejected using the appropriate NCPDP transaction response status codes. Prior Authorization criteria is established at the direction of DHS or the Arkansas DUR Board.
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	DHS will be provided with the appropriate role-based/row-based user access to the claims adjudication application through our MedAccess user interface. MedAccess is a powerful inquiry and entry tool that is used by a variety of MedImpact stakeholders who are responsible for claims and PA inquiries. There is full traceability to the specific instance of an edit applied during the adjudication of a claim, based upon the claim and edit time stamps.
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	All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. MedImpact maintains a similar audit trail for all data in our system that is used in the processing of claim transactions, and makes this information available in our MedAccess application.
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	DHS is provided with the appropriate role-based user access to the claims adjudication application through our MedAccess user interface. MedAccess is a powerful inquiry and entry tool used by a variety of MedImpact stakeholders, including our customer service representatives who are responsible for claim and PA inquiries. MedAccess enables DHS to perform a variety of functions including viewing unredacted adjudicated claims, PA records, and reference files in a live/real-time environment. MedAccess also affords DHS visibility into how a claim is adjudicated including adjudicated benefit plan details, edits applied, and distinct claim-level adjudication codes and/or claim attributes available for a large set of edits. There is full traceability to the specific instance of an edit applied during the adjudication of a claim based upon the claim and edit timestamps. All configured edits are recorded with start and end dates, added and updated user IDs, and timestamped to assure a complete audit trail.
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	Our highly configurable rules-based coverage configuration platform leverages full automation and reusability. The platform is used to design quickly and efficiently test, implement, and maintain DHS' program coverage rules including benefit plan design and administration, payment methodology, transaction processing, PA, and drug reference data update functions as well as include DHS-specific rules to bypass/override any obsolete codes.
BM13	Business Methodology	System, Tools and Technical Capabilities	Vendor shall maintain current and historical coverage status and pricing information on all drugs.				Meets	MedImpact receives and applies all pricing files for claims processing in our DRF (drug reference file) or any other ancillary pricing file tables to determine which of several methods to apply to a specific NDC. Within the DRF tables product codes, classifications and descriptions are updated with record effective dates and date timestamps in the event more than 1 update occurs on the same day. We update and maintain active and historical pricing files including price effective dates for evaluation and selection during claim adjudication. Our system selects and uses the most recent version of the product record effective on the submitted claim's date-of-service, so the most current price records are used to determine the final price the claim.
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.				Customizable	MedImpact will work with DHS to provide the system integration functions outlined in 1 through 6 of requirement BM14. The Interface/Data Manager will lead this initiative during the implementation process.
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	MedImpact receives and applies all procedure, diagnosis, and drug pricing files for claims processing in our DRF (drug reference file) or any other ancillary pricing file tables to determine which of several methods to apply to a specific NDC. Within the DRF tables product codes, classifications and descriptions are updated with record effective dates and date timestamps in the event more than 1 update occurs on the same day. We update and maintain active and historical pricing files including price effective dates for evaluation and selection during claim adjudication. Our system selects and uses the most recent version of the product record effective on the submitted claim's date-of-service, so the most current price records are used to determine the final price the claim.

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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.				Configurable	MedImpact will configure or customize its systems to support the requested dialog support functions.
BM17	Business Methodology	System, Tools and Technical Capabilities	Vendor shall maintain date sensitive parameters for all Reference Data Management data.				Meets	All reference data is managed in the system using date sensitive parameters. DRF (drug file reference) tables are maintained with drug data, purchased from First Databank and Medi-Span, including price updates in their daily update files and weekly product updates. The data from these sources enable our teams to assess and identify changes in pricing records immediately. Within the DRF tables product codes, classifications and descriptions are updated with record effective dates and date timestamps if more than 1 update occurs on the same day. We update and maintain active and historical pricing files, including price effective dates, for evaluation and selection during claim adjudication. Our system selects and uses the most recent version of the product record effective on the submitted claim's date-of-service, so the most current price records are used to determine the final price of the claim. Authorized DHS users can view the rate histories for the current year online, plus the previous 3 years, through the MedAccess application. Older records, up to 10 years, are stored securely on an onsite server, whereby MedImpact can deliver reporting and/or specific data upon request.
BM18	Business Methodology	System, Tools and Technical Capabilities	Vendor shall verify any data item that contains self-checking digits (NPI) passes the specified check-digit test.				Meets	MedImpact's systems perform check-digit calculations for values submitted by the pharmacy for data fields that require algorithm based validation.
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	MedImpact utilizes lesser of payment methodologies. We use a published AWP from Medi-Span and can create a custom AWP based on numerous pricing modalities. MedImpact can implement any pricing algorithm that DHS chooses for prescription drug pricing. All the benchmark drug price modalities are available for use including DIR, WAC, NADAC, ACA FUL, AMP, and custom client pricing.
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	Our highly configurable rules-based coverage configuration platform leverages full automation and reusability. The platform is used to design quickly and efficiently test, implement, and maintain DHS' program coverage rules including benefit plan design and administration, payment methodology, transaction processing, PA, and drug reference data update functions. We will implement DHS' program coverage at multiple layers including therapeutic class, HICL, GCN, GSN, NDC-9, and NDC-11.
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	MedImpact develops a data conversion plan that includes data migration activities where no translation is required and different levels of ETL (extract, transform, and load) activities where simple, medium, or complex translations are required. Data to be migrated or converted includes reference, provider, client, claims, PA, TPL (third party liability), and financial information. The primary objective of the conversion strategy is to populate the core system tables with data from the current MMIS. The secondary objective is to successfully convert data required for operations, analytics, legislative/federal reporting, and fraud and abuse reduction.
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	Online Help features within our unified technology platform are vital to a well-informed, up-to-date knowledge base for DHS and MedImpact users. DHS users and stakeholders are afforded online access to Online Help, policy and procedure manuals, user manuals, and informing materials. Help screens are menu-driven, with embedded links or hover prompts on the various screens, providing a search function that enables users to quickly locate information and resources on the pharmacy POS system or Intranet that are effective for users of any level. Because the portals from which users obtain Help information are online, MedImpact continuously updates any content where applicable for the pharmacy POS program.
BM23	Business Methodology	System, Tools and Technical Capabilities	Vendor shall support end user online access to policy origination document references by hyperlinks.				Meets	User and system documentation is provided to DHS through a shared secure repository, SharePoint, available to MedImpact and DHS staff. SharePoint features user-friendly, easy access to DHS' needs for user and system documentation with version control to help ensure security. We collaborate with DHS to determine access levels for certain user rights according to user roles.
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	We agree to provide all contractually required information and other information related to MedImpact's performance of contractual responsibilities as requested by DHS and meet with DHS to review and prioritize the reporting schedules and structures. All report specifications are mutually agreed-upon and include data sources, data elements, business rules and timeframes, and a formal requirements analysis process to define full report specification for each report to the satisfaction of DHS.
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	Our system provides flexible benefit designs through the deployment of a customized, data-driven, parameter-based infrastructure. This structure allows us to implement a benefit without the need for software development. In rare cases where system development is needed, our Agile development process allows for rapid deployment of new enhanced edits. We can also create new benefit edits based on DHS' specific needs at various levels including account, group, client, medical group, and prescriber.
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	MedImpact confirms that access and capabilities of any MedImpact supplied tools are accessible and usable by State-appointed staff at no additional cost.
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	MedImpact maintains complete documentation of the edits, business rules, and configuration parameters including which edits can be overridden by PAs, client attributes, and pharmacy submitted overrides. This listing is maintained on an ongoing basis and in a consumable format and can be produced in an agreed upon schedule.
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	MedAccess supports complex benefit designs including pre-defined rules that are well documented and evolve and expand over time. We will work with the State on an ongoing basis to ensure rules meet your evolving needs.
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	MedImpact utilizes IBM ODM (Operational Decision Manager) as Business Rules Management System to develop and maintain system business rules. The product provides three rule languages: Business Action Language (BAL), ILOG Rule Language (IRL), and Advanced Rule Language (ARL). We hope these languages can be easily understood and utilized within other components of the AMPP and AME. If not, we will customize what is needed.
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 (Vendor, or by designated State staff).				Meets	The ECS is a highly configurable rules-based driven coverage configuration platform, leveraging full automation and reusability. ECS is used to quickly and efficiently design, test, implement, and maintain DHS' program coverage rules including the ability to implement changes to the Arkansas Medicaid Pharmacy Program business rules quickly and efficiently. Our automated coverage configuration interfaces are currently offered through batch-based formats using an XML-based standard. In addition, we support real-time Web service interface that can be leveraged to streamline ongoing program coverage changes according to each user's role based access. If we cannot manage a coverage configuration change solely through automated interfaces, we will perform a manual load.

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BR5	Business Rules Engine	Methodology	Vendor shall meet State defined time frames and priorities for processing user requests.				Meets	The average time to add and activate a new coverage into our adjudication system varies depending upon the specifics of each request. For a more standard build where existing PDL, network, and programs are bundled together into a new benefit with differences mainly in enrollee cost share (copays, coinsurance, and accumulator limits), the historical average is within 7 days. Through automated assembly utilizing system-to-system interfaces or the online portal, this timeframe can be reduced to 1 day in emergency cases with testing conducted in parallel or post-go-live to further validate the build meets DHS' intent. We will work with DHS to define and meet State-defined timeframes and priorities for processing user requests.
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	Our proprietary, fully integrated solution enables prompt response to industry and regulatory changes without the burden of extensive computer programming and the additional time often required to integrate disparate systems. Our system provides flexible benefit designs through the deployment of a data-driven, parameter-based infrastructure. This structure allows us to implement a benefit without the need for software customization. Because our system is highly flexible, it facilitates unlimited benefit design capabilities. Your account team includes a business solutions manager (a trained business system analysts) and is supported by our internal benefit team.
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	All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. MedImpact maintains a similar audit trail for all data in our system that is used in the processing of claim transactions, and makes this information available in our MedAccess application.
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	MedImpact offers a highly configurable, rules-based driven coverage configuration platform leveraging full automation and reusability. Our modular structure supports fast-cycle customization to meet quick deadlines and to maintain quality. We use rigorous end-to-end testing in a production environment and build all edits with adjudication codes or unique identifiers to enable reporting on concurrent edits.
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	Edits make use of general numerical and character value parameters to perform the required function. MedImpact saves the data coded in the edit.
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	MedImpact's system provides the flexibility to define business rules by inclusion or exclusion. For examples, restriction tables (drug lists) can be applied to target screening for high-risk diseases.
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	MedImpact administers ingredient cost and dispensing fee payment schedules for: compounded drugs including claim processing for noncovered agents and claim price balancing; 340B product and claim identification and alternate pricing methodologies; Specialty drugs alternate price points and reimbursement opportunities with DHS or CMS approval; and other unique claim pricing criteria DHS determines. As methodologies change, MedImpact will update our system configuration to meet the needs of DHS' program.
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	MedImpact delivers a claims processing solution in a single, integrated platform. Our system provides flexible benefit designs through the deployment of a data-driven, parameter-based infrastructure. Because our system is highly flexible, it facilitates unlimited benefit design capabilities. This structure makes it easy to accommodate changes in response to state or federal legislative or administrative mandates.
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	MedImpact's proprietary, fully integrated solution enables prompt response to industry and regulatory changes without the burden of extensive computer programming and additional time often required to integrate disparate systems. Through ongoing quality improvement processes, we continually review and enhance the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations.
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	MedImpact's claims adjudication engine is supported by an ecosystem of specialized applications that offer an innovative approach to pharmacy program management. These core applications reside within our unified information technology platform which enables us to leverage the efficiencies of shared infrastructure, tools, and technologies. This provides a single source of truth for data which promotes accuracy, uniformity, and visibility.
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.				Meets	MedImpact's claims processing system was built to be comply with CMS and federal rules and regulations including applicable items under 45 CFR Part 162. Our proprietary integrated platform delivers a high degree of claims processing accuracy and efficiency with POS edits for prescription validation and authorization. Our system is available 24 hours a day, 7 days a week, 365 days a year. PA requests are received by MedImpact by fax, telephone, web-based submission, or electronically utilizing the NCPDP Script standard for ePA. Fax requests are received directly into our PA processing system through an integrated fax manager. At the time of PA intake, the PA platform links the specific PA guideline to the request as well as a set of DHS-specific parameters that set the PA request timer values and attach the appropriate PA notification letter template set. Web-based submissions follow a similar process. Telephone intake is entered directly into the PA platform by the call center staff. Consistent with the CMS Modularity condition and MITA, MedImpact system components are loosely coupled through exposed APIs and web services using industry standards and best practices. Relevant highlights of our claims processing system design include a modular, flexible approach to systems development including the use of open interfaces and exposed APIs; business rules separated from core programming; and business rules available in both human and machine-readable formats. This rules-driven, methodology based on industry standards and best practices easily accommodates policy changes and incorporating new policy requirements into the system.
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.				Not Available	MedImpact's benefit system is not rules-based. We offer benefits that are easy to understand and apply. MedImpact's claims processing system can support an unlimited number of benefit designs. We can accommodate custom benefit (tier and copay design) custom edits, point of sale messages, and precertifications. We have no formulary design limitations or associated client cost share requirements and offer a flexible approach to meet formulary needs for the present and future. The flexible MedImpact system accommodates multiple tiers, deductibles, out-of-pocket maximums, benefit caps, utilization management, and associated restriction edits through a data driven, parameter-based infrastructure. This structure allows us to implement a benefit without the need for software customization. We have thousands of benefit edits in place that we use to configure our clients' pharmacy benefits. Because of the system's flexibility, we can customize new design configurations to DHS's specific needs. We design benefit edits using a hierarchy approach for drug, eligibility, pharmacy network, benefit utilization, and pricing data to provide DHS with the proper degree of control in managing complex benefit designs.

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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 (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. 12. The capability to save queries for later use by other users.				Configurable	MedImpact utilizes IBM ODM (Operational Decision Manager) as our external rule's engine. This helps to separate business rules from the core system code. IBM ODM provides the ability to administer user access and configuration of the Decision Center repository. The various features of the tool currently meets most of the requirements and can be configured to meet all the requirements. Decision Center is a scalable decision management server and repository with a collaborative web environment for authoring, managing, validating, and deploying business rules and events. Decision Center provides history and versioning services that support auditing and rollback of business rules. Decision Center is a scalable decision management server and repository with a collaborative web environment for authoring, managing, validating, and deploying business rules and events. Decision Center provides project governance, including role-based security, history maintenance, and custom metadata. Policy managers use branches to work on multiple releases of the business logic, write queries on the business rules in their rule project, and create reports to review the results of the queries. Policy managers can use these queries to define smart folders, a business-oriented way of viewing the contents of a rule project in the Decision Center console. They can see the result of their work or review the changes made by others by searching the business rules in their rule project.
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	It is customary practice within MedImpact to assign a time-stamp to all its rules and codes. Thus, MedImpact ensures that all rules and codes will be date-driven by a "from" and "through" designation.
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 configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. MedImpact maintains a similar audit trail for all data in our system that is used in the processing of claim transactions and makes this information available in our MedAccess application. There is full traceability to the specific instance of an edit applied during the adjudication of a claim, based upon the claim, and edit time stamps.
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	MedImpact utilizes IBM ODM (Operational Decision Manager) as our rules engine. This helps to separate business rules from the core system code. Operational Decision Manager allows rules to be independently managed and exposed as web services. This supports the modular concept so the same rules engine can be used by different services or be called as a service itself.
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	MedImpact provides authorized users an unredacted view into our claims system through MedAccess which provides real-time access to detailed information including enrollee eligibility, demographics, medication history, lock-ins, and PAs; drug claims with submission details, payment information for paid claims, pricing methodology for rejected claims, applied edits, and reference data; and provider eligibility and reference data.
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	Our architecture includes automatic failover between data centers to minimize any service disruption. Failover does not result in service disruption. System architecture and supporting technologies are highly configurable and robust, enabling MedImpact to achieve consistent and high performance. We also leverage the full active redundancy of our platform to eliminate the need for downtime associated with routine maintenance, affording increased flexibility, agility, and responsiveness, as well as the ability to quickly adapt to meet Arkansas' changing business needs.
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	MedAccess provides DHS visibility into how a claim adjudicated including benefit plan details, edits applied, and distinct claim-level adjudication codes and/or claim attributes available for a large set of edits. There is full traceability to the specific instance of an edit applied during the adjudication of a claim based upon the claim and edit time-stamps. All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped for a complete audit trail.
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	Our modular structure supports fast-cycle customization to meet quick deadlines and to maintain quality. We use rigorous end-to-end testing in a production environment and build all edits with adjudication codes or unique identifiers to enable reporting on concurrent edits. MedImpact will help ensure claim adjudication processing rules are implemented within mutually agreed upon timelines.
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	MedImpact develops and maintains a process for built-in rule review and approval that will identify any conflicts in business rules as they are being developed. MedImpact will work with DHS to ensure that our claims processing and adjudication system meets the specific benefit design needs of DHS. With thousands of preprogrammed options, MedImpact can quickly implement a wide range of industry standard copay and benefit structures. The benefit configuration solutions architect coordinates the benefits component of the implementation and works closely with the implementation team and helps manage benefit project activities including testing, during, and after implementation.
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	MedImpact conducts extensive testing and obtains DHS' approval before deploying the configuration (such as benefits setup, pharmacy network setup, and more) and file loads (for as eligibility file load, history file load, and more) into production. We developed a complete end-to-end testing environment that mirrors production. The implementation manager provides a comprehensive test plan. We partner with our customers for any specific scenarios they want added. The test plan includes benefit configurations, network setups, accumulators, prior authorizations, specialty, mail order, actual versus expected outcomes, and more. We present the test claim output files to DHS electronically in either detail or summary format. In addition, we use online meetings to illustrate the results as we run each batch. DHS can choose to take an active role in the testing process onsite or review screen prints to document representative claims within the test data set. We also provide a detailed claims analysis that describes the process edits and conditions that we applied to each claim and reasons for a rejected or denied claim.
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	MedImpact's proprietary claim adjudication system employs a variety of rigorously tested, configurable business rules and edits to ensure consistent, error-free processing. These rules/edits are classified and orchestrated within our transaction engine to enforce the correct processing order and predictable results. We develop, test, and deploy new edits rapidly to meet the evolving needs of our clients. Benefit and formulary configurations are subject to thorough testing review processes prior to production. Also, our claim quality team provides ongoing monitoring of system-triggered claim processing alerts to respond to potential configuration errors immediately. Where a more dynamic configuration solution is required, our standard business rules engine is IBM ODM (IBM Operational Decision Manager). MedImpact uses IBM ODM to configure clinical decision criteria and make automated PA (prior authorization) decisions. MedImpact's clinical edit rules are parameterized to allow for configuration/modification by authorized users to meet DHS' clinical objectives. These edits include but are not limited to concurrent DUR (drug utilization review), step therapy, PA, age restrictions, and various quantity limits. We can utilize IBM ODM as an external rules engine that can be customized to meet DHS' requirements.
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	NPI is used as the primary pharmacy and prescriber identifier. MedImpact's contracted prescriber data vendor is LexisNexis Risk Solutions. The system has checks and balances in place to ensure that a pharmacy NPI cannot be used for a prescriber NPI.
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	MedImpact employs error handling processes that identify all errors, known or previously unknown. These errors are presented to users via a user-friendly system notification for any usage or technical problems. We use modern programming languages with exceptional error handling features that catch both known and unknown errors.

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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 (PA criteria documentation, PDL if applicable)				Meets	MedImpact will provide preprocessing DUR (drug utilization review) based on business rules approved by the State. We manage these requests through MedCommand, our next generation platform of integrated configuration solutions which includes EFS (enterprise formulary system). EFS is a specialized interface used to design, implement, and maintain PDLs (preferred drug lists). We utilize EFS to review any new-to-market drugs that fit the coverage definition by the State and assign the new drugs to a temporary drug coverage status where it will be applied with a standard UM (utilization management edit) such as PA (prior authorization) required, as determined by the State. The PA request will be reviewed by the PA team and presented to the DUR board. Once the DUR board reviews and approves it, the drug can then be added to the formulary and the appropriate UM can be applied. MedImpact has a comprehensive DUR (drug utilization review) program that leverages technology to identify and manage drug problems through prospective DUR and concurrent DUR edits. Our business processes apply prospective DUR and concurrent DUR drug reviews to all claims. MedImpact will work with DHS during implementation to ensure we capture all business rules including rules pertaining to PDLs.
BR31	Business Rules Engine	System, Tools and Technical Capabilities	Vendor's system must allow for the tracking, logging, and reporting of rules usage.				Meets	Our claims engine captures information on how claims adjudicate including benefit plan details, the edits applied, distinct claim-level adjudication codes, and/or claim attributes. All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. This information is available for reporting purposes and through our MedAccess tool, enabling DHS and MedImpact to monitor and validate claims are adjudicating as expected. For claims that deny, MedImpact also returns and stores the appropriate NCPDP reject code.
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	MedAccess allows for real-time claim editing to be applied.
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	MedImpact demonstrates its accountability to transparent pricing and reimbursements by providing access to claims detail, including pricing, through MedAccess that affords DHS access to information necessary to validate claims payments including claim specific reimbursement methodology such as NADAC, MAC, WAC, and others. We also offer provision of any claims extracts necessary for DHS to independently validate our compliance with transparent payments and application of DHS approved reimbursement methodologies to pharmacy Providers. MedImpact provides DHS transparency on how we code drugs and products into the system for adjudication and payment reconciliation. During the drug load process, we use the MONY (multisource indicator) to classify a drug or product as SS/MS/B/G (single-source/multisource/brand/generic). We then apply copay, payment, and other rules to products at multiple levels, from granular levels such as NDC (National Drug Code) to all levels of GPI (Generic Product Identifier) (2-14), including applying those rules based on the SSB/MS/B/G status of the product. MedImpact captures the SS/MS/B/G status at POS (point of sale) and stores it within the claim record, which can differ from the default setting of the product, depending on the special rules or overrides MedImpact applies that provides transparency as to how the claim adjudicated.
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	MedImpact confirms that the system data management functions include the ability to create, update, and delete master data entries. Also, the system includes advanced features such as validate, search, cluster, match, and merge. MedImpact's solution maintains historical information in a companion table (history) to the actual data table when changes are made. This includes an image of the data before a change is made and after a change is committed. We also record the user ID of the user making the change, date, and time of the change. Deleted data is written to the history table. We do not delete critical data; instead, we flag the data as deleted. Our solution is implemented in such a way that deleted data is not produced unless the use case requires the use of deleted data.
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	MedImpact provides online COB claims processing services to our clients using standard NCPDP (National Council for Prescription Drug Program) COB logic that conforms to CMS (Centers for Medicare and Medicaid Services) regulations. MedImpact accepts other coverage codes that the pharmacy submits on the claim transaction, and we adjudicate the COB claim based on the plan and client payer amounts provided and plan specific configuration. The accepted other coverage codes indicating presence of a primary payer include: 02 other coverage exists and payment is collected; 03 other coverage exists and the claim is not covered; 04 other coverage exists and payment is not collected; and 08 other coverage exists and claim is billed for a copay. MedImpact can set customization options at the plan, line of business, or group levels.
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	MedImpact's system are designed with business logic involved in each step without a user having to generate code or scripts. Our system can support an unlimited number of benefit designs with no formulary design limitations. We design benefit edits using a hierarchy approach for drug, eligibility, pharmacy network, benefit utilization, and pricing data to provide DHS with the proper degree of control in managing complex benefit designs. MedAccess® provides customers with a full view of the benefit structure by group on a single screen. Users can filter benefits by carrier type, carrier number, and benefit code. DHS' designated users can click through the screens to access edits and restrictions. The strength of MedAccess is within a client search for our customers to see all the plan benefits on the specific client-level on 1 screen. A client search needs only the client's name or ID card number to see the specific prescription claims adjudicated.
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	While the current NCPDP v.D.0 Telecommunication Standard does not support claimed dollar amounts up to seven (7) digits before the decimal - the current limit for electronic claim submission is six (6) digits - MedImpact can accept pharmacy paper claims with dollar amounts up to seven (7) digits. If and when the NCPDP v.F.6 Telecommunication Standard becomes the named HIPAA EDI standard for electronic pharmacy claims processing, MedImpact systems are ready to handle the larger field lengths associated the new standard.
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	MedImpact is committed to providing timely information, data, forms, system modifications, documentation, correspondence, consulting, and more to fully support and assist DHS in achieving federal approval and/or solution certification. We maintain all required documentation for federal certification and acknowledge that we are responsible for the proposed solution passing the security accreditation requirements. We acknowledge that these responsibilities extend over the life of the contract, and that they may include future MES module certification where applicable.
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	MedImpact will create and provide a Federal Certification Criteria Plan to DHS that defines the methodology, processes, and procedures we perform while pursuing CMS certification. We are responsible for documentation maintenance and version control of all relevant contractual documents including work products related to reviews. MedImpact will establish a SharePoint repository to house all project documentation.
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	MedImpact will collaborate closely with DHS and your designated IV&V (Independent Validation and Verification) certification counterpart to provide relevant certification documentation, artifacts, and reporting throughout the life of the contract. Our certification lead, along with support staff, works closely with IV&V counterparts to deliver content necessary for scheduled reporting to DHS and CMS for submission to achieve and maintain certification. MedImpact commits to support DHS and IV&V counterparts fully in certification activities.
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	MedImpact commits to supporting DHS with certification efforts including providing necessary SME support. We will work with DHS during the implementation process to determine any onsite, in-person resource needs.

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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	The system architecture and design of the PBM solution proposed for DHS directly aligns with MITA (Medicaid information technology architecture) principles and framework. We employ a modular architecture supported by open APIs with business rules separated from the application code which supports configuration over coding. In addition, we maximize the use of COTS products in lieu of custom coding. This alignment helps to assure the completion of CMS certification with minimal effort.
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	MedImpact provides system and business operations staff to support DHS with the completion of CMS-required outcomes and metrics certification forms, checklists, evidence, and artifacts. The certification lead coordinates all activities and deliverables related to certification and engages the system and staff when needed. We also utilize our project plans to keep all stakeholders updated and on track to meet the required timelines.
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	MedImpact commits to providing updated system documentation for submission to AMPP and CMS 45 business day requirement prior to CMS certification reviews. The certification lead is responsible for coordinating all technical aspects of milestone and operational reviews through the life of the contract including procuring updated system documentation.
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	MedImpact provides timely information, data, forms, system modifications, documentation, correspondence, consulting, and more to fully support and assist clients in achieving federal approval and/or solution certification requirements as it relates to implementation of the Pharmacy module.
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	MedImpact prepares Pharmacy Intake Forms, Operational Reports, and the documentation necessary for submission to CMS to support all certification reviews. We will work with DHS to solidify the timelines and deliverables in the Certification Management Plan. MedImpact manages documents and version control of all relevant certification documents and establishes a SharePoint repository to house all project documentation.
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	MedImpact prepares certification required documentation, requirement/outcomes crosswalks, evidence/testing scenarios, and MITA capability supporting documents to support DHS' CMS certification. We will work with DHS to solidify the timelines and deliverables in the Certification Management Plan. MedImpact manages documents and version control of all relevant certification documents and establishes a SharePoint repository to house all project documentation.
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	MedImpact provides updated versions of the Pharmacy systems documentation following CMS certification reviews within 20 business days following the completion of any certification review date. We will work with DHS to solidify the timelines and deliverables in the Certification Management Plan. MedImpact manages documents and version control of all relevant certification documents and establishes a SharePoint repository to house all project documentation. The certification lead is responsible for ensuring we meet timelines regarding CMS certification.
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	MedImpact provides system access and/or a walkthrough of the designated facility and operations site if required by AMMP or the CMS certification team. The certification lead is DHS' main point of contact for all activities and deliverables related to certification and will work to coordinate this type of request. MedImpact confirms that AMPP will provide us with 10 business days advance notification of system access or facility walkthroughs.
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	MedImpact assesses capability questions across the business architecture, information architecture, and technical architecture outlined in the SCM (standards and conditions capability matrix) which spans conditions including: modularity standard, MITA (Medicaid Information Technology Architecture), industry standards, leverage, business results, reporting, and interoperability. We will create and maintain a 7 S&C (7 standards and conditions) scorecard by assessing the maturity of each capability. MedImpact assumes responsibility for working with SI (system integrator) vendors to self-assess the solution's MML (MITA maturity level). We also create and maintain the solution's MML assessment.
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	While MedImpact's proposed solution is not yet certified by CMS, we understand and agree that our solution must comply with all applicable current and future CMS certification requirements. Our PBM solution is aligned to meet federal CMS certification requirements. We understand that as part of the CMS certification process, MedImpact will undergo ORR and CR processes. As evidence of our commitment to the CMS certification process, MedImpact submitted its solution to the CMS pre-certification pilot program. During the review, 146 criteria were examined from the following MECT checklists: Pharmacy, Standards and Conditions, Intermediary and Interface, Integration and Utility, and Information and Architecture. Of the 146 criteria, CMS determined 9 criteria were out of scope, 8 criteria were scored as "partially meets," and the remainder 129 criteria met CMS MECT criteria. MedImpact immediately instituted a remediation program to address the criteria not fully met with those gaps now addressed. While the CMS pre-certification program was aligned with the MECT processes, it is indicative of how MedImpact's solution should fare using an Outcomes-Based Certification model. We are confident we will achieve CMS Federal Certification.
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	MedImpact meets the HIPAA compliance requirements and all federal and state regulations and standards regarding privacy, security, and individually identifiable Protected Health Information, as identified in HIPAA of 1996 and updates to the Act known as HIPAA II. We conduct annual corporate compliance program (includes code of conduct), FWA, HIPAA privacy, and security training for our entire workforce within 90 days of hire and annually thereafter. The corporate compliance department verifies all employees complete the required training courses upon hire and annually thereafter while maintaining corresponding training records. MedImpact's compliance team maintains a system (PBMSource) that receives, tracks, and responds to updated or recently passed state and federal regulations and rules that impact the PBM and pharmacy network. In addition, we review Medicaid and Medicare enacted laws on a weekly basis with cross functional representation. These new laws that may impact the client we communicate through the assigned account teams to ensure visibility to the client and that we take necessary steps to align requirements with regulatory requirements. A strong partnership between DHS and MedImpact is essential to stay in front of regulatory changes. We have proven success in monitoring such changes and providing our clients with recommendations and solutions that result in CMS, federal, and state regulatory compliance.
C16	Certification	System Compliance	Vendor shall continue to meet the certification requirements for all federal funding.				Meets	MedImpact will continue to meet the certification requirements for federal funding throughout the length of the contract with DHS. The certification lead will work with DHS on any certification-related activities or deliverables and arise throughout the lifecycle of the contract.
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	MedImpact commits to fully supporting DHS with CMS certification including providing any required remediation activities on a CMS and State-approved schedule. The certification lead will coordinate any certification-related activities or deliverables with DHS.

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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	MedImpact updates the documentation and version control of all relevant contractual documents to reflect solution changes made during the certification process. The certification lead coordinates all ongoing activities and deliverables related to certification. We establish a SharePoint repository to house all documentation.
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	MedImpact supports monthly and quarterly CMS certification reporting by providing access to documents and artifacts necessary for tracking certification. The certification lead coordinates all ongoing activities and deliverables related to certification and we establish a SharePoint repository to house all documentation for DHS to access.
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 various types of software sub-systems so that they create a unified single system. 4. Regression Testing-testing existing software applications to make sure that a change or addition hasn't broken any existing functionality. 5. User Acceptance Testing (UAT) - testing conducted on a product by the end users of the product for approval for production release. Security for UAT environment must be same as Production environment. 6. Parallel Testing - a software testing type, which checks multiple applications or subcomponents of one application concurrently. 7. Prototype Development - Software prototyping refers to the process of visualizing a software product before it has been created. 8. End-to-End Testing - is a methodology used in the software development lifecycle (SDLC) to test the functionality and performance of an application under product-like circumstances and data to replicate live settings. The goal is to simulate what a real user scenario looks like from start to finish.	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	To help ensure appropriate test coverage, MedImpact creates a Testing Plan document, outlined and reviewed by the cross-functional IT teams. MedImpact will follow entrance, acceptance, and exit criteria approved by DHS and designated Arkansas Medicaid staff to move from SIT to UAT. We will assume responsibility for providing data, environments, and test scripts to DHS for the successful execution of UAT and end-to-end testing. MedImpact will collaborate with DHS to develop test scripts and use cases. MedImpact's infrastructure supports all DHS-required testing. Environments have required functions (or will be designed and purpose-built) to meet DHS' needs. Requirements will be gathered and confirmed with DHS during implementation. Care and consideration will be given to the specific purpose of each environment to ensure that they are scaled to meet their purposes and that all necessary systems have been implemented and data populated.
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	MedImpact provides a data refresh capability for every testing environment and will continue testing until a clean (error-free) and adequate testing cycle is reached for online and batch across all test categories. MedImpact's Test and UAT environments support testing requirements and needs through scheduled test environment data feeds, provision of test data, and environment, and data refreshes. These environments are loaded with data that mirrors the Production environment to provide the most realistic and accurate setting for testing. We will refresh data at a frequency defined by DHS. DHS will have unlimited access to the test environment with the exception of scheduled maintenance. We communicate and coordinate maintenance windows in advance. DHS will have direct remote access into the test environment to view test claims until the system refreshes the environment at an agreed-upon interval.
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	MedImpact continually reviews and enhances the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations. MedImpact's systems are highly scalable with system capacity to handle its existing large business, expansions, and new business. Our performance goal is to double volumes (covered lives and point-of-sale claim transactions) without degrading performance which is measured in milliseconds.
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	MedImpact uses a hardening procedure for network devices, applications, and operating systems that locks down those components in conformance with security baselines, which are based on NIST 800-53 guidelines. Additionally MedImpact application development incorporates security guidelines from OWASP Top 10 and SANS 25.
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	MedImpact will create, provide, and update the Testing Plan, detailing the testing environments and stages. The Testing Plan will detail each testing phase and its objective as well a definition for each aspect of testing.
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	To help ensure appropriate test coverage, a Testing Plan document is outlined and reviewed by the cross-functional IT teams. Analysis of business process models, physical architecture diagrams, logical architecture diagrams, state transition diagrams, Unified Modeling Language models, UX models, business requirements, functional requirements, and the actual software code changes are all considered in the construction of the test design including the test automation approach.
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	Our approach to testing deliverables for each of DHS' testing stages include conducting, tracking, and documenting results as well as submitting testing status and progress reports on each of the tests conducted.
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	MedImpact confirms we do not have any restrictions related to the test environment. DHS will have unlimited access to the test environment, with the exception of scheduled maintenance. DHS will have direct remote access into the test environment to view test claims until the system refreshes the environment at an agreed-upon interval.
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	As part of the project implementation, MedImpact will document network connections, all role based security protocols and interface requirements. MedImpact currently supports numerous data exchange options for sharing pharmacy claim information. MedImpact maintains web service-based APIs along with message queue capabilities and traditional batch interfaces. We manage data file transfers around batch membership and eligibility through a secure FTP platform with PGP (pretty good privacy) encryption. We can also support alternative methods of enhancing security such as VPN connections. MedImpact uses SFTP and PGP as the standard connectivity option for batch file transfers. MedImpact supports batch-oriented data exchange for large volume data, including accumulators. MedImpact will review existing processes at least annually and within 10 days of any system changes.

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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 (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	MedImpact's platform integrates custom applications to support our operations and functions. Our C++ based claims adjudication engine is central to the platform. We use other Java-based applications to perform the benefit plan setup, configuration, and post-adjudication functions. Middleware products supporting the business applications include IBM Business Process Management, IBM Operational Design Manager, IBM FileNet, Apache Tomcat, and Informatica Data Exchange. We use Oracle Relational Database Management System at the data tier. MedImpact also uses IBM's security middleware products to secure and monitor access to our applications and data. The platform also includes third party tools such as Cognos and SAS for analytics and reporting functions. MedImpact uses best-of-class server and storage solutions to provide a stable operating platform for administering our services. Server architectures include IBM Power, Oracle/Sun SPARC, and Cisco UCS. Storage platforms include NetApp, Hitachi Data Systems, and Oracle ZFS products. We have also supplemented our network enterprise with redundant and robust Cisco switches and routers for LAN/WAN services, Check Point, Cisco firewalls for protection and remote access, and Citrix load balancers for infrastructure scalability.
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 approach to implementation begins with project initiation including creation of a project charter, defining project management tools, and working with Working in partnership with DHS to establish project templates. Next, we perform requirements-gathering and documentation which are critical to building the foundation for other activities including planning, DDI configuration, testing, and final implementation. MedImpact will conduct PBM Design Sessions with DHS to capture and document any potential issues of the existing system for use for this contract. Once any new guidance from DHS is identified, MedImpact will schedule both external and internal meetings for review, discussion, planning, and deployment of required changes/strategies. MedImpact understands the vital importance of ensuring our DSD is compliant with applicable state/federal laws and regulations and adaptable to future changes.
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	MedImpact has documented processes/procedures executed by our teams across the organization (such as account team, support teams, operations) to deliver our systems, services, and shared services. Our SaaS solution is based on a technical infrastructure and computing environment that is clearly organized, and easy to operate, and maintain. Our IT and information reporting team uses the SDLC process to help ensure the development of new technology or solutions involves rigorous phases that include quality time spent in the review of requirements, designing, and planning.
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	MedImpact will collaborate with DHS to establish file transfers to include, but not limited to, adjudicate claims, process prior approvals, calculate cost sharing, exchange data on client, TPL, provider claims, and payment history files directly to DHS in the format at the frequency defined by DHS. MedImpact will implement system interfaces based upon all relevant DHS companion guides and data exchange specifications in effect on the contract start date. We will collaborate with DHS to identify the appropriate drug data source to ensure full compatibility with DHS' MMIS (Medicaid Management Information System).
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	MedImpact is experienced in designing and implementing seamless integration with internal and external systems to enable our solutions to function as required. MedImpact has carefully reviewed DHS' interfaces and data exchange needs and used this in our integration planning, to include testing, as reflected in the draft PWP. We will provide expected outcomes for each test scenario.
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	The proposed solution will be built using leading practices for secure application development. MedImpact is committed to quality in the software delivery process and will work with DHS to follow the best practices as outlined in IT Infrastructure Library.
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	MedImpact maintains a strong commitment to quality across the organization. Quality is a cornerstone of our software delivery processes. The software quality management system is a rigorous multi-layered approach with strict controls and measurements that helps ensure consistency in our processes throughout all the phases of the SDLC (software development life cycle). MedImpact will work to ensure all technical aspects of the PBM system design, development/configuration, testing, implementation, and operations directly align with the policies and standards established by DHS.
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 every phase of project implementation and prior to execution, MedImpact will conduct a comprehensive review and internal approval before sending it to DHS-designated stakeholders for approval of configuration and integration activities of this Project.
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	MedImpact operates in compliance with regulations as required as a Business Associate under HIPAA and in conformance with the HIPAA Privacy and Security Rule. MedImpact maintains awareness of and conformance to all state regulatory obligations in accordance with our licensing requirements and as applicable to a Pharmacy Benefits Manager in all 50 states.
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	MedImpact's PBM module is modular and expandable, upgradeable and preserves customizations as required for each release and enhancement.
CI10	Configuration & Integration	Standards	Vendor's system must support technologies for data exchange that support current industry standards for data interchange (NCPDP, ANSI ASC X12, SGML, and XML).				Meets	The MedImpact systems currently supports the following NCPDP and ANSI standards: ANSI X12 5010, NCPDP v D.0, ANSI X12 270, ANSI X12 834, ANSI X12 835, ANSI X12 271, and XML.
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	MedAccess allows users to access multiple computer screens that supply pharmacy-specific information. The system allows users to access client-specific information and switch between views with ease.
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	During the final transition stage of implementation, MedImpact will develop, execute, and monitor the go-live support tasks including comprehensive tests.
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	MedImpact has a fully-staffed professional team dedicated to active involvement in determining how statutes and regulations affect its provision of PBM services to its diverse client base. The shared goal of these meetings is to ensure the client understands both the statutory/regulatory language as well as how it affects both the provision of services and the processes under which the client and PBM perform those services. MedImpact works quickly to incorporate any CMS rule changes by the effective date.
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	MedImpact will collaborate with DHS and other external system vendors and stakeholders to establish additional system interfaces that conform to DHS requirements. File transfers are established to exchange data on client eligibility and TPL, and to provide claims and payment history files to the MMIS in the DHS-specified format and frequency. MedImpact implements system interfaces based upon relevant state companion guides and data exchange specifications.
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 (field is not left blank).				Meets	MedImpact partners with ABBYY who provides OCR and Intelligent Document Processing (IDP) capability using ML/AI.

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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.				Customizable	MedImpact welcomes the opportunity to meet with DHS to better understand this request as we work to implement the requirement. Our systems are built with structured data in alignment with IT architecture and security best practices.
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.				Meets	MedImpact captures the MMIS-derived ICN from encounter response files. This is searchable in our encounter submission platform and can be used to identify the original claim records in our adjudication system.
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	MedImpact's identity and access management platform incorporates SSO (single sign on) and FSSO (federated single sign on) solutions that provide instant access to current and historical information without requiring a separate sign-on beyond the initial authorized user sign-on.
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	DHS will experience secure access to MedImpact's system, offering them easy to read, user-friendly, screens that displays all data elements necessary for an authorized user to perform their job function.
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	MedImpact will work with DHS to approve the design of all user interfaces with input and approval from State users.
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	MedImpact's COTS products have the flexibility to adjust edits and benefit designs to account for federal and state updates. While the average turnaround time for coverage additions is 7 days, some additions can be processed in 1 day and MedImpact can support mass coverage updates.
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	MedImpact will work with DHS to discuss updates and frequency of updates. We will work with DHS to quantify and document changes, such as workflow and decision process changes. Once approved, we make the appropriate updates to the workflow and decision processes to reflect approved edit modifications and current pharmacy policies.
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	MedImpact resources specifically assigned to support DHS will provide technical assistance to establish and support data integration, interfaces, and APIs with the PBM and other MMIS systems and modules in alignment with DHS data governance standards during implementation and ongoing through the duration of the contract.
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 (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.				Configurable	MedImpact's web portal is 508 compliant. The design and development use the HHS government Section 508 standard Web Content Accessibility Guidelines (WCAG 2.1) checklist as a guide during architectural development, design, and coding. Our internal systems can be configured to be 508 compliant.
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	MedImpact agrees to meet the Key Performance Indicators for each System and Services function defined in Attachments C and G.
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	MedImpact will collaborate closely with DHS to utilize the State's current technology and vendor relationships to support the AMPP.
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	MedImpact will support DHS in all process improvement initiatives as directed by the State. We have extensive experience implementing payment improvement policies, engaging stakeholders to meet information exchange goals, and developing enhanced productivity techniques that promote cost reduction and process development.
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	MedImpact acknowledges and agrees to the terms and conditions of the contract including terms for default, liability, remedies, ownership, and termination.
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	MedImpact agrees to follow the implementation project plan and meet all mutually agreeable milestone dates as established by MedImpact and DHS. MedImpact deliberately develops and manages our WBS to ensure we meet project milestones throughout the contract term.
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	MedImpact commits to perform our contract requirements. We understand DHS will make deductions from payment amounts due to MedImpact if we fail to perform the requirements as defined in this RFP. MedImpact further understands the State must notify us on the invoice of the deductions in payment and failure to perform.
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	MedImpact acknowledges and agrees that we will meet the requirements set forth in the Statement of Work and Scope of Work and the performance commitments made in our submitted technical proposal.
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	Our organization's success is predicated upon meeting our quality objectives. To help ensure these objectives are met, MedImpact leverages advanced data-driven monitoring and reporting along with analytics to identify, prevent, or remediate issues impacting performance. MedImpact monitors and reports on the status of all applicable performance standards throughout all phases of the contract term including implementation and operations. We will utilize the State's tool (DMT) or provide our own to interface with DMT.
CM9	Contract Management	Performance Management	Vendor shall perform contract monitoring and all data stored must be accessible by approved State staff.				Meets	MedImpact performs contract monitoring and relevant data can be accessible by approved State staff. We have system monitoring and alerts in place that quickly identify unusual activities, errors, or unplanned outages. Internal teams research and resolve issues by updating MedImpact's software or working with our switch vendors or other external stakeholders to resolve issues on their end. MedImpact's infrastructure monitoring tools log key performance indicators, including network activity for all data exchanges, such as SFTP and real-time APIs. These performance indicators are automatically collected in our system-wide event manager. Expected response times and elapsed times are monitored by the event manager and alerts are sent if interfaces are not performing as agreed (performance errors, performance threshold warnings, capacity threshold warnings). Our capacity management team is responsible for constantly monitoring the capacity of its processing, storage, and network, with a goal of maintaining 50% utilization to enable absorption of peak volumes. Our platform design and architecture enable us to bring additional resources online without affecting production processing. In the event data exchanges are showing response times outside of agreed-upon values, we determine the root cause and take appropriate action necessary to bring the processing key performance indicators back into tolerance.

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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	MedImpact will maintain and grant access to all data in the System within 3 business days of request by state/federal government entities as outlined in Attachment P, State Standard Terms and Conditions of the RFP. DHS can also utilize MedImpact's full suite of PBM support applications that are integrated into our unified claims processing system. These tools include our robust reporting, eligibility, formulary, prior authorization, rebate, Medicaid encounter, and portal applications. MedImpact provides access to these tools through a secure website 24 hours per day, 7 days per week, 365 days per year.
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	MedImpact's unified information technology platform is built to support the mission-critical nature of PBM (pharmacy benefits management). Our systems and supporting communication infrastructure are designed and implemented with active redundant component architecture to help ensure near 100% availability, 24 hours per day, 7 days per week, 365 days per year, with no scheduled downtime and with automatic failover between data centers. Failover does not result in any service disruption. MedImpact performs 12 to 15 scheduled releases throughout the year with no downtime.
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 sponsorship by the Vendor and State. 5. The language of the statement will be specified by State after the contract is awarded. The Vendor shall obtain prior written approval from State before issuing any new publicity associated with the contract. The penalty will be twelve thousand, five hundred dollars ($12,500) per incident in which State approval is not obtained. 6. The language of the sponsorship statement will be specified by DHS after the contract is awarded. 7. The Vendor shall obtain prior written approval from DHS before issuing any new publicity associated with the contract.	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	MedImpact understands DHS provisions and performance requirements and related remedy language.
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	MedImpact has a standard process for the review and resolution of any client (or internally identified) request for CAP. MedImpact does not assign a low, medium, or high level to CAPs; instead, we work to resolve any underlying issue and complete all CAP requests as quickly as possible and with the same level of urgency. MedImpact's compliance assurance team works with internal business subject matter experts to acknowledge all requests for a CAP within 5 business days and complete all requests for a CAP within 10 business days from request receipt date. The compliance assurance team has established internal channels, including a path for escalation to senior leadership when appropriate, to ensure we define ownership and identify reasonable remediation milestones.
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	MedImpact will provide DHS with accurate performance reporting to enable program evaluation, continuous improvement in business operations, transparency, and accountability. We will create workable plans and monitor actual performance against SLA targets and provide reporting of performance as defined by the State. The DDI Manager will work with DHS during implementation to capture the required information and solution for the deliverables and the Operations Manager will monitor and maintain the deliverables with DHS throughout the contract.
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	Our service desk support defined escalation procedures including resolution plans. Staff review claim and client information directly through their online terminals. In most cases, 99% of inquiries and problems can be handled while the client is on the phone. If staff need to escalate phone calls, they have access to an additional research screen for calls that require direction to higher levels. Through this screen, questions are transferred to a senior representative and to any appropriate departments. If the situation cannot be resolved, a Supervisor provides immediate assistance. Staff escalate concern calls for resolution or referral when necessary. Escalated calls are logged in our system as a concern for tracking and reporting purposes and are followed-up by a senior representative who conducts research and follow-up for resolution. DHS will be notified, if necessary, and the caller receives a follow up call within 1 business day. MedImpact will work with DHS to define and approve escalation procedures during implementation.
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	MedImpact has reviewed and understands all performance standards listed in Attachment C (Performance Standards) in the RFP. We understand that state expects documentation of all listed performance guarantees as well as a documented processes for the continuous improvement of operations. We will work with the state in a collaborative way to identify opportunities for improvement, resolve inefficiencies and execute on our quality initiatives to ensure the proper stewardship of state/federal funds, to capitalize on opportunities to increase efficiencies and improve outcomes. Our performance standards reporting team will provide documented performance levels for all critical areas of the systems/interfaces, including sufficient back up documentation needed for the state to ensure compliance throughout the duration of the contract. Our continuous quality assurance program will identify areas for improvement of the contract and work to identify opportunities to increase the program's overall ROI. The team meets on a quarterly basis and reviews both critical and operational areas of the program. We have a vested and shared interest in ensuring program compliance, eliminating operational inefficiencies and improve the overall investment for the state.
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	MedImpact has a rigorous process to track performance and has a proven process in place for verification. We will leverage this existing process to capture, analyze and report on results. During the DDI phase of the project, our continuous quality improvement team and our KPI manager will collaborate with the state to understand and agree upon the acceptance criteria (both for Performance Verification and Final Acceptance). This will allow for the State to provide input to ensure we are meeting project requirements and expectations. We will document this process and once finalized MedImpact will follow this process to capture, analyze, and report on results.
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	MedImpact will work with DHS to review service level performance criteria and adjust the data capture points for KPIs on a yearly basis or an earlier mutually agreed upon timeframe. Any approved updates or changes will be captured in Performance Management Plan, which will be updated on an annual basis per DHS' requirements.

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CM19	Contract Management	Methodology	Vendor shall define any/all additional Operations (business services) requirements necessary to perform under the obligations of the Contract.				Meets	MedImpact acknowledges and agrees that we will define all additional operations requirements necessary to perform under the obligations of the contract.
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	The platform maintains an uptime of 99.99% and is available 24 hours a day, 7 days a week, 365 days a year.
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	The portal is available to DHS, providers, drug manufacturers, and client users 24 hours per day, 7 days per week, 365 days per year and supports a minimum of 1,000 concurrent users. The platform maintains an uptime of 99.99%.
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	MedImpact's adjudication architecture has an unlimited overall capacity, subject to scalability enhancements. Our system operates at 50% capacity to allow for new and expanded business. Quarterly, we review system capacity and performance via our performance monitoring tools to ensure we are ready to meet future requirements. MedImpact's adjudication architecture is modular, meaning MedImpact IT (information technology) personnel can add additional memory, processing power, or disk space to increase performance as needed to support increased clientship or reduce claims processing times to support DHS' SLAs (service level agreements). MedImpact's redundant, always on data centers allow for system resource changes without impacting DHS' services.
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	Our IEX Workforce Management System monitors key performance indicators which enables our Call Center management team and individual Call Center staff to predict future staffing needs based upon Call Center utilization data. Various algorithms and reports, as well as direct observation and performance metrics allow the MedImpact Call Center management team to adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and DHS direction. Client calls will be answered in an average of 30 seconds or less by a live agent. The average client call abandonment rate will be 2% or less. 98% of all internal State (Help Desk) Support calls will have ring-answer contact. This information can be reported on weekly, as required. 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 for monitoring and training purposes. In the rare instance staff clients are unable to resolve an issue during initial contact, our call center system and processes enable them to refer calls internally and externally, schedule callbacks, track the progress of issue resolution, and provide that information to the customer.
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 (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	MedImpact's proprietary unified technology platform is engineered to support the mission-critical nature of PBM. Our POS (point of sale) claims adjudication system and supporting communication infrastructure is designed and implemented with active redundant component architecture to help ensure near 100% availability 24 hours per day, 7 days per week, 365 days per year. System architecture and supporting technologies are highly configurable and robust, enabling MedImpact to achieve consistent and high performance, including end-to-end sub-second (< 0.5 seconds) POS claims adjudication timeframes. We leverage the full active redundancy of our platform to eliminate the need for downtime associated with routine maintenance, thus affording increased flexibility, agility, and responsiveness, as well as the ability to quickly adapt to meet client requests and new requirements.
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.	Customizable	MedImpact uses various tools such as Splunk, Oracle Enterprise Manager, SQL Diagnostic Manager to name a few. Splunk is used for monitoring and alerting on various application logs and metrics such as system's Quality of Service, KPIs and service levels. SQL Diagnostic Manager offers performance monitoring, alerting, and diagnostics for SQL databases. Oracle Enterprise Manager provides comprehensive monitoring and alerting capabilities to ensure optimal performance. Combination of such tools provides the ability to capture and monitor system performance data. MedImpact also uses Jira issue and project tracking software. Jira can initiate and report system problem tickets when defects are identified, establish priorities for all problem tickets, review and approve problem tickets, initiate all correction notices to the business offices. The outputs of performance management tools as mentioned above and Jira can be used for performance review assessments.
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.				Customizable	MedImpact will 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 levels of service. We will work with DHS during implementation to define what is needed to interface with the tools.
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	MedImpact commits to providing collaboration tools and unified communications technologies and services for optimal project performance. We utilize a variety of technology platforms such as the Microsoft Office suite (Teams, Outlook), Salesforce, and SharePoint to support collaboration and communication.
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	MedImpact's standard non-production databases are refreshed from production using Network Appliance Storage and/or Exadata "snapshot" technologies which produce a complete point-in-time copy of a production database without overwriting data. We will follow the approved Change Management Plan processes when scheduling a system refresh.
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	Our pharmacy benefit management platform consists of many software applications, from the adjudication engine to portals, all with individual release cycles ranging from monthly to quarterly as determined by rate of change and business drivers. Software updates do not impose blackouts or restrictions on the exchange of files. MedImpact publishes upcoming release schedules 30 days in advance.

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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	We commit to developing with the State a Systems Operations, Support and Transition plan, or phase within the DDI, to ensure a smoother migration to M&O Go-Live Phase. This will include project tasks, activities, milestones, and timelines in support of the State's data governance tools. We will participate in the State's Data Governance program as a data steward.
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	MedImpact's claims processing system is built to support the mission-critical nature of pharmacy benefits management services. Scheduled downtime occurs outside of business hours.
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.				Customizable	Through ongoing quality improvement processes, we continually review and enhance the capabilities, capacity, and performance of our systems to help ensure they meet or exceed industry standards and expectations. Our platform maintains an uptime of 99.99% and is available 24 hours a day, 7 days a week, 365 days a year and the average claims processing response during 2022 was 0.55 seconds. MedImpact commits to monitoring performance of each transaction and query to identify the top 5 worst performing transactions/queries. Utilizing our continuous quality assurance program, we will identify improvements for at least 2 of the transactions/queries in each new release. MedImpact will work with DHS to communicate results in the operations dashboard for monitoring.
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	MedOptimize enables authorized users to look at virtually unlimited views of the data with user-defined filtering capabilities to intuitively drill down to the detailed data required. MedImpact offers flexible reporting through both standard regularly scheduled and custom ad hoc report options. There is a wide array of predefined management reports designed to help DHS evaluate and manage the cost-effectiveness, quality, and efficiency of the DHS prescription drug program. In addition, DHS can follow simple prompts to customize results for selected time periods and specific segments.
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	MedImpact's data management strategies and processes are based upon industry standards and best practices and readily adapt to the data management approaches of our customers. A joint effort among MedImpact, DHS, and other stakeholders to structure a program wide data governance approach and data management guidelines is critical as DHS begins implementation of the new solution in the future and transitions from the current system. MedImpact will support the State's data governance tools and processes in compliance with the State's Data Governance planned initiatives. We will also provide a representative to participate in the State's Data Governance program as a data steward.
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	MedImpact collaborates closely with DHS and its designated IV&V (Independent Validation and Verification) vendor to adequately perform State and CMS required verifications and validations. Our staff works in alignment with IV&V vendors to ensure all content necessary for scheduled reporting to DHS and CMS are available and complete for submission to achieve and maintain Certification.
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.				Customizable	MedImpact employs Splunk and other tools to capture performance and other critical operations data in real-time. This data is used to support performance monitoring and reporting for internal and external purposes. MedImpact will develop the capability to consolidate the performance data collected across our enterprise to support capture and reporting electronically, online in a dashboard.
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	During all testing phases, defects will be tracked and logged for correction. Correction of defects by MedImpact will occur behind the scenes as testing continues. At the conclusion of the first cycle of testing, MedImpact will restore the data back to its initial state and introduce a new release that include defect corrections. DHS will test the failed scripts to determine if the defect has been resolved. Multiple cycles of testing will occur until there are no defects recorded or cosmetic defects remain at the determination of DHS.
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	All our technologies support highly configurable, granular, and role-based access capabilities. Our flexibility to configure unique user roles affords DHS, and its approved stakeholders, tailored access to assure they have the information required to perform their specific roles.
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	MedImpact will work with DHS to define the KPI data capture points proposed in 1 of the Phase II deliverables (Functional Design Document, Technical Infrastructure Plan, and Information Architecture). We will work with DHS during implementation process to identify what is needed.
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	Application activity logging is collected for certain applications and sent to MedImpact's Splunk platform for review. Application owners are provided with reports on a quarterly review that includes all application activity such as reads, modify, and delete the specific record as well accessed, date and time and unique user ID performing the action. MedImpact has also deployed Oracle's Audit Vault and Database Firewall product to track all database activity against ePHI. Reports are generated and reviewed by MedImpact's Database Administrators and Internal Audit and Information Security departments.
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	MedImpact will provide DHS with a plan that provides post-implementation general activities and tasks, including operations, maintenance, and technical support, necessary to support the operations and administration of the proposed solution. Post go-live, supporting system document, and operational procedure documents will be updated at the frequency requested by DHS.
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	MedImpact will maintain that all system documentation or changes, including updates to the rules engines, are 100% accurate within the specified timeframe indicated by the State. MedImpact will maintain current and up-to-date documentation of all system components throughout the life of the project. We will collaborate with DHS agreed-upon templates and the appropriate level of detail for documenting the design for each system component including data models, user interface, auditing, reporting, architecture, Web services, and infrastructure. Updates required by a CR will be defined within the specific CR in accordance with section 2.7.4 project change management. MedImpact confirms that updates requested by the State will be approved by the State and completed within 10 business days.
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	In addition to the dedicated Help Desk MedImpact is providing for DHS staffed with pharmacy technicians and pharmacists during regular business hours, we offer the option of our regular Call Center services available 24 hours per day, 7 days per week, 365 days per year as a wrap around. The Call Center provides access to an IVR (interactive voice response) system with advanced speech recognition that enables clients to confirm eligibility, check PA status, or locate a participating pharmacy. MedImpact will measure performance daily, report monthly, and share results with DHS as part of the monthly audit.

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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	MedImpact's performance monitoring reporting system provides DHS with a dashboard of key performance metrics for easy access and review. Automatically generated, the report card incorporates configurable tools with rules-based flexibility to the extent possible and is made accessible to DHS personnel through a portal. If any performance measure must be manually captured or derived, our Quality team assists the assigned metric owner in gathering the metrics and inputting them for reporting purposes.
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	MedImpact will submit status reports in compliance with the requirements outlined in section 2.8.2 Status Reporting Deliverable coinciding with the our monthly invoicing and when DHS requires.
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	MedImpact has thoroughly reviewed the details contained in Attachment P "Terms and Conditions" and we agree to meet all items as outlined by DHS.
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	MedImpact has performed an exhaustive review of the requirements contained in Attachments C and G and we agree to meet all terms as outlined by DHS.
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	MedImpact documents procedures regarding PHI stored on portable equipment and media. Our information security program does not allow the storing of PHI on a local laptop or removable thumb drives. MedImpact disables all USB ports on laptops and desktops to prevent the unauthorized transfer of PHI to external storage devices. We store all client, customer, and company data on internal servers to reduce risk. All laptop and desktop computers include an encrypted hard drive using MS Bitlocker full disk encryption (@AES 256). All computers have current virus protection in place. We require users to take applicable annual security assessments and passwords must be changed every 90 days.
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	MedImpact leverages a high availability design across the application in all tiers of the application. We use a combination of offsite backup to record and real-time data replication to the production data center and our hot-site, geographically dispersed backup location. This model affords DHS minimal to no data loss and the ability to prevent unscheduled downtime. The data analysts notify MedImpact IT operations staff and our Data Integration manager of any high-impact transaction errors and our Data Integration manager/business analyst then follows up. If unscheduled downtime occurs, DHS will be notified via their account management team within 15 minutes for priority 1 level events.
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	MedImpact can exchange files and provide potential alternative solutions to achieve more real-time data exchange (via utilization of APIs). The MedImpact RTM (real-time messaging) system can provide near real-time pharmacy claims and accumulator data to DHS and third-party systems. It can also receive near real-time medical and external pharmacy benefit accumulator data from DHS and third party, so our platform can have up-to-date accumulator values for combined benefits. The RTM platform supports exchange via either the National Council for Prescription Drug Plans benefit integration standard or a custom client format. We designed RTM to support real time integration via APIs as well.
CM51	Contract Management	System Compliance	Vendor's system must accept and load NDC with cost information for DME, etc. within 24 hours.				Meets	We will partner with DHS to gather coverage, adjudication rules, and the reimbursement methodology requirements for DME supplies to ensure full compliance with DHS' guidelines. Our account management team will ensure that the appropriate benefit configuration is implemented in the adjudication system to support the processing of DME supplies using the correct reimbursement methodology.
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	MedImpact will comply with and support DHS data requests and reports including reports required by the Arkansas legislature or legislative session. We produce specific production reports as required by applicable state and federal requirements. We understand and agree with DHS' request to provide timely reports and will provide a daily status no later than 9 a.m. each day the documentation is not delivered.
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	MedImpact's infrastructure monitoring tools log key performance indicators, including network activity for all data exchanges (SFTP and real-time API). These performance indicators are automatically collected in our system-wide event manager. Reports can be generated from the data collected. We will collaborate with DHS during implementation to collect requirements. Each file load initiates the creation of a load result report sent to the customer immediately following the load process. The load result report includes statistics on total records processed; new records added; existing records updated or skipped (such as no change in any record information); total deletions (if applicable); and total errors encountered (with a detail listing of the error records.) This feedback report allows entities to actively monitor file load performance and react immediately to any issues observed.
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	If MedImpact experiences any unscheduled system downtime, the IT department promptly notifies the account team who would, in turn, notify DHS by phone and email. We have not experienced any unscheduled system downtime since February 2020. We will work with DHS to solidify unscheduled notification timelines and requirements during the implementation process.
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	MedImpact will work in tandem with DHS to complete data maintenance requests in the time frame agreed upon.
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	The platform maintains an uptime of 99.99% and is available 24 hours a day, 7 days a week, 365 days a year. MedImpact performs 12 to 15 scheduled releases throughout the year with no downtime.
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.				Configurable	MedImpact can configure its system to ensure that all stored images can be retrieved by the State within 1 State business day (24 hours) of the request.
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	MedImpact will develop and execute the necessary data exchange agreements with DHS laboratory providers that govern receipt of lab data for clients. Data exchange agreements will incorporate HIPAA standards and Department MIDA Contractor best practices and procedures for data and file integrations. DHS will review and approve all agreements prior to execution. In 2021, MedImpact launched our first healthcare interoperability solution based on the Hl7.org standard. The FHIR standard allows true interoperability for data that ranges from clinical information, including lab data, in the client's electronic chart in the EHR to medical and pharmacy claims data from current or past payers, which are all accessible on-demand via real-time web services. Access to this information provides a host of possibilities such as streamlining PAs, improving predictive analytics, correlating drug spend with medical costs to better manage total cost of care, and empowering more effective MTM (medication therapy management) and care coordination. Medical and lab data can be leveraged to support POS claims processing, develop, and recommend clinical edits and PA criteria. MedImpact's assigned Systems Pharmacist and other clinical resources will review the lab data collected regularly and will make recommendations intended to meet DHS clinical objectives.
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	MedImpact employs a variety of tools and methodologies to help ensure traceability of any software development, business configuration, requirements-gathering to applicable test cases, and implementation of changes and enhancements. We commit to use or interface with Arkansas Enterprise tools. MedImpact will work with DHS to agree upon the automation tools used for Project Management, requirements, testing, and Power Business Intelligence.

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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	MedImpact understands that implementation of MES modules may require work from both the new module vendor and existing module vendors to ensure that they are properly integrated and that they work cohesively within the MES landscape. MedImpact acknowledges and agrees that we will work with other State vendors to retro-fit our Pharmacy solution for a smooth transition, and that when the State procures additional system contracts, our Pharmacy solution will be configured to work cohesively with them.
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	MedImpact establishes and maintains a DRF (Drug Reference File), which contains all critical data elements necessary for processing and adjudication of claims. Codified and descriptive data is updated at least weekly, including applicable source data from drug compendia, manufacturer contracts, CMS, and local data elements. While MedImpact utilizes First Databank for drug clinical data, Medi-Span is primarily used to support pricing and drug rebates. Weekly drug information is used to support pricing and drug rebates, as directed by DHS. We can also accommodate additional data fields as specified by DHS. Updates to the drug list are made within 1 business day after DHS approval. Drug files are distributed to all necessary stakeholders on a schedule determined by the State and upon demand. In addition to updates, MedImpact will provide reports of any discrepancies identified with update drug data.
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	Our solution's architecture and MITA-aligned interoperability strategy enable the exchange of drug data with external vendors, including the Arkansas MMIS, Decision Support, and MCO vendors. We support the exchange of data and maintain a drug database that includes all critical data elements necessary for the processing and adjudication of claims, including indications, delivery, dosages, and safety information for each NDC. Other data required by DHS will also be included.
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	Of the many rules-based edits coded into our claim processing solution, during adjudication each claim is reviewed against Federal Financial Participation data sourced from drug compendia to determine Medicaid rebate eligibility. If a drug is determined to be ineligible for Medicaid rebates, the claim denies with a 'Drug Not Covered' reject, with additional, configurable pharmacy messaging. If coverage of any rebate-ineligible drugs is required by DHS, a custom exclusion list of drugs can be applied. For compound drugs, the program evaluates each ingredient for Medicaid rebate eligibility. Federal Financial Participation data is updated weekly from drug compendia submissions. All of our technologies support highly configurable, granular role-based, and row-based-access capabilities. Our flexibility to configure unique user roles affords DHS and DHS's-approved stakeholders tailored access to assure they have the system access required to perform their specific roles.
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	MedImpact establishes and maintains the DRF (Drug Reference File), which contains all critical data elements necessary for the processing and adjudication of claims. Codified and descriptive data is updated regularly including applicable source data for compendia, manufacturer contracts, CMS, and local data elements. We refer to local data elements for adjudication population because of rules-based processing. Historical integrity of DRFs, data element values, associations, and calculations for drug records is also completed. Updates will be made weekly, or more frequently if needed, for MCO and FFS processing as well and for PDL changes.
DF5	Drug File Updates	File Maintenance	Vendor shall complete master file updates and backups nightly.				Meets	MedImpact uses data replication between our 2 managed, secure, highly available TIER 3 data centers located in San Diego, California and Tempe, Arizona. In addition, MedImpact performs daily backups to encrypted tapes, which are sent offsite to Iron Mountain. Iron Mountain is licensed and bonded to handle electronic and hard-copy PHI, PII, and sensitive data. Backups are retrievable upon request.
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) (Drug File download). Please refer to requirement R27 for penalty.				Meets	All data load and file maintenance activity, such as drug files, are date- and time-stamped. This activity data is recorded and stored in the database and can be accessed and reported on in real time. A notification can be sent to a designated distribution list whenever all back-end processes are completed. Upon notification, the file is updated with a note indicating successful distribution to the designated contacts.
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.				Configurable	MedImpact implements protocols to ensure the security of our solution hardware and software, including our document management component. Paper documents are scanned into electronic format and, where appropriate for processing, are subjected to OCR and then encrypted for routing to the appropriate location, such as the SharePoint-based electronic document repository, the MedAccess® reporting component, MedImpact's solution provides the ability for data storage in its original form without loss of data integrity of fidelity. MedImpact can interface with the document management solution identified by DHS, to include integration and conversion to a State solution, if implemented.
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	All provider documentation received by MedImpact will be converted to a digital image and then indexed. These images will be attached to the appropriate client record, accessible through the system, and are able to be printed to a network printer.
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	MedImpact confirms the ability to receive and process documents using a predefined template. This will allow for indexing and search within designated fields from electronic documents after OCR.
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	MedImpact uses the MedResponse® PA electronic workflow management system where we create review queues for clinicians to access. All fax images, notes, and phone logs are available to the reviewers, and we have the ability to share the information seamlessly. Incoming faxes create an image, which is indexed to the specific PA request. MedImpact provides confirmation of a successful fax transmission upon completion.
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	RightFax is the desktop fax solution used by MedImpact. RightFax lets authorized users securely transmit and receive paperless, digital faxes directly from their desktop.
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	With the use of API's, MedImpact solutions are integrated and allow for workflow and document imaging and management.
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	Documents related to claim and PA transactions are integrated into the workflow in the systems. For example, faxed documentation sent in support of the PA process is stored in the system as an image. Images are indexed and linked to the specific PA request and are accessible via a hyperlink on the screens of the PA system relevant to the request.
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	All documentation received during the PA process is stored in the system as an image. Images are indexed and linked to the specific PA request and are accessible via a hyperlink in the PA system.

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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	MedImpact provides MedCommand, which provides a secure, seamless user experience that allows users access to MedImpact's applications, including document images. MedCommand's security architecture is industry standards-based OIDC (OpenID Connect) and SAML (security assertion markup language), provided by our IBM Security Verify platform, and fully supports application single sign-on
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	MedImpact confirms that all documentation received from providers will be accepted, both electronic and paper. Paper documents are scanned, converting them to an electronic format. All documents and faxes are stored in the document repository.
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	MedImpact follows all relevant Federal, State, and DHS guidelines for the capture, scanning, indexing, and security of all plan documentation. We maintain data retention policies and procedures that outline various data types and their respective retention time periods governed by applicable laws and regulations. MedImpact policies and procedures specify how to handle correspondence, including processes to categorize, address, record, tag, and track the documentation for viewing at a later time.
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	MedImpact confirms that the user interface for viewing imaged documents allows for zooming, highlighting, and rotating of the image to improve clarity.
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	When viewing scanned documents in our system, the image displayed is a full, unedited, and unredacted view of the original document.
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.				Configurable	This is not part of our current functionality but is a part of a system enhancement that is scheduled to be implemented prior to the DHS contract go-live.
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	In the event a document is incorrect, incomplete, or attached to the wrong record, authorized users have the capability of removing and replacing specific pages within a document scanning batch.
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	We can accept documents and forms electronically and automatically ingest the information. This helps reduce, or potentially eliminate, errors intrinsically associated with manual processes. This also eliminates the need of scanning and or mailing these documents for entry.
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.				Configurable	During implementation, MedImpact will partner with DHS to identify, categorize, and define the scope and audience for all letters, forms, and publications to be processed systematically. At this time it will be determined where each document type will be stored. Other State designated documents will also be defined during implementation.
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	During implementation, MedImpact will coordinate with DHS to identify gaps between our current system functionality, or performance measures, and the contract requirements and approved design. The MedImpact account team will work with DHS to develop a solution for closing these gaps, or defects, before the project go-live.
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	Problem-solving for issues that may arise within any system, or within our unified technology platform serves as the basis for continuous improvement and learning among MedImpact team and DHS stakeholders. Our overall procedure for problem resolution and exception handling centers around prioritizing the urgency of the repair of the issue, according to the 1 to 5 scale agreed upon between MedImpact and DHS. A defect analysis will be provided to DHS within 1 business day of identification. MedImpact will work with DHS to determine the appropriate due date for defect correction and implementation.
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	As a part of our defect management process, immediately after identification, MedImpact begins a root cause analysis to determine the cause and scope of the issue. Next, we identify and collaborate with all appropriate internal resources or external technology partners to determine optimum resolution. The steps included are the identification of risks, resolution activities, and the assignment of resources. The plan developed using our defect management process will be submitted to DHS as soon as practicable, no later than 1 business day after defect identification. The final step of our defect management action plan is process improvement. All stakeholders involved in the action plan look back and determine the source of the issue create a plan to close any gaps and reduce the risk of a reoccurrence.
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	MedImpact employs rigorous quality control measures with every implementation to ensure timely, accurate and defect-free delivery of technical, business, and clinical services provided under contract. We use a variety of tools and methodologies to ensure traceability of the software development, business configuration, and business requirements gathered during the requirements definition phase of the project to applicable test cases. We design a test strategy for each testing stage/phase, and requirements related to that stage, using the most appropriate testing approaches, testing tools, and testing types for the situation. These tools prevent risks or emergencies due to system defects, system breakdowns, or processes that may lead to errors or disruption in service to beneficiaries and providers. Any identified defects or issues associated with systems, applications, or data will be reported to DHS and tracked using the State approved tool. These issues will be addressed using the MedImpact defect management process.
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	All identified defects will be tracked and logged using the DHS specified tools. Each defect will be tracked by the Arkansas defined severity ratings 1 through 5, with 1 being the highest severity. Should the Commitment Date determined during prior meetings with DHS be at risk, MedImpact will submit a written exception request for approval by the State. MedImpact will weekly reports to DHS detailing all system work, organized by business unit.
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	The MedImpact account team will establish a weekly meeting schedule to review defect priorities, status updates, and schedule of completion. The frequency of these meetings may be increased or decreased at the direction of DHS.

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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	MedImpact will support defect identification and resolution, with all activities tracked using the DHS approved defect management tool. MedImpact's defect management program is organized to first identify the scope of the issue, including impacted systems and potential downstream impacts and to then identify the root cause of the issue. A CAP will be developed to include the resolution plan and schedule for completion. These processes apply to UAT and production environments. DHS will be provided with updates throughout the process and during the weekly Defect Management meeting.
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	Defect reports will be provided to DHS from the state approved tracking system on a weekly basis, and upon request, within the contractual timeframes detailed in requirement R27.
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	MedImpact confirms the use of the DHS approved defect tracking system. The capabilities of the system will allow for reporting, workflow, and the documentation will provide an audit trail of activities. This tool will collect and store, at a minimum, all of the data elements detailed in this requirement.
DOC1	Document Management	Data Governance	Vendor shall provide online view access of a common, integrated, fully attributed data dictionary.				Meets	MedImpact maintains a comprehensive data element dictionary which is available online and to share with DHS. MedImpact's current data element dictionary contains all data elements necessary to support the contract's scope of work. We use Informatica EDC (Enterprise Data Catalog) capabilities to help ensure our dictionary is up-to-date and provides full traceability of all changes. Our DFLDs (data file layout descriptions) manual describes all files, fields, and data structures, and includes EDRs (entity relationship diagrams) in information engineering format, as well as record counts. MedImpact's data element dictionary includes well-structured, clear information about the database. It also provides the quick report on the data and the resources that the objects are using, thus making the data management easy.
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	MedImpact's clinical team will provide State staff with all necessary documentation to support the daily operation of the PDL program. The clinical account team will review relevant market information from sources such as the FDA, FDB and clinical publications. This will be used to provide guidance to the DHS leadership regarding topics including the drug pipeline, drug pricing, and updates to guidelines. One of the tools used by the clinical team is MedFocus®. MedFocus® is an objective, data-driven report identifying key pharmacy benefit utilization statistics in an easy to read, graphical format. Trends in cost and utilization of specialty and small-molecule drugs, generic dispensing rates, and formulary compliance are presented and compared to business type benchmark data. MedFocus features include tracking and benchmarking of data, along with identification of opportunities to improve benefit performance. Reports are available on a quarterly basis complete with an executive summary containing recommendations for improved pharmacy benefit performance. DHS' CPM (clinical program manager) will review each quarterly executive summary and deliver recommendations for program improvements.
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	Our solution is highly configurable and has advanced functionality to allow for ease of use. One such feature is the ability to provide the descriptions of acronyms by hovering over them.
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, Configuration Manual) 14. Business Processes (Inventory, Business Rules, Controls, Evidence of Controls) 15. Documentation (Technical, Business, Operations, Support, Training) 16. Desktop / Browser Specifications 17. Definition of Terms / Glossary 18. Crosswalk to Documentation (Order and Index of Contents)				Meets	The MedImpact account team will organize and facilitate the Planning Kick-off meeting and also produce all of the Phase I Vendor Documentation required by the contract, including all requirements detailed in this requirement. These will be submitted for DHS approval.
DOC5	Document Management	Content Management Solution	Vendor shall provide exportability of all electronic documents with appropriate indexing to an external document repository.				Meets	All electronic documents allow the ability to be exported to an external document repository with and all metadata attached. There will be no loss of data or document integrity with moving to a new document repository.
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	MedImpact strives to make all end-user manuals easy to navigate and user friendly. To reach this goal, MedImpact provides online versions of each manual for each system. All manuals will contain a section detailing available reports for the applicable system. Each report description will include, at a minimum a description of the report, production frequency, and definitions and/or calculations for each field.

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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	Instructional documents providing guidance for requesting reports, or other system outputs, will be designed to be simple and intuitive. Following the procedure workflow, each document will follow the sequential process with examples of input documents or screen-prints.
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	All system documentation will be provided to DHS within 10 business days after the initial approval of the system, or subsequent approved system modifications. Documentation will be posted to either a secure DHS portal, hosted by MedImpact, or delivered to a DHS designated document repository. This documentation will be deidentified to remove all references to MedImpact, including trademarks and logos.
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	All required system and user documentation will be provided to DHS for approval. Should any documents not meet the State standard for approval, MedImpact will work with DHS to understand the issues leading to the decision against approval. Within 15 days calendar days of notification, MedImpact will provide a new document for approval that addresses any previously noted deficiencies. Upon approval, MedImpact will publish and deliver to DHS final documents, in the agreed upon format. MedImpact solutions, and associated system documentation are designed to be updated and modified when needed. As a part of our change control process for updates and maintenance, MedImpact confirms that all solution documentation includes version control. This process facilitates efficient updates and distribution.
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	MedImpact views user documentation and training materials, including Help Desk guides, as the enabling element for user success with the intent of ensuring that each user knows what tools to use, which tasks to perform and how to perform them. MedImpact will create and maintain a comprehensive system of end user documentation that complies with DHS's standards and supports users with easily accessible and usable information they need to accomplish their job tasks. Documentation is composed to align with business transformation documents. Our philosophy is that when the user has a question about what to do next, our documentation needs to answer that question clearly, concisely, and quickly. All material will be written in such a manner that end-users can navigate the system and functions without requiring expert knowledge in the system. We respect the user's time and do not want them to have to search endlessly to find the answer. During implementation, MedImpact will provide our user manual for DHS approval. Once approved, the manual is published and distributed. Updates will be made as needed and, at a minimum, will be re-distributed biannually.
DOC11	Document Management	Standards	Vendor shall create and maintain End-user documentation and it must be in State supported office applications, (Office 365) or higher and consistent with the current State standards.				Meets	MedImpact confirms that all user documentation will be created and maintained using Microsoft Office 365 products in accordance with current State standards. End user documentation accessed from within our systems are displayed in a PDF format. As updates to source documents are made, the system PDF documentation will be updated upon approval from DHS.
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 Phase II of implementation, DDI, MedImpact will use draft end-user documentation awaiting approval from DHS for all UAT processes. Once these draft documents are approved by the State, final versions will be used for training and moving forward.
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	MedImpact provides online help for system features, functions, screens/data fields, error messages, and other solution fields or elements. Our user guides are indexed and searchable and include tool tips where appropriate. In addition, MedImpact's user help functionality will include situation-based guidance based on the DHS solution process step, screen/data field, or other context.
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	It is confirmed that prior to making changes or updating online content or documents, MedImpact will coordinate with all DHS vendors who may be impacted by the change.
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	MedImpact uses the SharePoint content management repository for development, team review, publication, and version control of user documentation. We partner with DHS to ensure your SharePoint system enables revision history tracking. With this function enabled, SharePoint stamps each set of changes made during an individual editing session with the date, internal version number (assigned by SharePoint), and user identifier of the person who made the change. We maintain all versions under development or revision (not published as official) in a document library accessible only to authorized DHS' staff, MedImpact documentation and training group, and authorized software developers and reviewers. MedImpact does not make these versions available to end users, which helps avoid potential confusion about which document to consult in operating the software. All documentation is created to be intuitive, follow the appropriate workflows, and to be modeled after the production systems. Once finalized and approved by DHS, MedImpact publishes end user versions of these documents to the appropriate document library accessible to authorized users. We publish these versions in Adobe PDF to prevent end users from editing finalized content.
DOC16	Document Management	Workflow Management	Vendor shall ensure all instructions for sequential functions follow the flow of actual activity (balancing instructions and inter-relationship of reports).				Meets	MedImpact's training documentation, and online guides, are designed to follow the workflow for the specific task. All workflows follow the sequential steps needed to complete the task, from start to finish, to include dependencies and relationships to other tasks.
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	MedImpact will provide DHS with electronic copies of all approved system, training, and provider documentation within 10 State workdays after approval to the DHS repository. Documents requiring revision due to system modifications, or updates to keep information current, will follow the same schedule and will be provided electronically to DHS within 10 State workdays of approval. Updates to the training or documentation will be delivered to within 20 calendar days after State approval of implementation of the change in order to fully implement modifications. The documentation will be provided in the same format as originally provided, with revisions clearly identified.
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	MedImpact maintains all documentation online to ensure everyone is accessing the most current approved materials. DHS is provided with an online version of all documentation in a PDF format. Any documentation deemed be incomplete, incorrect, or not meeting DHS standards will be updated to address the concerns and resubmitted for approval within 15 calendar days of the initial delivery date, assuming the defects are communicated to MedImpact in a timely manner. If requested, DHS will be provided with 1 hardcopy version of the documentation.

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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	MedImpact will collaborate with DHS during implementation to determine the content and delivery method of all monthly reports. Monthly, MedImpact will provide reports to DHS to include a summary of operations, performance, enhancements, change control and financial management. These reports will be delivered monthly for the life of the contract.
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	During implementation, we will partner with DHS to define a process and naming convention for finalizing and storing reports. This process will determine the storage location and a detail of any artifacts that will accompany each report. Upon approval, final reports will be memorialized with an electronic signature, after which they may not be altered.
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				Meets	MedImpact will maintain an online document tracking system accessible internally and available to the State's staff. Once published, all documents will be loaded into the online document tracking system within two (2) state business days. Each document is categorized, stored, and labeled with multiple data points to identify the document, publication and approval dates and any other data required by DHS.
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	MedImpact confirms that digital versions of documentation will utilize meta-data to allow for rules-based processes to allow for automatic updates, when applicable. Updates made to specific rules will result in edits being made to system or business requirements upon changes in documentation.
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	Vendor shall utilize the State's Deliverable Management Tool as a documentation repository. This tool can be used to identify, capture, catalogue and maintain all system, services, and enterprise documentation. This tool will be utilized beginning during the initial DDI phase and continue to be used throughout the contract period.
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	Confirmed. System documentation for all modules included in this contract include a glossary that provides a table of all acceptable data for each field presented in each system. This table will also provide a layman's description of the fields presented on windows, screens, or reports.
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	MedImpact will create guides for file maintenance. These guides will detail the rules, standards, and methods for system tasks such as data entry, error handling, and back-up procedures. System analysts will clearly document all procedures and directions for each maintenance/update procedure. The MedImpact data element dictionary is used to identify and establish data fields and record types and establish their relationship to data tables. This document will detail the specifications of all data fields, including descriptions of code values, the appropriate length of data fields within tables, and document the database design in a comprehensive data dictionary.
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	MedImpact strives to make all end-user manuals easy to navigate and user friendly. To reach this goal, MedImpact provides online manuals for each system. All manuals will contain a glossary of codes, abbreviations, and acronyms. Field names, used across systems from the data warehouse, will be described and defined using the same language in each system end-user guide. Abbreviations and acronyms used in end-user documentation will be exactly match those used in the system.
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	All documents used in the management of the contract with DHS are housed in an Arkansas-specific library. MedImpact's process and procedure documents are managed with industry standard change control and version management processes. Upon termination of the contract, and in compliance with the turnover requirements of this contract, MedImpact will convert, if necessary, and transfer all non-proprietary documents to the new vendor.
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	MedImpact will work in tandem with DHS to ensure that all provider documentation is kept current and relevant. Should our account team identify updates to existing provider documents, MedImpact will notify DHS to provide recommendations for updates. Upon approval of recommended changes, and using our document maintenance and version control processes, updates will be made. The documentation maintenance and version control processes act as an audit trail.
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	MedImpact maintains electronic images of all provider-submitted documentation for the life of the contract, with the intent to transfer to the new vendor during turnover activities, unless otherwise directed by DHS.
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	MedImpact's document management solutions have the capability to navigate online documents in their entirety, using a page forward/back function.

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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	MedImpact maintains HITRUST certification and conforms to National Institute of Standards of Technology, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols. MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover. This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks.
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	Documents related to claim transactions are integrated into the workflow in our system. For example, faxed documentation sent in support of a pharmacy claim is stored in the system as an image. Images are indexed and linked to specific claims, when available. I link to the original document can be found in the claim record in the claims system.
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	Documents related to claim transactions are integrated into the system in relation to the process workflow. For example, faxed or emailed documentation sent in support of a pharmacy claim will be imaged and stored in the system. Images are indexed and linked to specific claims, when available. A link to the original document can be found in the claim record in the claims system. In addition, our systems allow for notes to be added to specific records and transactions, retained with the appropriate system record. Additionally, notes can be added to a client record, which are accessible by all users.
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	MedImpact allows office-based authorized users to print documents and images from the system. Users may print selected pages from a multi-page document or choose to print the document in its entirety. Due to HIPAA and internal security guidelines, home-based employees do not have the capability to print documents. MedImpact offers our workforce client a secure print function that requires the entry of a PIN number at the corporate print station to prevent documents that contain PHI from being left unattended. MedImpact workforce clients are trained in the use of the secure print functions as part of our annual training. Secure printing is also documented in MedImpact's 560-PL-1018 Protection of PHI Privacy Policy.
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 (Provider, Client, stakeholder, etc.).				Configurable	The MedImpact solution for all components of the DHS contract provides a document management system. This system will store all incoming correspondence and documents which are to be indexed, including document source, type, and meta-data to assist in searchability.
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.				Customizable	MedImpact confirms that our document management system is complaint with ODMA and the newer WebDAV protocols to accept documents from any equipment and facilitate the portability of documents and images.
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	All of the systems that make up the MedImpact solution for managing this program, in its entirety, have the ability to meet the Content Management requirements of this contract. These include record management and automated integration with system processes. As new processes are developed, MedImpact will ensure that they will meet the same strict standards for existing processes.
DOC38	Document Management	Content Management Solution	Vendor's system must allow access to stored system-generated Client and Provider notices, using an index.				Meets	Copies of all system-generated client and provider notices are stored and are accessible using indexed data assigned to each specific recipient.
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	All data stored across all components of this contract are organized and stored in fields that have pre-defined specification of allowable entries. Each field can only allow data that matches the limits or characteristics coded into the field. Examples of field criteria include data type (numeric, alpha, or alpha-numeric), field length, and data format. Data not meeting the requirements cannot be loaded and will need to be corrected to complete.
DOC40	Document Management	Data Governance	Vendor shall incorporate and use a Unique Client Directory (UCD) or identifier for Medicaid Clients.				Meets	Each Medicaid client is identified in our systems and communications using a unique identifier, as assigned by DHS. The UCD (Unique Client Directory) links all activity across all components of the Arkansas Medicaid program.
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	The data dictionary for all of the project components will be provided to DHS for new data elements. Diagrams for the solution's conceptual, logical, and physical models will also be provided.
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	Should the value of a provided data point be able to be factually and consistently validated by a specific and fixed mathematical calculation of the values of 2 or more other data points, MedImpact will verify the provided value.
DOC43	Document Management	Data Governance	Vendor shall store and display descriptions, in layperson's terms, for all codified information (ICD code sets, error codes) and vocabulary, in the System as a service that can be leveraged enterprise-wide (i.e., terminology service).				Customizable	MedImpact systems provide access to a comprehensive database of terms and abbreviations. This enterprise-wide function provides a layperson's description of all codified information, allowing staff to better understand the information provided by the system.
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	All MedImpact solutions that will support this contract are compliant with all CMS/HHS requirements, including section 11375 of the SMM (State Medicaid Manual). This section details the data requirements, and specifically claims processing. Claims cannot be processed if all SMM 11375 required fields are not present and formatted correctly. This allows for accurate and complete federal reporting. Also, as the claims system feeds the rebate system, ensuring complete and accurate data in the POS system helps to maximize rebate dollars returned to DHS. MedImpact understands that rebate transactions may be adjusted at any time, sometimes dating back to the beginning of the MDRP (Medicaid Drug Rebate Program). Reasons may include changes in rate calculations from the manufacturers or retroactive changes to conversion factors. MedInvoice maintains detailed transaction level detail for original and subsequent adjusted invoices, dating back to the beginning of the MDRP. This allows for the ability to display, and report on, all iterations of any invoice.
DR1	Drug Rebate	System, Tools and Technical Capabilities	Vendor's system must flag all claims for drug rebate processing based on State requirements.				Meets	Of the many rules-based edits coded into our claim processing solution, during adjudication each claim is reviewed against Federal Financial Participation data sourced from drug compendia to determine Medicaid rebate eligibility. If a drug is determined to be ineligible for Medicaid rebates, the claim denies with a 'Drug Not Covered' reject, with additional, configurable pharmacy messaging. If coverage of any rebate-ineligible drugs is required by DHS, a custom exclusion list of drugs can be applied. For compound drugs, the program evaluates each ingredient for Medicaid rebate eligibility. Federal Financial Participation data is updated weekly from drug compendia submissions. Claims received from external sources, MCO or physician administered drugs, are reviewed as they are loaded into our MedInvoice rebate system. These drugs are compared against the drug files from CMS detailing covered outpatient drugs. Any drugs that are not included on this list are excluded from invoicing. Detail of all excluded claims is maintained and can be reported on and can be sent to manufacturers, on request.
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	MedImpact acknowledges ownership of all rebate activities for the Arkansas Medicaid program, federal and supplemental. This includes pharmacy claims processed by MedImpact, as a part of this contract, as well as claims received from the Arkansas Medicaid MCO programs. MedImpact will provide the same level of effort for all rebate programs, regardless of the source of the claims. These efforts include invoicing, collection and reconciliation, reporting, and dispute management.

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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	MedImpact supports DHS in managing dispute resolutions and provides accounting functionality to support payment reconciliation and reporting. MedImpact proactively prevents rebate disputes through the highly configurable and automated technology of MedInvoice which is focused on timely processing, continual validation, and continual updates of files that are critical to the accurate processing of rebates. Due to the nature of the MDRP, which allows for updates to be made back to the inception of the program, all documentation and data related to rebate functions, including disputes, are retained indefinitely.
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	MedImpact extracts all pharmacy claims data required to create and distribute CMS compliant rebate invoices. The invoices created match the OMB (Office of Management and Budget) approved CMS-R-144 State Invoice format and contain all fields required by CMS, including those detailed in this requirement. Upon receipt of the UROA (Unit Rebate Offset Amount) file from CMS, these values are retained and calculated based on utilization for reporting on the quarterly CMS-64 report.
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	MedImpact understands that DHS is entitled to the full federal rebate, even if they paid only a portion of the claim. This includes Medicare crossover claims where DHS paid as the payer of last resort.
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	The MedImpact rebate solution was designed by experts in Federal and supplemental rebate administration. Our systems were designed and built to adhere to all Federal rebate standards. The MedInvoice system performs rigorous validations throughout the invoicing, payment posting and dispute resolutions processes to ensure all data and calculations are compliant with CMS regulations and guidance. MedInvoice is a CMS-compliant Medicaid drug rebate management platform developed and operated in accordance with federal and state statutes and regulations. It provides innovative access, transparency, and rebate processing automation and validation to realize high quality, confidence, and visibility throughout the rebate invoice and payment capture cycle. MedInvoice was created in collaboration with state and Pharma constituents to avoid the pitfalls experienced by other vendor systems. The system was built for continuous configurability to evolve with the CMS Medicaid Rebate program and to meet or exceed all CMS and DHS requirements. MedInvoice is designed to be fast, flexible, and accurate. MedImpact understands and works to maximize the rate of drug rebate accounts receivable collection of invoicing for each program. We aggressively work to promote timely collection of rebates; all unpaid balances are also aggressively pursued. Along with sending PPA (prior period adjustment) statements for rebate dollars due, we also send Dunning letters for all unpaid balances, regardless of when the dispute was filed by the drug manufacturer. Accounts receivable data is maintained and can be reported on in real time.
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	MedImpact is committed to providing DHS with experienced and well-trained dedicated rebate analyst staff. All pre-invoicing, invoicing, and manufacturer dispute management are assigned to a dedicated Arkansas rebate team member. Once all required files are loaded and reconciled, our robust claim validation process begins. The rebate analyst kicks off the pre-invoice checklist, a back-end process to confirm all reference files are loaded and that the invoice process may begin. Using our robust reporting tools, our rebate analysts are trained to identify outliers and irregularities in utilization and/or unit rebate amounts. These are reviewed at the NDC, program, and state/supplemental level. MedImpact also provides resources experienced in identifying drugs that present an opportunity for value/outcomes-based contracting, who also has expertise in assisting DHS negotiation for these additional voluntary supplemental rebates with manufacturers. Our Managing Principal, Medicaid PDL and Rebate Strategy, will work with his team of supplemental/value-based rebate analysts to assist DHS with value-based contracting.
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	MedImpact proposes an innovative supplemental rebate negotiation, evaluation, and contract management process we are confident will fit the needs of DHS. Our supplemental rebate process is based upon independence, transparency, and flexibility. With the MSRA (MedImpact Supplemental Rebate Application), all aspects of solicitation, modeling, and contract execution are included in the online application connected to the invoicing, formulary management, and adjudication systems for ease of use. This fully transparent system enables DHS to view every aspect of the supplemental rebate process and track the progress throughout. This level of transparency and access enables oversight of the entire supplemental rebate process from solicitation to invoicing, allowing DHS to assure MedImpact fulfills its fiduciary duty. MedImpact also supports having supplemental rebate negotiation being handled by a rebate pool or consortium. We currently support a Medicaid client utilizing the SSDC (Sovereign State Drug Consortium) for their supplemental rebate contracting. MedImpact can support all coordination with the pool to obtain rates for invoicing, and for disputes if needed.
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	MedImpact's staffing model with be designed to meet or exceed the expectations and requirements set by DHS. The staffing model will provide sufficient staff to complete all operational and administrative functions that are included in this proposal, including 1 licensed pharmacist and a team of dedicated rebate analysts sufficient to meet the DHS contractual requirements.
DR10	Drug Rebate	System, Tools and Technical Capabilities	Vendor's system must provide an automated process to create manufacturer supplemental rebate letters.				Meets	MedImpact's supplemental rebate application has an automated process to contact manufacturers. All supplemental rebate contacts are stored in the system and an automated process notifies the manufacturer of upcoming solicitations for supplemental rebates. this automated process can also be used to notify manufacturers of any important updates to the program.
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	The MedImpact rebate team is experienced in all facets of rebate operations. Rebate staff review incoming data for accuracy and completeness to be used for invoicing. After invoices have been sent out for each program, this team expertly allocates payments and manages any disputes resulting from the invoices. In addition, the team responds to all rebate inquiries, following up on accounts receivable in a timely fashion. This team includes SME (subject matter experts) to provide rebate expertise and technical support.

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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	MedImpact accepts payment information and accompanying documentation from the manufacturers/labelers, including reconciliation of state invoices and prior quarter adjustment statements forms. Alternatively, manufacturers/labelers may upload the payment documentation through our manufacturer web portal. As reconciliation of state invoices and prior quarter adjustment statements are received and entered into MedInvoice, disputed units and dispute codes are updated during the allocation process. These may be entered manually, from the allocation of ROSI's or resulting from phone or email contact. Disputes can be submitted by manufacturers electronically using web portal upon uploading their ROSI information. Once disputes are entered, all dispute data can be retrieved and reviewed within the dispute section of MedInvoice or through reports available in MedOptimize. MedInvoice assists in tracking information related to disputes with the ability to track adjustments, dispute codes, disputed units, first contact date, and follow-up labeler communications. MedImpact will provide both a monthly and quarterly reconciliation of all rebate data in the required DHS format. This will include a summary of the activity from the prior month detailing amounts invoiced, adjusted and collected.
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	MedInvoice is a CMS-compliant Medicaid drug rebate management platform developed and operated in accordance with federal and state statutes and regulations. It provides innovative access, transparency, and rebate processing automation and validation to realize high quality, confidence, and visibility throughout the rebate invoice and payment capture cycle. MedInvoice was created in collaboration with state and Pharma constituents to avoid the pitfalls experienced by other vendor systems. The system was built for continuous configurability to evolve with the CMS Medicaid Rebate program and to meet or exceed all CMS and DHS requirements. MedInvoice is designed to be fast, flexible, and accurate. The MedImpact rebate team monitors for CMS manufacturer and state guidance, as well as changes to legislation. This allows MedImpact, and our systems, to accommodate changes to rules and regulations.
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	MedImpact will provide to DHS a comprehensive rebate reporting package supported by its flexible reporting tool, MedOptimize, to support of the federal drug rebate and state supplemental drug rebate programs. Each of the current DHS' 13 distinct rebate streams are tracked and reported on separately. MedOptimize contains all current and historical financial and invoice data. MedOptimize provides data flexibility, accessibility, customization, and user-friendliness. Reports are provided to DHS as scheduled and on an ad hoc basis.
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	MedInvoice produces manufacturer invoices and supports DHS in managing dispute resolutions and provides accounting functionality to support payment reconciliation and reporting. All rebate data is maintained and can be used to support the dispute resolution process. MedImpact will also work to resolve historical disputes received from the prior vendor.
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	Upon the successful delivery of all federal rebate invoices, MedImpact will provide notification to DHS no later than 24 hours after either the postmark date or electronic delivery of invoices to manufacturers. Our system will automatically send out the notification email to the designated state contact with detailed invoice information and postmark date.
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	Our secure, HIPAA complaint, manufacturer self-serve portal provides manufacturers with access to all claims level detail data supporting each quarterly invoice. This data is available immediately upon release of the quarterly federal and supplemental invoices.
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	One of the many Accounts Receivable reports available to DHS in MedOptimize is the QLAB (Quarterly Labeler Account Balance) report. This report provides a detailed look at outstanding balances for each NDC, for each quarterly invoice. This report includes amounts unpaid and in dispute.
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	MedImpact protects against paying for, or invoicing for, NDC that are not eligible for Medicaid rebate. First, our POS system is coded to only allow payment for MDRP eligible drugs, in accordance with CMS guidelines. Next, if ineligible claims are identified in the rebate system, such as claims received as physician administered drugs, or from a managed care claims file, all claims received for NDCs that are not rebate eligible, in accordance with CMS guidelines, are excluded from invoicing. This reduces unnecessary disputes from manufacturers. MedImpact provides an Excluded Claims report each quarter, with the detail of each claim, including all NDC detail, and why it was excluded. MedImpact invoices only include NDCs that are rebate eligible for the specified year or quarter.
DR20	Drug Rebate	Reporting Management	Vendor shall separate drug rebate reporting information between pharmacy and physician administered drugs (CPT/HCPCS).				Meets	MedOptimize provides the configurability and flexibility to provide reports at any level required by DHS. Each of the 13 distinct rebate programs can be reported on separately to provide detailed data separated between pharmacy and physician administered drugs.
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	MedInvoice provides the flexibility to make changes to unit rebate amounts as need for DHS supplemental rebate programs. All calculations for supplemental invoice processing will be in compliance with the supplemental rebate contracts between DHS and the manufacturer.
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	To avoid duplicate discounts, all claims and encounters received from the MMIS that include modifiers JG or TB, indicating that the drug was supplied at, or below the 340B ceiling price, will be excluded from drug rebate processing.
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	As the delegated rebate vendor, MedImpact will utilize the quarterly rebate files provided by CMS to create a proprietary, Arkansas specific 340B ceiling price file. This file is used to reject 340B claims exceeding the ceiling price and to exclude encounters with JG and TB modifiers from rebate invoicing.
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	As the rebate vendor, MedImpact takes responsibility for all facets of the MDRP and Supplemental programs. Beginning with pre-invoicing processes through to pursuing collections and resolving all disputes. These include disputes from federal agencies (HRSA), pharmacies, and manufacturers. MedImpact will provide reports on aged disputes and collaborate with DHS when necessary for issues that require escalation.
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	MedInvoice enables authorized users to configure and apply specific claim exclusion rules (340B and DESI [Drug Efficacy Study Implementation] drug claims exclusions). Authorized users can add, edit, or remove these rules prior to any quarter invoicing activities to satisfy evolving Agency requirements. To prevent duplicate discounts between the MDRP (Medicaid Drug Rebate Program) and the 340B drug pricing program, we can impose exclusions for POS (Point of Sale) claims at the provider or at claim level. For provider-level exclusions, MedInvoice imports the HRSA MEF (Medicaid Exclusion File) via an automated upload from the HRSA website quarterly prior to invoicing; and uses this to cross-reference NPI numbers against claim data for proper exclusion. We can supplement or replace this list with the DHS-specific listings. For claim-level 340B exclusions, we identify claim data elements, such as submission clarification code(s) or claim modifier(s) used for billing POS claims, and then excluded from invoicing based on those criteria. These methods can be tailored to meet DHS-specific needs. MedImpact maintains a list based on the HRSA Office of Pharmacy Affairs MEF that identifies 340B covered entities opting to carve-in Medicaid customers by dispensing drugs acquired through the program. We will collaborate with DHS to customize a process to apply a combination of available options for exclusion to maximize the capture of drugs ineligible for rebate. As these providers have the opportunity to change their 340B status on a quarterly basis, the preferred process for identifying these claims will also be updated quarterly. All data change activity is preserved in an audit trail to track activity over time. All transactions are stamped with the username, date, and time.

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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	MedImpact can implements strategies to identify 340B claims in real-time at the direction of DHS., prospectively, and retrospectively. Our contracts with 340B covered entities include provisions requiring these pharmacies to submit the following NCPDP D.Ø fields for Medicaid members to identify claims dispensed for drugs acquired under the 340B program. These include the Submission Clarification Code = 20 (NCPDP field #42Ø-DK), and Basis of Cost Determination = 08 (NCPDP field #423-DN). Our 340B functionality supports the submission of these codes to identify these claims, routes them to the appropriate carrier, and applies 340B pricing. Additionally, we can create and maintain a pharmacy panel based upon the HRSA (Health Resources and Services Administration) Office of Pharmacy Affairs MEF (Medicaid Exclusion File) that identifies 340B covered entities opting to carve-in Medicaid members by dispensing drugs acquired through the program. Inclusion in this panel drives claims to 340B processing, including pricing of claims based on MedImpact's proprietary Arkansas 340B pricing ceiling price file. Incoming 340B claims priced higher than the ceiling price will be rejected at point-of-sale. MedImpact will collaborate with DHS to develop a process to improve the quality of the MEF data through enhanced matching, along with other DHS-based efforts and initiatives related to 340B claim identification. We will implement appropriate claim edits on prescriptions to avoid duplicate discounts in the 340B federal program. Our rebate application, MedInvoice also screens for potential duplicate discounts.
DR28	Drug Rebate	340B	Vendor shall provide an indicator identifying 340B drugs on the custom drug file that is sent to MMIS.				Meets	MedImpact confirms that claims 340B claims will be identified on the custom drug file sent to the Arkansas MMIS.
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).				Customizable	MedImpact documents and submits for DHS' review and approval an Integration Plan, which supports the establishment of required solution interfaces using a step-by-step approach to interface design and development. For each partner and/or required interface identified in the plan, MedImpact will develop a Partner Integration Guide that outlines the processes and procedures for integration with the Pharmacy system. This will include information related to required agreements, connectivity, files specifications, naming conventions, submission requirements (encryption, compression), schedules, and any other relevant information. MedImpact is experienced in designing and implementing seamless integration with internal and external systems to enable our solutions to function as required. MedImpact has carefully reviewed DHS' interfaces and data exchange needs and will use this in our integration planning.
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	Because MedImpact administers pharmacy benefits on behalf of more than 40 million lives, we require system capacity to handle our existing large business as well as expansions and new business. MedImpact's systems architects are accountable to leadership for planning and designing its system to run at or below 50 percent of available capacity to allow for new and expanded business. This translates to system scalability necessary to accommodate anticipated volumes with the capacity to double claim volume without performance degradation. MedImpact continuously monitors, adjusts, and adds additional hardware/infrastructure. System architects meet quarterly with executive leadership to demonstrate current system capacity and performance, peak levels of processing during the reporting period, and ways in which system space or processing capabilities are increased to assure future readiness for user requirements.
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.				Configurable	MedImpact's SIP is able to support performance required by each interface for all Partners to achieve and maintain Federal certification. MedImpact will collaborate with DHS and its other/new vendors to establish system interfaces that conform to file layouts currently in use by DHS and its vendors or new to the program.
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	MedImpact's project manager will collaborate with DHS to establish a cadence of meetings and activities to document project scope, as well as to track and facilitate the development of the integration.
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	MedImpact publishes the interfaces and services through Interface Control Document (ICD). MedImpact, in collaboration with DHS, will develop an interface control document to track the necessary information required to effectively define the project's interface, as well as any rules for communicating with them in order to give the development team guidance on architecture of the system to be developed. The interface control document would clearly communicate all possible inputs and outputs from the project for all potential actions whether they are internal to the system or transparent to system users. The interface control document would be created during the design of the project. The interface control document helps ensure compatibility between modules and system components.
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	MedImpact recommends integrating industry standards along with sources for data format and content validation to help ensure the highest quality of transferred data. Integration of these sources provides valuable oversight and data validation to support program operations, decrease risk of error through introduction of non-validated data, and align with CMS MITA requirements. Prior to implementation, our system performs validation and load steps as an additional measure of data integrity. MedImpact incorporates data integrity processes as part of the interface objectives including data integrity, cleansing and purification, quality, verification, loads for inbound testing, and extracts for outbound testing.
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	MedImpact will work with DHS and other stakeholders to define and document where data transformation occurs for each AME Contactor System interface in the associated ICD. We routinely work with third parties to securely exchange data and can easily accommodate the types of transformations outlined in requirement DS7.
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 partnership with DHS, MedImpact will establish a cadence of meetings throughout implementation including the successful integration of all AME modules and to report the status of all integration related deliverables, guides, plans, and schedules.
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.				Customizable	MedImpact employs Splunk, Oracle Enterprise Manager, SQL Diagnostic Manager, Informatica, and other tools to capture real-time information related to data quality, quantity, and distribution. MedImpact's Data Exchange team, which is responsible for system integration support, uses these tools extensively in identifying issues. MedImpact will develop the capability to consolidate the applicable information collected by these tools into a KPI/SLA Dashboard that will present DHS with near real-time statistics.
DS10	Data & System Integration	System Integration Platform	Vendor shall use, display, and record all transactions in Central Time across its solution.				Customizable	MedImpact does not currently have this functionality today as all of our systems are based on Pacific Time. However, the enhancement is scheduled to be implemented prior to the anticipated go-live date for Arkansas.

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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	MedImpact provides a solution that performs real-time data processing including, but not limited to, data loading, integration, validation, and transformation from sender to receiver. Our data integration solution: identifies the data to be processed and defines specific objectives for the data conversion process; assesses the existing data, understands its characteristics, quality and structure to determine the necessary actions for cleaning and reformatting data; documents data mapping to provide a detailed specification of how the fields from source system will correspond to the MedImpact system; develops conversion scripts or procedures for extracting, transforming, and loading (ETL) the data; cleans and validates data in the system including removing duplicates, filling in missing data, or correcting inconsistencies; executes the conversion process on a subset of data to test and validate the conversion programs and data mapping; and completes the full conversion process and validation to ensure all data has migrated correctly to MedImpact's system. MedImpact regularly monitors converted data to ensure ongoing data accuracy and consistency. We utilize findings from monitoring and validation to improve conversion scrips and procedures and train end users to use MedImpact's system effectively. In addition, we implement Data Governance to monitor, manage, maintain and protect the data in MedImpact's systems. We will work with DHS during the implementation phase to review and approve our data integration process.
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	MedImpact systems are configured to automatically configure the date including leap years and other date anomalies.
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.				Customizable	MedImpact commits to collaboration with the State to develop and configure a KPI/SLA dashboard, which will include all business functions, processes, and workflows, within the timeframe defined in the project schedule.
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	MedImpact documents and submits for DHS' review and approval an Integration Plan, which supports the establishment of required solution interfaces using a step-by-step approach to interface design and development. This plan is updated at least annually through the term of the contract.
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	The MedImpact system provides mechanisms to assure data and system integrity through the proactive identification of event patterns or inconsistencies. In addition, MedImpact issues alerts to the appropriate incident and problem management processes. MedImpact incorporates data integrity processes as part of the data interface objectives including, data integrity, data cleansing and purification (when appropriate), data quality, data verification, data loads for inbound testing purposes, data extracts for outbound testing completion, and supporting required interfaces. MedImpact incorporates data integrity processes as part of the interface objectives including data integrity, cleansing and purification, quality, verification, loads for inbound testing purposes, and extracts for outbound testing completion.
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	Our system captures and maintains claim level alert messages for a minimum of 10 years. MedImpact retains data in accordance with our Corporate Retention Policy and our approved schedules.
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.				Configurable	All MedImpact systems allow for tracking and recording of metrics related to application health and availability, application uptime, frequency of access for application resources, and resource utilization by application resources. MedImpact uses various tools such as Splunk, Oracle Enterprise Manager, SQL Diagnostic Manager to name a few. Splunk is used for monitoring and alerting on various application logs and metrics. SQL Diagnostic Manager offers performance monitoring, alerting, and diagnostics for SQL databases. Oracle Enterprise Manager provides comprehensive monitoring and alerting capabilities to ensure optimal performance. The combination of such tools enables us to configure alerts including, but not limited to, thresholds, notification channels, and activation/deactivation for all system, application, and service level agreement monitoring capabilities.
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.				Customizable	MedImpact uses various tools such as Splunk, Oracle Enterprise Manager, and SQL Diagnostic Manager to monitor and record system performance. Splunk is used for monitoring and alerting on various application logs and metrics. SQL Diagnostic Manager offers performance monitoring, alerting, and diagnostics for SQL databases. Oracle Enterprise Manager provides comprehensive monitoring and alerting capabilities to ensure optimal performance. The combination of such tools provides the ability to configure alerts including, but not limited to, alert thresholds, notification channels, and activation/deactivation for all system, application, and service level agreement monitoring capabilities. MedImpact will develop the capability to consolidate the applicable information collected by these tools into a KPI/SLA Dashboard that will present DHS with near real-time statistics.
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	Data sharing requests by the State will be processed timely and in full cooperation with both the State and other entities. MedImpact understands that data sharing is central to the success of all clients and enables the development and delivery of new products and services.
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.				Customizable	MedImpact provides a SSO enabled platform for Client access to our tools and applications. The KPI/SLA Dashboard will be implemented via a web-based portal that will reside within this framework to facilitate role-based access for MedImpact and DHS users through our use of industry-leading IAM systems.
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.				Customizable	MedImpact commits to working with the State to identify the data to be reported through the System Health/Operational dashboard. This will include, at a minimum, interface availability, availability of sub-systems or components, transaction response times, and unplanned system outages, for all Systems functionality including the SIP.
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.				Customizable	The KPI/SLA Dashboard will be made available real-time 24x7x365, except approved maintenance windows.
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	MedImpact's PBM platform and services hosted at MedImpact can integrate with the state's sFTP/MFTP platform to provide secure data transmissions between our two entities as well as the state's third parties such as eligibility vendors and TPAs. MedImpact supports file level encryption with PGP to provide an additional level of data security.
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	The proposed solution will meet the requirements as defined in this RFP and attachments. We commit to maintaining any hardware, software, or contractual services to support all SIP components hosted in MedImpact's two managed data centers.
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	Yes. MedImpact currently supports all versions back to 2009.
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	MedImpact will work collaboratively with DHS to develop and enforce all database design consistently and uniformly, leveraging comprehensive database naming and metadata standards for data model definitions as defined in the State's Data Governance standards, rules and the ICDs.

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DS27	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a SIP Architecture that enables automated fault tolerance and recoverability.				Meets	MedImpact maintains dual, redundant, highly available, always-on data centers, located in Tempe, Arizona, and San Diego, California. Distance helps protect from a single local event failure or disaster and provides continuous availability. We also provide technical support 24 hours a day, 7 days a week, 365 days a year.
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	MedImpact service orchestration layer consists of Gravitee API Gateway, Informatica (for data exchange) and Active MQ. Active MQ provides the ability of exception handling, messaging brokering, routing, delivery, translation and resubmission/reprocessing. Gravitee API Gateway provides the ability to manage web services. Informatica also provides translation capability. All these tools can meet the requirements asked.
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 (real-time, asynchronous, synchronous, and Managed File Transfer (MFT)).				Meets	MedImpact offers the following APIs and their functionalities to our customers and authorized representatives. The Claims domain provides access to pharmacy claim adjudication and claim history information. For example, a given member's claim history can be retrieved given a member and a time range. The Drug domain provides operations related to drug attributes and drug pricing. For example, a drug price, for a given member and drug, can be retrieved. Other operations include those to get details about individual drugs (brand name, dosage form), therapeutic drug alternates, and others. The Groups category offers operations focused on retrieving and adding information at the Group level (A Group is a subdivision within a client organization, whose members may have different benefit structures). The Members domain provides a suite of operations to retrieve specific member information, or to create and update member configuration on the platform. This PA domain provides operations related to pharmacy claim prior authorization (a form of utilization management), including the creation of prior authorization requests, and state tracking throughout the prior authorization workflow. The Providers domain gives access to information on pharmacy claim service providers like Prescribers and Pharmacies. This is not an inclusive list of APIs. MedImpact's flexible claims processing platform can make available many additional right-use APIs for our clients.
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	MedImpact's systems are highly scalable with system capacity to handle its existing large business, as well as expansions and new business. Our performance goal is to double volumes (POS claim and supporting transactions) without degrading performance, which is measured in milliseconds. Therefore, MedImpact's system architects are accountable to leadership for planning and designing its system to run at or below 50% of available capacity to allow for new and expanded business. This translates to system scalability necessary to accommodate anticipated volumes, with the capacity to double claim volume without performance degradation.
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	The MedImpact ESB (Enterprise Service Bus) mainly consists of API Gateway and Informatica for data exchange. We also use Active MQ for messaging queuing and routing. Together they provide messaging support including queuing, content or context based routing, and guaranteed delivery. It also includes exception handling, correlation, and message logging capabilities.
DS32	Data & System Integration	System Integration Platform - Architecture	Vendor shall provide a system that conforms to and supports open standards for data integrations.				Meets	Our solution employs open standards (xml, ascii/txt) for data integration in order to support interoperability and to avoid any dependencies on specific software solutions or technologies.
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	Our solution employs open standards (xml, ascii/txt) for data interchange and messaging formats.
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	MedImpact's adjudication system accepts ICD-9 and 10 codes and supports their use within clinical programs and POS adjudication. MedImpact bases the prospective DUR edits for drug-disease contraindications on known diseases using medical diagnosis codes. These edits identify disease states, health conditions, and/or procedures by ICD-10 codes, the internationally recognized standard. These edits review all active diagnoses codes submitted on the prescription claim or retrieved from stored member history.
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	MedImpact provides secure file transfer of all DHS information through a TLS (Transport Layer Security) encrypted website using Axway Secure Transport. Axway Secure Transport is configured via a front-end web server connecting to a back-end file repository. No files are stored on the front-end server. MedImpact also supports file level encryption through the use of PGP for added protection.
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	To support AMES modules, data exchanges will be completed securely and scheduled in accordance with the regular transmission and receipt schedule where historical files will be stored. Secure data transmissions can be completed through secure file transfer, secure email, and SFTP with PGP for additional file level encryption.
DS37	Data & System Integration	Managed File Transfer Services	Vendor shall delete in-transit MFTS files once a successful transfer has been logged.				Meets	MedImpact does not store any data externally post successful transfer. All data is brought inside our secure perimeter for processing.
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	MedImpact's MFT platform is highly available and redundant. MedImpact relies on the platform to perform file exchange with hundreds of clients, TPAs and Eligibility vendors. MedImpact maintains 7X24 monitoring on its processing and availability via our Network Operations Center.
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	MedImpact's infrastructure monitoring tools log key performance indicators, including network activity for all data exchanges (SFTP and real-time API). These performance indicators are automatically collected in our system-wide event manager. Reports can be generated from the data collected. We will collaborate with DHS during requirements-gathering to collect DHS requirements for producing load reports for electronic data exchange functionality. Each file load initiates the creation of a load result report sent to the customer immediately following the load process. The load result report includes statistics on total records processed; new records added; existing records updated or skipped (no change in any record information); total deletions (if applicable); and total errors encountered (with a detail listing of the error records.) This feedback report allows entities to actively monitor file load performance and react immediately to any issues observed. MedImpact can provide reporting on file activity related to the States data exchange processes.
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	MedImpact will partner with DHS every step of the implementation process. The SIP will be approved by DHS and executed. We will run tests to ensure the system is operating as intended before go-live.
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	Log files are maintained which contain web, application, system, and security information. Information critical to security is collected, correlated, and analyzed by a 3rd party SIEM (Security Information and Event Management) system. This information is reviewed in real-time 7/24 at the AT&T SOC (Security Operations Center). Any suspicious activity is reported immediately and tracked to ensure timely remediation. The information is retained for a period of 1 year. Additionally, relevant security log and event information is collected from MedImpact's firewalls, intrusion prevention systems, and other network devices including security controls within our network using AT&T's agent less parser/aggregator technology. This information is correlated by an AT&T database management system which prioritizes threats based on their risk to MedImpact. MedImpact logs all user ID access information as well as all database access whether through the backend or frontend for all access privilege classes including root/administrators. Database logging via AUDIT_SYS_OPERATIONS enables the auditing operations issued by user SYS and users connecting with SYSDBA or SYSOPER privileges. Application audit logging is sent to MedImpact's Splunk platform for activity reporting and if required after-the-fact investigative reporting. MedImpact has also deployed Oracle's Audit Vault and Database Firewall component to track, report and log database activity.

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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	In collaboration of DHS, MedImpact will review and update the SIP with improvements at least annually.
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	MedImpact's solution provides modular, interoperable services through flexible, scalable technologies and COTS products employing industry standard communication protocols in a cloud-based, SaaS-based environment. Our centralized hosting and service delivery approach minimizes the burden on DHS while allowing MedImpact to meet DHS' needs now and in the future with our modern, MITA-aligned, and secure solution. Services are provided from MedImpact's two managed data centers located in San Diego, CA and Tempe, AZ.
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	DHS will be supported by a team who will support DHS from the implementation of this program and throughout the contract. This team will include technical solution manager, business solution manager, and system IT manager who will perform and complete the business support services for the SIP in collaboration and in accordance with DHS.
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	MedImpact performs routine testing of disaster recovery and business continuity procedures to ensure an effective disaster recovery plan. MedImpact has a layered disaster and business continuity strategy to guarantee continuous operations of critical services. MedImpact have redundancy at all levels to provide high availability and a well-maintained, secure operation. MedImpact's DR (disaster recovery) plan accounts for emergency mode operation during a critical event or outage. Systems required to enforce data access controls are co-located in both data centers to ensure that access controls remain in place during the event without the need to recover access management platforms. Our redundant systems support continued claims processing as needed. MedImpact monitors more than 1,300 unique functions via SiteScope and receives real-time monitoring alerts. Upon receipt of an alert of system failure, MedImpact's first action is to switch processing to one of the redundant systems. Data replication between MedImpact's data centers provides online, real-time protection and the ability to move workload in case of a site failure. The redundant sites and systems provide a framework for regular maintenance of all mechanical power and systems. MedImpact's IT DR Plan clearly outlines the criticality of our services and platforms. Critical applications such as pharmacy claims adjudication are classified as TIER 1 and have an associated Recovery Time Objective of 15 minutes or less. MedImpact can provide a copy of our IT DR Plan upon request for review by the State.
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	MedImpact's disaster recovery and business continuity strategies are documented in its BCP (Business Continuity Plan) and the IT DRP (Information Technology Disaster Recovery Plan) and updated at least annually. These written plans include comprehensive technical controls and redundancy at all levels to provide high availability and a well-maintained, secure operation. Key subcontractors are required to have disaster recovery plans and business continuity plans, and, where appropriate, participate in our exercises.
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	MedImpact uses various tools and technologies to provide, maintain and demonstrate interoperability across Systems technologies and management systems. We use tools such as Oracle WebCenter Imaging and RightFax for imaging, ABBYY Vantage for Optical Character Recognition (OCR) and Intelligent Document Processing (IDP), BridgeGate and Jira for Workflow automation, IBM Operational Decision Manager (ODM) for business rules management and decision support, IBM Cognos based reporting and business intelligence platform for Business Intelligence Dashboards, Informatica for data exchange, Active MQ for message services, Gravitee API gateway for managing web services, Splunk for system performance management, Real-Time Messaging (RTM) for message routing, service coordination, and real-time communication.
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	MedImpact uses NCPDP standards for medication history, formulary and benefit, real-time benefit check and prior authorization. Our MedPrescription Insight® program's flexible information technology infrastructure allows connectivity to all EHR (electronic health record) or EMR (electronic medical record) technology. Prescribers can access member-specific plan information securely using their EHR/EMR technology. MedPrescription Insight® program utilizes Industry standards to exchange data which makes it interoperable with other EHR or PHR, HIX, HIE systems.
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 (CMS 64 and CMS 21).				Meets	MedImpact will implement automatic system interfaces to supply the AME DSS with the necessary quarterly expenditure data required for CMS 64 and CMS 21 reporting. The required interfaces will be identified and implemented in collaboration with DHS and the AME DSS.
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.).				Configurable	MedImpact is working on Federated SSO for our client facing resources such as MedCommand that can accommodate SSO and AD authentication. MedImpact performs data encryption at rest and in transit. MedImpact maintains multiple ISPs for uptime and bandwidth requirements. MedImpact maintains HITRUST certification. MedImpact conforms to National Institute of Standards of Technology, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols. MedImpact does not currently maintain MARS-E certification but does maintain HITRUST certification which aligns with the same NIST 800-53 framework. MedImpact can also share our HITRUST NIST Cybersecurity Framework report. The NIST Cybersecurity Framework Scorecard contained in the report provides and overarching set of guidelines to provide a level of consistency, as well as depth, and rigor of MedImpact's cybersecurity program.
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	Our company's DES (Data Exchange Solutions) team possesses numerous decades of collective experience. Each team member has a minimum of 10 years of experience at our company or in similar roles establishing and maintaining system interfaces with external trading partners. This team supports a number of proprietary formats for exchanging claim data and supporting other common integration needs. This team also supports all relevant, HIPAA-required interoperability standards.
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	MedImpact's PBM module is modular. Data verification and data integrity are built into the platform. MedImpact reviews and updates our process flows in accordance with the changing technology landscape and to accommodate changes in our regulatory obligations.
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.				Customizable	The MedImpact MEP (Medicaid Encounter Program) provides the quality and completeness of Medicaid encounter records on an automated platform, containing audit files for balancing purposed. MedImpact uses MEP to load qualified paid prescription claims; pre-validate the paid claim; convert the validated claim to the proper encounter record and file format; and transmit a file of accurate and complete encounter records to the client or directly to the state in a timely manner. We follow this same process again when we load the MEP with the state encounter response file, with an additional step of adding the state's unique encounter record identifier to the original encounter record or file submission. Throughout every step of the high-level process, we can view the individual encounter records plus the overall status of the encounter files that contain these encounter records. Most of the MEP is automated and conforms to the SMA pharmacy encounter companion guides; however, there is a manual process requirement. This manual process occurs when the MEP delegates specific encounter records for correction.
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.				Customizable	When required to exchange clinical information, MedImpact will develop HL7 messages containing the needed and required data elements.
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	All Prior Authorization records are assigned a unique identifier. When a claim is adjudicated using an approved Prior Authorization, this identifier is captured on the claim record to create a link to the approved Prior Authorization. MedImpact's query tool allows reporting of Claims with their associated Prior Authorization identifiers, to audit the application of Prior Authorizations for duration and or frequency of application.

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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	MedImpact encrypts all sensitive data in transit, including PII (personally identifiable information) and PHI (protected health information), by leveraging TLS (Transport Layer Security), SSL (Secure Socket Layer) and SSH (Secure Shell) methods. SSL is encrypted at a minimum 128-bit, with 256-bit employed if desired by DHS. MedImpact also supports file level encryption on data transfer through the use of PGP encryption.
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	Upon receipt into the system from the pharmacy, our POS claims adjudication system stores the date, timestamp, and unique 10-digit, numeric claim identification number. Our claims engine captures information on when claims are submitted by pharmacy, how claims adjudicate, including benefit plan details, the edits applied, distinct claim-level adjudication codes, and/or claim attributes. All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. This information is available for reporting purposes and through our MedAccess tool, enabling DHS and MedImpact to monitor and validate claims are adjudicating as expected. For claims that deny, MedImpact also returns and stores the appropriate NCPDP reject code.
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	MedImpact will attend and cooperate in any required Joint Application Development and/or requirement sessions with the State or other vendors as needed. MedImpact understands the importance of requirements-gathering and documentation in building the foundation for other SDLC activities. Accurate, detailed, and complete requirements, documented in an RTM (Requirements Traceability Matrix), are used to define activities of during the Configuration/Customization phase. The RTM is used during testing to help ensure there is testing coverage for all requirements. Finally, the RTM is used to demonstrate to DHS that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact.
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	All MedImpact systems support flexible, adaptable, and scalable System Integration Platform (SIP) architecture that can accommodate any changes in business needs. In line with that and consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices. Highlights of our solution design include business rules separated from core programming, business rules available in both human and machine-readable formats, and use of formal system development methodology and open, reusable system architecture. This makes our system truly flexible, adaptable, and scalable to changing business needs.
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	MedImpact also uses Real-Time Messaging (RTM) for message routing and service coordination. The MedImpact RTM (real-time messaging) system can provide near real-time pharmacy claims and accumulator data to DHS. It can also receive near real-time medical and external pharmacy benefit accumulator data from DHS, so our platform can have up-to-date accumulator values for combined benefits. The RTM platform supports exchange via either the National Council for Prescription Drug Plans benefit integration standard or a custom format. MedImpact designed RTM to support real time integration via APIs as well.
DT3	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that conforms to and supports open standards for data integrations.				Meets	Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices including a modular, flexible approach to systems development including the use of open interfaces and exposed APIs for data integration. We have implemented the applicable HIPAA Standard Transactions and Code Sets in compliance with: i) the National Council for Prescription Drug Programs (NCPDP) transaction formats; ii) the Accredited Standards Committee (ASC X12); and iii) Client data exchange requirements. MedImpact works with customers to find the best mutually acceptable method of Electronic Data Interchanged (EDI). EDI transactions are self-implemented and are not subcontracted to outside vendors. To stay current with the latest HIPAA standard transaction developments, MedImpact adopts the standards set by the various Standards Development Organizations (SDOs), HIPAA organizations and work groups such as the Healthcare Information and Management Systems Society (HIMMS) and the Association for Electronic Health Care Transactions. Additionally, we monitor the progress of the health IT advisor to the Department of Health and Human Services (WEDI)/Strategic National Implementation Processes (SNIP) and, where applicable, adopt and use their industry white papers.
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	MedImpact consistently conforms to and supports open standards for data interchange and messaging formats. We comply with industry standard data exchange and message formats. For example, MedImpact has implemented the applicable HIPAA Standard Transactions and Code Sets in compliance with: i) the National Council for Prescription Drug Programs (NCPDP) transaction formats; ii) the Accredited Standards Committee (ASC X12); and iii) Client data exchange requirements. MedImpact works with Clients to find the best mutually acceptable method of Electronic Data Interchanged (EDI). EDI transactions are self-implemented and are not subcontracted to outside vendors. Consistent with the CMS Modularity condition and MITA, MedImpact components are loosely coupled through exposed APIs and web services using industry standards and best practices including a modular, flexible approach to systems development including the use of open interfaces and exposed APIs for data interchange and messaging formats.
DT5	Data Retention	System Integration Platform - Architecture	Vendor shall provide a system that manages and executes all data exchanges per the approved ICD.				Meets	MedImpact regularly securely exchanges data with third parties and will work with DHS to execute all data exchanges per the approved ICD.
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	As a component of MedImpact's corporate compliance program, MedImpact requires all employees to retain records related to the administration and delivery of the Medicaid programs for 10 years from the final date of the client's contract period with a state or federal government or from the date of completion of any audit related to the client. U.S. Department of Health and Human Services, Comptroller General, Office of Inspector General, Centers for Medicare & Medicaid Services, or their designees will have direct access to (onsite) and the right to inspect, evaluate, and audit any pertinent contracts, books, documents, papers, computer, or other electronic systems and records including medical records of MedImpact that pertain to any aspect of services performed, reconciliation of benefit liabilities, and determination of amounts payable under DHS's contract with the government. MedImpact will make books, computer or other electronic systems, and records directly available for inspection, evaluation, and audit for 10 years from the final date of DHS's contract period with a state or federal government or from the date of completion of any audit related to DHS.
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	Our ProDUR and RetroDUR system provides functionality necessary to meet CMS-required DUR functions and requirements. Our system is broadly customizable and configurable to support Arkansas Medicaid policies, procedures, and benefit designs through a data-driven, parameter-based infrastructure. At the corporate level, MedImpact's RetroDUR evaluation program is established, led, and operated by clinical pharmacists and the Arkansas clinical manager, who is involved throughout the entire process to analyze, intervene, and report outcomes related to the RetroDUR activities.
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	For the duration of the contract, all file transfers required to support the Arkansas Medicaid program will be configured and managed by MedImpact. Our processes are configured to receive and store all files automatically and, when appropriate, will distribute the files.
DUR3	RDUR	Managed File Transfer Services	Vendor shall delete in-transit MFTS files once a successful transfer has been logged.				Meets	MedImpact utilizes post-transmission scripts to delete files upon notification and logging of a successful file transfer.

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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	Since the release of regulatory requirements on January 2, 1993, with federal mandates for Medicaid RetroDUR programs, we have assisted states in administering their programs. MedImpact's RetroDUR system provides the functionality needed to meet CMS-required DUR functions and requirements as well as the Arkansas Medicaid policies, procedures, and benefit designs. Our system is fully automated, broadly customizable, and configurable to support Arkansas Medicaid and the Arkansas DUR Board. Within 30 days of go-live, MedImpact will provide DHS with reports for review of content and formatting. Beginning 60 days of go-live, monthly reporting begins using the DHS approved formats. The first quarterly report will be delivered to, and reviewed with, DHS 90 days after go-live. Our Analytics team runs deployed reports within our reporting tool, MedOptimize, for the regular review and analysis of prescription drug claims data. After all reports have been approved by DHS, they are available to be run 24 hours per day, 7 days per week. MedOptimize offers predefined, prompt-driven reports and the ability to create ad hoc queries and custom reports. Our teams provide summary or detailed data using MedOptimize's drill-down capabilities for more detail by filter, rank, and sort.
DUR5	RDUR	Managed File Transfer Services	Vendor shall monitor and log all MFTS activity and make available for State review upon request.				Meets	MedImpact monitors and logs all file transfer activity. Any anomalies, such as a scheduled file that has not be received, are noted. All logs are available to DHS upon request.
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	MedImpact will deliver and execute a DHS approved SIP. We will collaborate with DHS to ensure every element of the implementation is captured and tracked in participation to help ensure a seamless implementation.
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	All DUR system activity is logged and date-/time-stamped to assure a complete audit trail. There is full traceability to the specific updates applied to applications, interfaces and systems. The same information is logged for updates to security, networks and data transformations.
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	If the RetroDUR process identifies high risk behavior that warrants immediate intervention, someone from the MedImpact clinical team will reach out via telephone to contact the provider(s) as soon as practicable.
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	The RetroDUR process monitors for progress from intervention letters sent to providers. If no progress is identified for clients identified as "high risk", or where there is no response from the provider, the clinical team will conduct telephone interventions.
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	As the pharmacy benefit manager for Arkansas, MedImpact accepts full responsibility for providing DHS with assistance in fulfilling their obligations to CMS. This includes providing guidance on survey questions and supplying required RetroDUR and lock-in program reporting required to complete the CMS Annual DUR Survey Report. Further, MedImpact agrees that these reports will be due to DHS no later than 45 days prior to the due date of "annual" reports. "Bi-annual" reports will be provided by MedImpact as soon as 14 days, and no later than 30 days, after the request for the report. Bi-annual reports are dependent upon the availability of the data requested.
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	The Cost Avoidance Report is included in the reports due to DHS for completion of the CMS Annual DUR Report. This report includes data from RetroDUR Impact Assessment Reports for the dates covered in the CMS Annual DUR Reports. These reports will include all details and data controls used in the cost avoidance and quality impact calculations.
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	MedImpact understands the importance of collaborating with DHS regarding the RetroDUR program, specifically complaints. A sample of a Complaint Report will be provided to DHS for approval and will be provided monthly after approval. All complaints related to the RetroDUR program from prescribers, pharmacies and Medicaid clients are documented, researched, and followed through to resolution.
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	With over 30 years of experience providing pharmacy benefit management service, MedImpact has developed a robust library of educational materials, including RetroDUR intervention letters for all of the categories included in this requirement, at a minimum. During DDI, MedImpact will provide samples of intervention letters to DHS for approval. Within 90 days of go-live, prescribers, pharmacies, and member intervention letters will begin distribution and will continue monthly for the life of the contract.
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	MedImpact understands that effective training and education are paramount to the success of Arkansas' FFS Medicaid RetroDUR program. Initial and ongoing training programs and education activities are a few methods employed to serve DHS as our partner in the success of the program. All staff undergo core onboarding and training specific to the DHS project. We also provide one-on-one training and ongoing staff training in response to feedback, program, procedure, technology changes, and Agency requests. MedImpact requires new account managers and account executives to undergo extensive training that includes classroom training, e-learning, on-the-job training, and peer coaching. In addition to completing MedImpact's corporate compliance courses, we require new account team staff to attend instructor-led training to develop industry, product, and skills knowledge. We also pair new account management staff with a mentor who facilitates on-the-job experiential learning. Based on the skill and knowledge levels of the new hire, training time ranges from 6 to 12 weeks.
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	MedImpact's robust training program promotes quality and accuracy for an enhanced customer experience. We train all RetroDUR employees on all of the tasks associated with their roles. We invest a great deal of time educating our staff, developing their career paths, and encouraging them to continually grow and learn. New employee training consists of "classroom" training followed by on-the-job training done alongside a seasoned RDUR employee. The duration of the on-the-job training is variable, based on the needs of the employee. We then continue to build the employees' knowledge and skills through knowledge checks (given monthly, consisting of 5 to 10 questions based on topics supervisors identify via quality reviews), job aids, and individual training.
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	MedImpact will utilize State/DUR Board approved therapeutic algorithms in the evaluation of all clients. These algorithms provide a pathway towards best practices and demonstrated outcomes. Deviations from these best practices and standardized treatment protocols are identified and, if warranted, may lead to an intervention by the MedImpact clinical team.

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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	The DHS account management team can provide monthly summary reports highlighting trends in cost and utilization. These may include performance overview, major trend drivers, and an overview of performance indicators.
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	MedImpact utilizes therapeutic algorithms in the RetroDUR process to protect clients from inappropriate treatments, while protecting DHS from paying for inappropriate or unnecessary treatments. These proprietary algorithms audit all incoming pharmacy claims in real-time. Outliers from appropriate therapeutic algorithms may indicate potentially inappropriate or high risk treatments. These deviations may also indicate a pattern of suspected fraudulent, wasteful, and/or abusive prescribing or fill practices.
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	The algorithms supporting both DUR screening and RDUR are developed to identify inappropriate drug therapies and or therapeutic problems. These processes are customized for each state to consider differences in PDL, PA requirements,
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	Planned changes to any therapeutic algorithms used for the Arkansas Medicaid DUR program will be submitted for approval to DHS and/or the DUR Board prior to implementation.
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	Therapeutic algorithms used for DUR will utilize the most recent 12 calendar months of a client's fill history and will include all pharmacy data, unless otherwise requested by DHS.
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	Within 90 calendar days of go-live, prescribers, pharmacies, and member intervention letters will begin distribution and will continue monthly for the life of the contract.
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	MedImpact will reevaluate each Provider Exception Profile, based on most recent data, beginning during the fourth month of the contract.
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	MedImpact confirms that our solution will collect the LTC indicator, if provided, to identify members in LTC or hospice programs.
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	Despite best efforts to detect inappropriate claims at the point-of-sale, evolving fraud schemes and inappropriate utilization remains. These threats require a more defensive approach post-adjudication. Criteria is maintained and periodically amended to establish when and how we select a participating pharmacy or prescriber for educational intervention. The RDUR team reviews reports including key statistics such as number of claims, costs per member per month, brand/generic usage, formulary product utilization, utilization by fulfillment channel, and more. Additionally, for post-payment review of drug utilization reports such as Retrospective Concurrent Drug Use and Drug Use Risk Monitoring for evaluating member utilization behavior that allow for identification of inappropriate or sub-optimal medication therapy and help identify which clients' profiles require provider intervention letters, or other educational material, as set out in the definition table.
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	MedImpact acknowledges responsibility for providing DHS with assistance in fulfilling their reporting obligations to CMS. This includes providing guidance on survey questions and supplying required RetroDUR and lock-in program reporting required to complete the CMS Annual DUR Survey Report. Further, MedImpact agrees that these reports will be due to DHS no later than 45 days prior to the due date of "annual" reports. "Bi-annual" reports will be provided by MedImpact as soon as 14 days, and no later than 30 days, after the request for the report. Bi-annual reports are dependent upon the availability of the data requested.
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	The DUR team consistently monitors responses to ProDUR activity to look for opportunities for streamlining processes and creating more efficient and meaningful intervention criteria. Once identified, these recommendations will be provided to DHS and the DUR Board. The team will also monitor ProDUR edits and maintain all existing Severity 1 edits. New drugs to market will be reviewed and placed into the appropriate DUR category. MedImpact will develop and present a summary of ProDUR activity and submit recommendations for new edits at the quarterly DUR Board meetings. The report will be delivered to DHS a minimum of 3 days before the scheduled DUR Board meeting.
DUR28	ProDUR	Reporting Management	Vendor shall provide report information on ProDUR edits for Federal quarterly and annual DUR reports.				Meets	As the pharmacy benefit manager for DHS, MedImpact supports all required federal and state reports. All ProDUR activity is compiled to meet the requirements of quarterly and annual CMS DUR reports.
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	All activity taken by the RDUR team is tracked and recorded for distribution to DHS, to be reported to DHS monthly, quarterly, and on an ad hoc basis upon request.
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	Complete and accurate documentation are key to successful program management. All documentation is maintained and stored according to contractual data/record retention standards. Nothing will be deleted without approval of DHS.
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	MedImpact's clinical pharmacists use a variety of clinical databases and resources (PubMed®, Ovid®, UpToDate®, MD Consult® MICROMEDEX®, a vast online and print library, etc.), to review data related to new drugs to market and for use in ProDUR and RetroDUR activities. These will routinely be shared with DHS and the Arkansas DUR Board throughout the life of the contract. In compliance with all turnover requirements described in this contract, MedImpact will provide all drug studies used as a basis for DUR edits and reviews within 30 days of the termination date of this contract, unless otherwise stated by DHS.
DUR32	RDUR	DUR Board	Vendor shall not overwrite previous criteria adjustments made by the DUR Board without the DUR Board's advance approval.				Meets	MedImpact agrees that no adjustments will be made to DUR criteria without direction of DHS.
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	MedImpact's clinical team routinely reviews data associated with DUR activity and may, if warranted, recommend changes to the severity level of individual DUR criteria. If supported by the data, modifications to the intervention letters may also be updated. No changes will be made without the review and approval of DHS.
DUR34	RDUR	Educational Interventions	Vendor shall notify prescriber and pharmacy providers concerning client exception profiles using Intervention Letters and telephone correspondence.				Meets	MedImpact confirms that prescribers and pharmacies will be notified regarding client exception profiles. These will be accomplished using intervention letters and, if necessary, telephone calls.
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	The DUR team tracks all new drugs to market for potential formulary placement recommendations and the for the application of therapeutic criteria for DUR and PA activities. Using peer reviewed literature, MedImpact will provide customized recommendations based on the current Medicaid population and their drug utilization patterns. DHS will have final approval of all customized recommendations and MedImpact will collaborate with Arkansas to accommodate any changes needed to the recommendations.
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	MedImpact considers therapeutic algorithms and criteria as living things. As new drugs enter the market, or more data becomes available, criteria may need to be modified to reflect the current market. At the direction of DHS and the Arkansas DUR Board, we will modify therapeutic criteria as needed.
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	We understand the importance of addressing complaints and grievances promptly and without bias. Requests for complaints and grievances will be processed per contractual timeframes and tracked accordingly. Each month, MedImpact will provide a report detailing each complaint, to include, the source of complaint (client or provider), the nature of the complaint, status of complaints (open, resolved, additional steps needed), and the identification of any trends.

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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	MedImpact's vast library of prospective and concurrent DUR edits provide results from systematic drug reviews covering safety, appropriate therapeutic treatment, utilization management, preservation of financial resources and prevention of fraudulent or abusive prescribing or dispensing practices. MedImpact monitors for inappropriate or abusive prescribing and dispensing practices using our therapeutic algorithms. Providers identified as deviating from accepted practices will be reported to DHS and the Arkansas DUR Board monthly. Updates will be provided each month on newly identified providers and those previously identified for educational intervention.
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 (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	The Cost Avoidance Report is included in the reports due to DHS for completion of the CMS Annual DUR Report. This report includes data from RetroDUR Impact Assessment Reports for the dates covered in the CMS Annual DUR Reports and includes detail of the interventions that resulted in cost avoidance. These reports will include all details, data controls, and calculations used in the cost avoidance and quality impact calculations, which will allow for the replication of the findings.
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	We understand the importance of addressing complaints and grievances promptly and without bias. Requests for complaints and grievances will be processed per contractual timeframes and tracked accordingly. Each month, MedImpact will provide a report detailing each complaint, to include, the source of complaint (client or provider), the nature of the complaint, status of complaints (open, resolved, additional steps needed), and the identification of any trends.
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	MedImpact will administer a lock-in program and coordinate closely with DHS on these initiatives to protect clients from harm. Together, we will review claim data and trends to review client-based and prescribing provider-based prescription utilization patterns. Using this data-driven process, we can consult with and take direction from DHS with respect to any next steps in controlling medications for beneficiaries by limiting prescriptions by pharmacy provider or prescriber. Summaries of the lock-in program, and all activity occurring in the reporting period, with be provided on a regular basis to DHS. MedImpact will provide monthly assessments and quarterly progress reports of the lock-in program. In addition, details of the lock-in program will be included in the RDUR annual review.
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	MedImpact will produce quarterly "provider report cards" for DHS to provide an overview of provider prescribing patterns. Using our therapeutic algorithms and population analyses, MedImpact will identify and rank providers identifying as requiring additional provider educational outreach to reach alignment with DHS quality strategies.
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	Our clinical team will provide a wealth of information to DHS and the Arkansas DUR board, including periodic reviews of the DUR program. MedImpact will identify and summarize trends in utilization and look for statistical outliers. Quarterly and annual reports will be provided and include graphs to illustrate movements in prescribing and fill patterns. These reports will be provided to summarize both provider and client drug use patterns.
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	The MedImpact DUR team performs an in-depth examination of providers overall prescribing or fill patterns. Should we identify exceptions that fall outside of established professional algorithms, a record of a Provider Profile Exception is made. A quarterly report will be provided to DHS to include summary level data for providers identified who may require additional educational interventions, or further action at the request of DHS and/or the Arkansas DUR Board.
DUR45	RDUR	Reporting Management	Vendor shall begin reporting the rankings of prescriber and pharmacy providers within the first quarter of the contract period.				Meets	Beginning at go-live, MedImpact begins capturing and evaluating data from a member, prescriber and pharmacy perspective. Looking for outliers, MedImpact begins ranking the prescribing, fill, and utilization patterns to identify opportunities for educational intervention. DHS will be provided with rankings within the first quarter of the contract period.
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.				Meets	MedImpact's DUR programs use a robust suite of analytics, with outlier detection, to identify potential aberrant behavior for timely detection of fraudulent or abusive patterns. The 2-tier analytics approach includes "Isolated Behavior Outlier Detection" and "Entity Profiling Outlier Detection." MedImpact will provide electronic reports to DHS every quarter to summarizing any provider outliers with behaviors that may suggest fraud, waste, or abuse of standard dispensing and prescribing practices. In cases of egregious abuse or those identified as safety issues, MedImpact will notify DHS immediately.
DUR47	RDUR	Reporting Management	Vendor shall develop and provide monthly RDUR Reports to State on a quarterly basis or as requested by State.				Meets	MedImpact offers our extensive experience with the completion RetroDUR reporting, as part of our comprehensive DUR program. Our DUR program lead manages report deliverables, to include monthly and quarterly reports of RetroDUR activity, or on an ad hoc basis at the request of DHS.
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 or pharmacy provider, identified by name and Medicaid ID, and sorted by descending number of providers used 8. Ranking each medication by utilization, volume, dollars paid, etc.				Meets	Using MedOptimize, MedImpact offers a rich set of standard reports and also has a robust solution for producing ad hoc reports from all data from contained in our data warehouse, including DUR data. Our reports allow virtually unlimited data views through dynamic, prompt-driven filtering capabilities to easily target the required data. The simple point-and-click, drag-and-drop user interface allows for unlimited flexibility to make changes upon request. Unlimited routine requests are provided at no cost and can, in most cases, be completed within 3 business days. Many of the report examples included with this requirement are a part of our prompt driven standard reporting package, but customizations can be completed using our ad hoc reporting capabilities. Reports include all reports detailed in this requirement, and other standard MedImpact reports.

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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	MedImpact acknowledges responsibility for providing DHS with assistance in fulfilling their reporting obligations to CMS. This includes providing guidance on survey questions and supplying required RetroDUR and lock-in program reporting required to complete the CMS Annual DUR Report. Further, MedImpact agrees that these reports will be due to DHS no later than 45 days prior to the due date of "annual" reports. "Bi-annual" reports will be provided by MedImpact as soon as 14 days, and no later than 30 days, after the request for the report. Bi-annual reports are dependent upon the availability of the data requested. Further, MedImpact agrees to adhere to requirements for delivery of monthly, quarterly, and bi-annual DUR reports due to DHS. Cost avoidance data provided for DHS reports will use the same methodology used for federal reporting.
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	Our RDUR Director will be responsible and accountable for the successful operation of the RDUR program. These responsibilities encompass all activities of the RDUR team. A partial list of these responsibilities includes coordinating with DHS and the Arkansas DUR Board to develop and maintain criteria for educational interventions, oversight of the lock-in program, and monitoring and reporting of cost-avoidance. In partnership with DHS and the DUR Board, we will provide their expert knowledge of RDUR/DUR Board processes, policies, and drug use review and evaluation tools to effectively manage the Arkansas Medicaid Prescription Drug program.
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	MedImpact confirms that the RDUR Director will meet quarterly with DHS and, if requested, the Arkansas DUR Board, to discuss the progress and future direction of the DUR programs. Topics included will include trends in algorithms, provider profile exceptions, and their cost avoidance implications. This meeting will also be used to discuss prioritization of intervention targets and any other topic requested by DHS.
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	Beginning at go-live, MedImpact ProDUR and RetroDUR programs begin to review and analyze prescriber and pharmacy utilization patterns. All data is compiled to identify those providers whose practices fall, outside the evidence-based, clinically appropriate guidelines used for each category of drug covered by the DHS pharmacy program. Unless there is a direct danger to clients, or if fraudulent activity is identified, the resulting information gathered will be presented quarterly to DHS and the Arkansas DUR Board, or at the request of DHS.
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	MedImpact will monitor utilization patterns and new drugs to marked based upon Arkansas regulations and provide DHS with a monthly list of potentially at-risk clients to evaluate for inclusion in our lock-in program. Our flexible lock-in program can control utilization at the member level for a variety of access issues.
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	Our algorithms apply the knowledge and expertise gained through years of experience managing pharmacy networks and prescription benefits to identify claims for review based on recognized trends and aberrant data. We also utilize guidance from CMS (Centers for Medicare and Medicaid Services) Prescription Drug Benefit Manual Chapter 9, Medicare Managed Care, and the CMS Chapter 21 and Medicaid and CHIP Managed Care Final Rule (CMS-2390-F) Program Integrity. Our guidelines establish the framework for identifying prescribers and pharmacies whose behaviors warrant educational intervention using data from DHS client profiles.
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	MedImpact will begin reviewing and compiling data for the development of therapeutic algorithms beginning in the implementation phase and will have completed algorithms within 30 days of go live. Within 60 days of go live, these algorithms will be in place. Within the first 90 days, initial prescribing profiles will begin being created using production data.
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	MedImpact's periodic and ongoing review of claims data using therapeutic algorithms will help DHS identify prescription drug utilization trends or inappropriate drug therapies that require educational intervention letters or direct outreach. The results we provide in our data-driven approach help to identify beneficiaries who may have an increased risk or clinical need. A brief list of areas of focus include over/under-utilization, drug to drug interactions, clinical misuse, and duplication of therapy.
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	The MedImpact clinical team routinely reviews and updates therapeutic algorithms supporting the DHS Medicaid DUR program. Each quarter, every algorithm is reviewed against current, peer-reviewed clinical data to ensure consistency with evidence-based standards. Resources used for these reviews include of American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, DRUGDEX Information System, among other clinical sources. Recommendations, with supporting data and referenced literature documentation, will be forwarded for review to DHS and the DUR Board quarterly.
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	MedImpact will develop therapeutic criteria to be used as a basis for the DUR and RDUR programs. Using evidence-based criteria and current clinical best practices, algorithms will be created to identify outliers in utilization and prescription patterns. Our programs may offer flexibility so that the criteria can be customized to meet DHS' unique needs based on the prescribing patterns and drug utilization problems observed.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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	Standard reporting within MedOptimize® shows DHS prescriber and pharmacist utilization outliers. Prescriber reports include prescribing patterns, utilization, and plan pay per member for DHS' identification of prescriber outliers. Report examples in this category include Top n Prescribers, Physician Profile, Audit Investigation Prescriber, and Prescriber Profile by Therapeutic Class. DHS pharmacy reporting in MedOptimize includes key pharmacy statistics within Top Pharmacies, Top Pharmacy Chains, and Top Pharmacy Plan Paid identifying pharmacy outliers by high (or low) utilization volume, total cost, specialty prescriptions, and therapeutic drug class to monitor pharmacy impact and potential fraud, waste, and abuse. DHS can drill down from pharmacy reporting to member and prescriber level to see pharmacies associated with prescriber and member outliers.
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	Processes for determining the true value of cost avoidance will be provided to DHS for review prior to completion of the first required reporting. These methodologies are designed to provide a financial value specific to the educational interventions while excluding incidental shifts from other factors such as new drugs to market, changes to clinical or administrative edits, reimbursement changes, or PDL changes. These methodologies will be verified to ensure that the outcomes are statistically valid and free from influence from covariates.
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	MedImpact's Standard Retrospective DUE (Drug Utilization Evaluation) program identifies potentially inappropriate drug utilization patterns and provides a mechanism to notify prescribers. We provide targeted information for prescribers that assists in re-evaluating and modifying therapy, where appropriate, to enhance the quality of a member's prescription drug therapy. MedImpact's clinical services staff designs the quarterly DUE programs. We will compile the provider exception profiles no later than 60 days after go-live.
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	MedImpact can restrict data access via data entitlements. Data entitlements are helpful in separating lines of business and personnel. We will partner with DHS to establish to establish the appropriate RDUR team member security access.
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	All RDUR reporting and data sharing will be managed and stored using the document management solution defined in the Document Management requirements of this contract. This includes all scheduled program reports and ad hoc reports.
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	MedImpact's proprietary POS system allows DUR edits to process in hierarchical order, rankled by clinical significance and approved by DHS. Also, MedImpact adopts DUR logic from FDB and MediSpan, which allow MedImpact to tailor their DUR edits based on severity and/or clinical significance. For example, Drug-Drug interaction can be setup to only reject the claim for major drug interactions but send alert messages or apply soft reject for moderate interactions, and ignore minor interactions.
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	Our DUR algorithms are highly configurable, providing a rules-based and intuitive platform that affords us the ability to implement new algorithms or make ad hoc changes upon request of DHS. These edits will be completed in a timeline established during implementation, at no cost to the State.
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	Despite best efforts to detect inappropriate claims at the point-of-sale, evolving fraud schemes and inappropriate utilization remains. The RDUR team develops and maintains specific therapeutic algorithms to ensure that only exception profiles, as set out in the Definition Table are created.
DUR67	RDUR	Analytics and Algorithms	Vendor shall, using predetermined algorithms, determine which Prescriber or Pharmacy Provider Profiles require educational interventions or educational material.				Meets	The MedImpact DUR and RetroDUR programs are designed around predetermined therapeutic algorithms to identify prescribers and pharmacies in need of educational materials or interventions.
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	MedImpact's periodic and ongoing review of claims data will help DHS identify prescription drug utilization trends that may need clinical intervention, outreach, or inclusion in the lock-in program. The results we provide in our data-driven approach help to identify client exception profiles with an increased risk or clinical need. Produced monthly, exception profiles are based solely on the therapeutic profiles, with no age parameters included. At the request of DHS or the Arkansas DUR Board, age-based profiles may be created to pinpoint community based and/or LTC eligible clients. All newly generated exception profiles will be forwarded electronically to DHS, and associated parties, within 3 business days using the agreed upon data exchange process.
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	The therapeutic algorithms are applied to all current client exception profiles and reviewed by the RDUR team.
DUR70	ProDUR	Program Management	Vendor shall provide a prospective and concurrent review of prescription practices at the prescriber, pharmacy and client level.				Meets	MedImpact has a comprehensive DUR (drug utilization review) program that leverages technology to identify and manage drug problems through prospective DUR and concurrent DUR edits. Both types of edits identify potential problems at POS (point of sale) and allow the pharmacist to resolve issues before the member receives the medication. Our business processes apply prospective DUR and concurrent DUR drug reviews to all claims. Prospective DURs contain predetermined criteria from industry standard drug information databases trigger prospective DUR. Clients can select from First Databank or Medi-Span. Prospective DUR edits have various customizable parameters including severity levels and clinical significance for each drug language. Additionally, MedImpact prospective DUR edits meet CMS requirements for regulated markets. Concurrent DUR performs drug-problem identification and drug problem prevention through point-of-sale clinical edits, step therapy, lock in programs, and medication therapy management that provide technology-based guardrails to ensure positive member outcomes. These clinical edits use drug information databases and other data sources such as history drug lists, prescriber counts, member attributes, and diagnosis codes. Concurrent DUR edits allow therapy for a member to be altered if necessary. Custom edit development is also available.
DUR71	ProDUR	Alerts	Vendor shall generate alerts (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 (ProDUR) based on State defined criteria.				Meets	MedImpact's ProDUR program is coupled with concurrent DUR logic that produces automated ProDUR alerts to the pharmacy when potential safety issues are identified during the dispensing process. Our alerts are based on our therapeutic algorithms and are supported by data from First Databank. DHS may request that an alert/edit be overridden, or similarly may request that overrides not be allowed for certain DHS-defined criteria.

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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	Extracts of pharmacy claims history can be provided to DHS upon request. In addition, our MedOptimize reporting package allows for designated DHS users to access our Query Studio, which provides access to all pharmacy data, to create claims history extracts on demand. These can be created using any combination of member, provider, prescriber data across any selected date span. These query templates can be saved by the user for future use and can be modified by changing any parameters used for the original report.
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	MedImpact confirms that the ProDUR process has the ability to use all data fields from incoming pharmacy claims, and from the patient clinical profile, to provide DUR messaging to the pharmacy. The available fields from the patient profile includes ICD-10 diagnosis codes, lab values, and CPT codes.
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	MedImpact will provide the DSS (Decision Support System) vendor with all ProDUR edits, as well as cancellation and override metrics. All claims data that include these metrics will be forwarded to the DSS vendor on a schedule determined during implementation.
DUR75	ProDUR	System, Tools and Technical Capabilities	Vendor shall provide drug utilization review during POS claims processing based on user- defined parameters.				Meets	MedImpact's claims processing solution allows us to run edits using a variety of user-defined parameters including medical history and eligibility information. Our solution provides flexible benefit designs through the deployment of a data-driven, parameter-based infrastructure.
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	MedImpact offers DHS our RetroDUR program, a comprehensive post-dispensing evaluation of claims data to detect patterns in prescribing, administering, or dispensing medications to provide healthy and positive client outcomes. Our RetroDUR process uses claims utilization and specific criteria to identify patterns of prescription drug utilization that may require informational or educational intervention letters, send to providers, to prevent recurrence of inappropriate medication use. Our goal is to assist DHS prescribers by providing quality care to clients and collaborate to review the need for medication changes.
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	Our claims processing system is highly configurable, providing a rules-based and intuitive ProDUR platform that leverages full automation. The agility of our system affords us the ability to guide pharmacists through each transaction with a rules-based workflow and system edits.
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 State regarding drugs under review. The Cost Sheets will be sent to State two (2) weeks before the DUR meeting. Vendor will not provide the Cost Sheets data to the DUR committee.	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	MedImpact will fully support the DUR Board by providing therapeutic class reviews for those classes, or individual drugs under review. These reviews will include evidence based clinical monographs summarizing the safety, efficacy, side effects, dosing, prescribing trends and indications to each other drug included in that therapeutic class. This information will be provided no later than 2 weeks prior to the upcoming PDL/DUR Meeting. TCRs (Therapeutic class reviews) and drug monographs are vital in evaluating the safety and efficacy of the drugs being reviewed and our company will provide comprehensive clinical documents for review. To prepare therapeutic class reviews, clinical pharmacists use a variety of well-respected clinical databases and resources (PubMed®, Ovid®, UpToDate®, MD Consult® MICROMEDEX®, a vast online and print library, etc.). Pharmacists also have access to medical school clinical resources for additional resources. The team also reviews product information from pharmaceutical manufacturers in compliance with the Academy of Managed Care Pharmacy-endorsed formulary dossier submission requirements. TCRs will be updated annually, unless expedited reviews are requested or warranted. MedImpact conducts clinical evaluation and comparative effectiveness to determine the value of the outcomes they bring to Medicaid members. This evaluation includes a cost model review of the therapeutic classes, or specific off-cycle drugs being reviewed that quarter. For these evaluations Arkansas-specific utilization is used to estimate the fiscal impact of preferred and non-preferred status based upon its previous experience and the current market for the drugs within the PDL class.
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	Within 30 days of go-live, MedImpact will begin to administer a lock-in program to protect clients from harm. We will coordinate closely with DHS on these initiatives. Together, we will review claims data and trends to review client-based and prescribing provider-based prescription utilization patterns. Using this data-driven process, and in accordance with federal and state guidelines, MedImpact will administer the lock-in program by limiting prescriptions by pharmacy provider or prescriber. We will work with DHS to customize the lock-in program to meet department-specific requirements. Customization can include specific edits that need to be returned when our system rejects a claim for a client who is using a provider other than the lock-in provider on file. MedImpact can code specific electronic supplemental messaging in our claim response to pharmacy providers. These messages can provide information to the pharmacy that the client is locked into a specific prescriber or pharmacy provider. Our lock-in program can support limits for beneficiaries taking a specific medication or set limits on an entire drug class or drug DEA schedule. We can also customize the medications outside of these options, as defined and directed by DHS in support of the lock-in for a client.
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	MedImpact's system can support lock-in program activities including receiving lock-in client files with multiple designated prescribers and pharmacies. Our system has the flexibility to enable authorized users to immediately perform lock-in additions or changes directly within our system, providing timely assistance to locked-in clients. This process will provide the same pharmacy notifications and lock-in letters used during the standard lock-in process.
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	We will work with DHS to customize the lock-in program to meet Arkansas-specific requirements. MedImpact maintains real-time data pertaining to lock-in clients and providers. Also, once established, MedImpact will notify DHS of all new clients identified to be added to the lock-in program the following month.
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	Notifications to newly locked-in clients will include information related to the start date of the lock-in. Notifications will also include information regarding their appeal rights concerning any, or all, lock-in controls. This includes requesting a change to the servicing pharmacy they have been locked in to. The notification letters, approved by DHS, provide the client with instructions on how to communicate their objections and requests.
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	As agreed upon by DHS and the Arkansas DUR Board, our clinical team contacts prescribers or beneficiaries from our the approved list of impacted clients and providers, within 90 days from go-live. We use pre-approved protocols and communication strategies to discuss the areas of risk or concern. Communications will last through the life of the contract.
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	Upon identification of a client being included in a lock-in program restricting them to a single pharmacy, MedImpact will send a notification letter, via postal mail, to the most recent address on file for the client. Letters will be sent no later than 30 days before the effective date of the lock-in and will be sent using the US Postal service, as certified mail, with return receipt requested. MedImpact will provide proper documentation to support all expenses for subsequent billing to DHS.

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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 (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	All returned mail resulting from client notification of being included in a lock-in program restricting them to a single pharmacy will be provided to DHS, including return receipt documentation. Undeliverable mail will be researched, in partnership with DHS, to locate and provide notification to the client. If a new address is located, follow-up letters will be sent, also via certified, return receipt postal mail. If after the second attempt the client does not reply within 30 days, MedImpact will consider the terms of the letter as having been accepted by the client and proceed with the lock-in program assignment.
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	We will work with DHS to customize the lock-in program to meet Arkansas-specific requirements. Upon assignment of a lock-in client to a specific pharmacy, MedImpact will notify the pharmacy and provide details of the client restrictions in place. This notification will occur at least 30 days prior to the beginning of the lock in period. Providers are given an opportunity to refuse participation.
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	All electronic communications sent to either a provider, prescriber, or a client will be retaining in the system. Electronic versions of all letters sent via postal mail will be retained. Faxes, returned and undeliverable notifications, as well as all documentation related to certified mail, return receipts, and returned mail will be imaged and stored accordingly.
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	If the RDUR team determines changes are required to a client's lock-in restrictions, impacted prescribers and pharmacies will be notified. These notifications will detail any changes being made, while reinforcing the restrictions in place for the client. Providers will be provided with a point of contact to allow the provider to provide additional information they think could benefit the client's lock-in program. As with all communications, these cover letters will be provided to DHS for review and approval.
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	MedImpact will provide a toll-free telephone line to support the Arkansas Medicaid pharmacy program. MedImpact's Help Desk operations are both flexible and scalable to meet and exceed the needs of DHS with availability 24 hours per day, 365 days per year. Clients may contact the Help Desk, during normal business hours, to respond to their assignment to the lock-in program. Also, an Arkansas specific postal address will be established specifically for clients to respond to lock-in notifications.
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	MedImpact confirms that documentation related to all DHS programs, including the lock-in program, are maintained according to contractual requirements and meet all federal and state retention guidelines. This includes all correspondence, including the final disposition of the intervention.
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.				Meets	The RDUR team will provide quarterly and annual reports to DHS to provide summary level detail of the lock-in program results. These reports will provide statistics on participants in the lock-in program and a summary pf program level data. Program level data will include trend analysis, estimated cost avoidance resulting from the program, complaints, and reconsiderations of lock-in assignments. An overview of existing criteria being used to assign clients to lock-in will also be included.
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				Meets	MedImpact's DUR program and lock-in program will result in cost savings for DHS while also promoting effective and safe medications as first-line agents for clients. DHS will be provided quarterly and annual reports summarizing cost avoidance outcomes from the lock-in program, to include cost avoidance from multiple perspectives, including at the prescription, client, and intervention levels.
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	We understand the importance of addressing complaints and grievances promptly and without bias. MedImpact will provide DHS with a Monthly Complaint Report, specific to the lock-in program. This report will include summary level data for all complaints received from pharmacies or prescribers in the prior month, and any outstanding issues from prior months (if any). The report will include the name of the provider, the nature and current status of their complaint and details of the actions taken and final disposition of the issue.
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	MedImpact develops utilization algorithms to identify clients for consideration for the lock-in program, to protect them from inappropriate treatments. These proprietary algorithms audit all incoming pharmacy claims in real-time. Outliers from appropriate therapeutic algorithms may indicate potentially inappropriate or high risk treatments. These deviations may also indicate a pattern of suspected fraudulent, wasteful, and/or abusive drug utilization, at the client level, and to identify aberrant prescribing or fill practices for providers.
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	Lock-in decisions are made based on demonstrated behaviors or activities that may cause harm to the client. MedImpact will monitor clients who demonstrate individual activities that are suspect, but not immediately identifiable as abusive or harmful. After further monitoring, clients may be removed from monitoring or placed into a lock-in program. All suspect activity will be reported to DHS on a schedule determined by DHS.
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	MedImpact's claim system is highly configurable and can apply business rules at multiple levels. Edits can be created at the program, NDC, or client level. Client claims being filled outside the parameters of their lock-in program will be denied.
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	MedImpact's claims adjudication system provides built-in algorithms and edits to automatically detect inappropriate pharmacist dispensing or utilization. Upfront edits at the POS assist DHS by stopping inaccurate and fraudulent claims before they process. Our system edits serve as the first line of defense against pharmacy FWA. MedImpact's DUR program meets CMS requirements and offers numerous options to meet or exceed the DUR program SUPPORT Act minimum standards required by the Final Rule. Our program includes a ProDUR (prospective drug utilization review) and RetroDUR (retrospective drug utilization review) process. Our ProDUR and RetroDUR system provides functionality necessary to meet CMS-required DUR functions and requirements. Our system is broadly customizable and configurable to support Arkansas Medicaid policies, procedures, and benefit designs through a data-driven, parameter-based infrastructure. Immediately after go-live, the clinical team will begin reviewing data and identifying high-risk clients. MedImpact will be prepared to begin notification and communication within 90 days of implementation.
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	In cooperation with DHS, MedImpact will establish a lock-in review team. This team will be made up of key MedImpact staff and other health professionals assigned by DHS.
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	Each month, client profiles identified by the therapeutic algorithm for inclusion in the lock-in program. The MedImpact clinical pharmacist will review each client profile to determine which cases to refer to DHS.

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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	In addition to using the lock-in utilization algorithm, MedImpact will accept recommendations from the Arkansas Medicaid Pharmacy Program for suggestions for client inclusions in the lock-in program.
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	Prior to finalizing the lock-in status of a DHS client, the clinical team will review the Medicaid histories of each of the nominated clients. Upon completion of this review, the finalized list of new lock-in members will be entered into the system. This will initiate the lock-in notifications to both the client and impacted providers.
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	The MedImpact team supporting the DHS lock-in program are selected based on their credentials, expertise, and experience. All staff members assigned to the team will meet, or exceed, the requirements stated in the contract. We customize our training programs to meet the specific needs of each customer, as we will for DHS. All training materials will be submitted for approval to DHS. On an ongoing basis, any changes to training programs will be sent for approval prior to being implemented.
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	All changes to client lock-in status are recorded and maintained. As changes are made, a DHS dashboard will be updated to provide current status and changes from previous periods.
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	Each month, MedImpact will review the profiles of clients who have been in the lock-in program for the previous 12 months. Using the monthly lock-in summary report, MedImpact will provide recommendations on the continuation or termination of each client's lock-in status to the AMPP (Arkansas Medicaid Pharmacy Program). The AMPP retains the final decision on any changes.
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	All claims for clients placed into a lock-in program will be processed using the restrictions applied to that client. Should a client request a reconsideration/appeal to their lock-in status, all restrictions will remain in place up until the successful completion of their appeal process.
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	Clients requesting a reconsideration of their proposed lock-in status will have their appeals reviewed by the Arkansas Medicaid Pharmacy Program Manager and a pharmacist employed by the State of Arkansas who is not a member of the RDUR lock-in team.
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	If a pharmacy reconsiders participation as the locked-in pharmacy of a DHS client, MedImpact will reach out and obtain consent from a new pharmacy to serve as the pharmacy for the specified client. Once the new pharmacy is identified, and within 2 business days, the client will be notified via certified mail, with return receipt requested, from the US Postal Service. All notifications will be sent to the last known address for the client. Returned mail will be handled using the processes defined in this contract.
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	MedImpact agrees to notify DHS immediately if any lock-in client continues to engage in unsafe or abusive behaviors, or if we become aware of any fraudulent activity. After notification, MedImpact will cooperate with the State to enforce whatever course of action, within the purview of the contract, requested by the Arkansas Medicaid Inspector General, the Attorney General, or any other stare program integrity offices.
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	Notifications to beneficiaries will also include information regarding their appeal rights concerning any lock-in controls. MedImpact will develop a reconsideration policy in partnership with DHS, for clients electing to use these appeal rights. This process will provide an unbiased review of the appeal, as well as the algorithm that resulted in the lock-in designation. These guidelines will; be approved by DHS and reviewed annually.
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	MedImpact is committed to protecting DHS clients from harm caused by high risk utilization patterns. When these behaviors are identified, we will provide educational interventions to providers and clients to review the appropriate clinical criteria for the utilization in question. These interventions are generally provided via letter or email, however, if the severity of the deviation warrants, they may also be conducted via phone or in person.
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	Notifications to newly locked-in clients will include information related to the start date of the lock-in. Notifications will be complaint with Federal regulations and Arkansas' Medicaid Provider Manual Section for client due process rules 191.000, and will be approved by DHS. Notifications will include information regarding the client's appeal rights concerning any, or all, lock-in controls. This includes requesting a change to the servicing pharmacy they have been locked in to. The notification letters, approved by DHS, provide the client with instructions on how to communicate their objections and requests. Clients requesting a reconsideration of their proposed lock-in status will have their appeals reviewed by the Arkansas Medicaid Pharmacy Program Manager and a pharmacist employed by the State of Arkansas who is not a member of the RDUR lock-in team. Should a client request a reconsideration/appeal to their lock-in status, all restrictions will remain in place up until the successful completion of their appeal process.
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	As with the initial assignment of a client into a lock-in program, a yearly update will be provided within 10 business days of the completed review, in writing, via postal mail, to the most recent address on file for the client. This notification will include the determination of the decision to either continue or discontinue their inclusion in the program. These notifications will also be sent using the US Postal service, as certified mail, with return receipt requested.
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	Annual reviews, based on the original lock-in status date, will be done on all lock-in clients for reconsideration of their assignment to the program. Clients will be notified of the reconsideration decision within 4 business days. If the client has opted in to email communications, these notifications will be delivered electronically. All other notifications will follow the postal mail process followed in the initial determination phase. These notifications will also be sent using the US Postal service, as certified mail, with return receipt requested to the most recent address on file.

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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.				Meets	Because TCRs (therapeutic class reviews) and drug monographs are vital to evaluating the safety and efficacy of the drugs being reviewed by DHS and the Arkansas DUR Board, MedImpact provides comprehensive clinical documents for review, including for physician administered drugs. To prepare therapeutic class reviews, our clinical pharmacists use a variety of clinical databases and resources (PubMed®, Ovid®, UpToDate®, MD Consult® MICROMEDEX®, a vast online and print library), which affords us access to peer-reviewed medical literature. Pharmacists also have access to multiple medical school clinical resources for additional resources, as needed, in the development of PAD TCRs. TCRs focus on direct comparative clinical effectiveness and safety trials, published outcomes evidence, and national consensus guidelines, highlighting distinguishing characteristics among medications in a given therapeutic class. Drug monographs are used to supplement TCRs for new drugs to the market in between TCR full reviews. In addition to the TCRs provided prior to DHS and the Arkansas DUR Board meetings. These clinical reviews are vital to developing DUR criteria, therapeutic algorithms, as well as for recommending placement on the Arkansas PDL. MedImpact's advanced functionality allows for PAD to be included in our prior authorization process, and our clinical team can support appeals of PAD.
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	MedPrescription Insight® is the MedImpact interface between the pharmacy solution and ePrescribing vendors. Electronic health record or electronic medical record technology works with MedPrescription Insight in the background, securely communicating client information between prescribers, pharmacies and MedImpact. MedImpact complies with required HIPAA-named transactions and code sets standards for electronic data exchange, which include ASC X12N Version 5010 and the NCPDP formats and standards, and we constantly monitor the development of future versions.
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	MedImpact offers ePrescribing using support using MedPrescription Insight, which is supported by Superscripts and CenteRx for real-time enquiries. Our system is integrated with our adjudication system to provide real-time, bilateral information exchange. Electronic health record or electronic medical record technology works with MedPrescription Insight in the background communicating the information back to MedImpact with no prescriber training needed or office disruption.
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	Based on the criteria established by DHS, the MedPrescription Insight® platform has the ability to provide content updates and the following functionality in real time, including PAs, real time eligibility and benefit check, ePrescribing, and real time medication history, formulary and benefit data. These functions are available in the POS and supported by the ePrescribing network.
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	MedImpact agreements with our ePrescribing partners contain service level agreements to provide accountability for maintaining response time performance standards. These will be forwarded to DHS for approval.
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	MedImpact will provide an office in Little Rock, Arkansas in a safe and secure location in accordance with State-approved standards. We will maintain the same security access currently at our corporate and other office locations in the Arkansas office location to include external surveillance, appropriate lighting, safe parking access, and security patrols.
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	MedImpact understands that effective training and education are paramount to the success of Arkansas' FFS Medicaid program. Initial and ongoing training programs and education activities are employed to serve DHS as our partner in the success of the program. Comprehensive training involves initial and ongoing application training for teams and individuals; distribution of updated materials; access to updated documentation; and contact with support services and key personnel members. MedImpact can facilitate training in-person at the State facility, MedImpact's Arkansas office, or virtually. For in-person training, training rooms with the all the necessary tools and resources (such as chairs, table, teleconference phone, network access, and projectors) will be available for the trainings.
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	MedImpact's operations reside in the continental United States as does its backup and storing facilities. Our systems and DHS' data will not be accessed outside of the continental United States.
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 (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	MedImpact employs rigorous control mechanisms and protocols, including both physical and technical safeguards, to ensure the security and confidentiality of our information is properly safeguarded consistent with state and federal laws, as well as industry best practices. We leverage best in class and emerging technology solutions such as API, Microservices, Containers, DevOps to meet new challenges. Our DES (Data Exchange Solutions) team implements system interfaces based upon all relevant DHS companion guides and data exchange specifications in effect on the contract start date. This team is responsible for ensuring all required inbound and outbound files and/or data transfers are conducted seamlessly. MedImpact maintains HITRUST certification and conforms to NIST, SANS institute, and Open Web Application Security Project standards. We also perform an annual third party annual SSAE 18 SOC 1, Type 2 audit. MedImpact will comply with the requirements outlined in RFP section 2.8.37 as well as craft and maintain a system security and privacy management plan deliverable in collaboration with DHS as outlined in RFP section 2.8.15.
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	MedImpact is committed to fulfilling all reporting and data requests from DHS within the agreed-upon timeframes captured during the requirements gathering phase.
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 (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	To support the collaboration between DHS and MedImpact, the MedImpact office will be located no more than 5 miles of the DHS central office. MedImpact Key Personnel, Product and Project staff, and other FTEs will work from this location. Parking spaces will be designated for State staff.

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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	To prevent, detect, and contain any security violations and access to our electronic information systems, MedImpact maintains policies and procedures to protect them and the physical location of where they are housed. The policies and procedures also document how to record and correct any security violations. Our office building entrances do not face a main street, and we have installed physical barriers to prevent cars from getting within 100 feet of the main entrance doors. The MedImpact data centers have an additional layer of physical security to prevent access to systems with PHI and client data. These additional measures include video monitoring and recording of all activities in our data centers and biometric fingerprint locks that control access to IT infrastructure gear, servers, telephony, IP switches, and firewall equipment.
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	MedImpact understands that effective training and education are paramount to the success of Arkansas' FFS Medicaid program. Initial and ongoing training programs and education activities are employed to serve DHS as our partner in the success of the program. Comprehensive training involves initial and ongoing application training for teams and individuals; distribution of updated materials; access to updated documentation; and contact with support services and key personnel members. MedImpact can facilitate training in-person at the State facility, MedImpact's Arkansas office, or virtually. For in-person training, training rooms with the all the necessary tools and resources (such as chairs, table, teleconference phone, network access, and projectors) will be available for the trainings.
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	MedImpact's DDI office will accommodate the workspace for the State staff, PMO, and IV&V contracted staff.
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	MedImpact's DDI office will have a conference room that can accommodate at least 25 people and with all the resources needed (teleconference phone and speakers, Wi-Fi, video conferencing, and mobile workspaces).
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	MedImpact tailors the comprehensive training plan to DHS to assure authorized DHS personnel have the information they need to work effectively with our systems and processes. We conduct both in-person and web-based training. Our Little Rock, AR office will accommodate at least 25 students and their training needs during DDI and ongoing.
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	MedImpact's processing facilities meet the State policies and procedures and information technology physical and logical security standards including, at a minimum, the requirements listed above.
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	MedImpact's claims system is built to be CMS compliant including claim reimbursement data elements and algorithms consistent with 42 CFR 447. MedImpact can use a published AWP (average wholesale price) from Medi-Span and can create a custom AWP based on numerous pricing modalities. MedImpact is also pricing drugs according to NADAC (National Average Drug Acquisition Cost), which the federal government publishes via CMS (Centers for Medicare and Medicaid Services). We also have experience taking acquisition cost price lists at the NDC (National Drug Code) level from pharmacies and adjudicating using that methodology. MedImpact can also support other price types including DIR (direct and indirect remuneration), WAC (wholesale acquisition cost), NADAC, ACA (Affordable Care Act) FUL (Federal Upper Limit), AMP (average manufacturer price), and custom client pricing. MedImpact can implement any compliant pricing algorithm that DHS chooses for prescription drug pricing.

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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	Our system provides flexible benefit designs through the deployment of a data-driven, parameter-based infrastructure. This structure enables us to implement a benefit without the need for software customization. Because our system is highly flexible, it facilitates unlimited benefit design capabilities. MedImpact has thousands of benefit edits in place that DHS can use. Our proprietary adjudication system can return hard and passive or soft messages to the pharmacy at POS (point of sale). Messaging in the claim response provides the pharmacy with additional information to facilitate the pharmacy and/or client interaction which can include details regarding potential harm involved with dispensing medications, rejection, and information on next steps. Hard messages accompany a rejected claim, while soft messages contain information regarding an approved claim. DHS can customize these messages.
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 (if a prescriber has been sanctioned and controlled drug privileges suspended by their Licensing Board or DEA).				Meets	MedImpact's contracted prescriber data vendor, LexisNexis Risk Solutions, supplies MedImpact with prescriber data that includes prescriber mailing address data, NPI (National Provider Identifier) data as reported by NPPES (National Plan and Provider Enumeration System), DEA (Drug Enforcement Administration) license data as reported by the DEA, Prescriber validation taxonomy data as reported by NPPES, and sanction data. We apply edits to evaluate eligibility based on the prescriber data and will work with DHS to accommodate your requirements.
GTS4	General Technical Standards	Program Requirements	Vendor shall apply and maintain up to date pricing based on methodologies approved by the State.				Meets	MedImpact obtains up-to-date pricing data from Medi-Span and First Databank which are the most widely used and trusted drug databases in the industry. This pricing data includes Medicaid price points. We maintain access to the following price points: AAC (average acquisition cost), NADAC (national average drug acquisition cost), FUL (federal upper limit), WAC (wholesale acquisition cost), and ASP (average sales price). We will work with DHS during implementation to get State approval on pricing methodologies.
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	MedImpact processes reversals at the point of sale, when received, and will follow timeframes set by State and Federal regulations. Electronic reversals occur daily and we settle all claims in full during each invoice cycle. We track reversed claims in our claims history record along with the original claim. For example, if a pharmacist enters a claim and later makes a reversal, the first claim shows as a positive transaction, and the second claim displays as a negative transaction. We can report all reversed claims back to DHS.
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	MedImpact's claims system adjudicates pharmacy claims at the NDC level. Our adjudication system accepts ICD-10 codes and supports their use within clinical programs and POS (point of sale) adjudication. We base the prospective DUR (drug utilization review) edits for drug-disease contraindications on known diseases using medical diagnosis codes. These edits identify disease states, health conditions, and/or procedures by ICD-10 codes, the internationally recognized standard. These edits review all active diagnoses codes submitted on the prescription claim or retrieved from stored member history. In addition to the drug-disease contraindication edit, we can use ICD-10 codes in a number of other clinical edits specific to high-risk diseases such as substance use disorder.
GTS7	General Technical Standards	Claims Processing	Vendor shall ensure that the POS system enforces current state or federal policy regarding prescription refills.				Meets	MedImpact understands that program benefit coverage may change especially when state or federal policy changes. Our account team has extensive experience supporting state Medicaid programs to update benefit coverage including refills. We will work closely with DHS to identify changes and update benefits accordingly in compliance with state and federal policy.
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	MedImpact's claims processing system can support an unlimited number of benefit designs. We can accommodate custom benefit (tier and copay design) custom edits, point of sale messages, and precertifications. We have no formulary design limitations or associated member cost share requirements and offer a flexible approach to meet formulary needs for the present and future. The flexible MedImpact system accommodates multiple tiers, deductibles, out-of-pocket maximums, benefit caps, utilization management, and associated restriction edits through a data driven, parameter-based infrastructure. We will work with DHS implementation to define and implement edits and restrictions across your client population.
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	MedImpact stays abreast of and compliant with all state and federal standards and requirements. Our regulatory compliance team in tandem with our internal counsel actively engages in the life-cycle of legislation or regulations that impact the PBM. We work to implement all relevant state and federal enacted legislation, regulatory guidance and bulletins as well as updates to any existing laws when additional guidance or bulletins are issued. MedImpact uses multiple pathways to ensure our customers receive comprehensive regulatory compliance support. After the adoption and implementation of new federal and state statutes applicable to the PBM, we continuously monitor for any revised guidance or bulletins related to current law.
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	MedImpact stores the ICD-10 codes that are used for reference during adjudication. We receive the codes in our weekly update files from First Databank and MediSpan and comply with deadlines established by Federal regulations.
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	With the use of MedImpact's online claims administration application, MedAccess®, DHS will have real-time online access to claims administration system data. This application will allow DHS to manage member eligibility, plan benefits, PAs (prior authorizations), claims, and appeals and provide member case management. Key features of the MedAccess application include: Real-time information, Member summary view, Member and claim search, Eligibility maintenance to add, update, or terminate member records, Claim view and analysis, Operational PA maintenance to add, update, or terminate PAs, Member benefit view, Pharmacy search, Restriction lookup, and Claims quote. MedImpact will work with DHS to train your staff users on how to utilize MedAccess.
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	MedImpact regularly interfaces with payment systems and will interface with the Core MMIS system, or other payment systems, as directed by DHS, to maintain records and payment of pharmacy claims in accordance with State policy. Our system will process and adjudicate all pharmacy claims and send a nightly file to the Core MMIS system to process payment for these claims. We will work with DHS during implementation to define all system integration needs.

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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	MedAccess®, MedImpact's online claims administration system, provides real-time access to claims administration system data. This application enables DHS to manage member eligibility, plan benefits, PAs (prior authorizations), claims, and appeals and provide member case management. MedImpact's MedOptimize® reporting system provides clients with flexible reporting, business intelligence, and decision-support options. MedOptimize offers real-time access to data with powerful user-friendly standard reporting and ad hoc query capabilities through a secure website with 24-hour, 7-day a week availability and direct access to data for efficient and effective analysis of DHS's prescription drug program enabling DHS to make informed decisions. DHS can utilize these 2 online tools to access all these search parameters.
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	MedImpact regularly exchanges data with designated third party at the frequency requested by our customers. We will establish SFTP connectivity for DHS' medical carriers and third-party vendors during the implementation process. MedImpact shares data with any vendor DHS identifies as long as we have appropriate nondisclosure agreements in place including an ICD data sharing agreement with DHS.
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	The MedImpact Service-Oriented Architecture (SOA) mainly consists of API Gateway and Informatica for data exchange. We also use Active MQ for messaging queuing and routing. Together they provide messaging support, including queuing, content or context based routing, and guaranteed delivery. Therefore it is possible for MedImpact to create and maintain SOA services for our system that can be used within the general environment and consistent with state and federal SOA specifications.
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	MedImpact commits to implementing State and Federal interface standards for every business process within 1 calendar year of the release of the interface standard, or as directed by the State or mandate. MedImpact's regulatory compliance team in tandem with our internal counsel actively engages in the life-cycle of legislation or regulations that impact the PBM. We work to implement all relevant state and federal enacted legislation, regulatory guidance and bulletins as well as updates to any existing laws when additional guidance or bulletins are issued. MedImpact uses multiple pathways to ensure our clients receive comprehensive regulatory compliance support. After the adoption and implementation of new federal and state statutes applicable to the PBM, MedImpact continuously monitors for any revised guidance or bulletins related to current law.
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	MedImpact's solution directly aligns with current MITA (Medicaid information technology architecture) principles and framework. We employ a modular architecture based on industry-standard interface capabilities with business rules separated from the application code to facilitate configuration over coding. Our proprietary system maximizes flexibility and configurability by utilizing COTS products.
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	As part of the pharmacy benefit management industry, MedImpact manages sensitive client information and private customer data; therefore, data security is essential. We have several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a Business Associate as defined under HIPAA. MedImpact's privacy and security standards require comprehensive data protection to safeguard information. We employ a layered approach, protecting data at the operating system, application, database, and network levels. Additionally, we require annual training for all employees on ethics, privacy, and security.
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	MedImpact will 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. MedImpact currently provides support for HIE through a comprehensive set of batch and real-time interfaces developed for 21st Century Cures Act compliance as well as for support of unique Client and State HIE partner requirements. MedImpact is a NIST-certified medium impact and high impact-level compliant organization, with comprehensive security, data management, and retention programs that exceed the requirements of CIA (Confidentiality-Integrity-Availability), and will process all data, regardless of mode or media, in a secure, encrypted methodology according to the CIA concepts of confidentiality, integrity, and availability.
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				Configurable	MedImpact agrees to 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."
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				Configurable	MedImpact offers a suite of real-time APIs (application programming interfaces) for web services, which include eligibility lookup, PA lookup, claim history lookup, pharmacy locator search, and drug price check capabilities. At this time, MedImpact cannot add a prescriber lookup tool on DHS' website but is willing to explore this with DHS.
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	MedAccess® enables Help Desk and other relevant MedImpact and DHS authorized users to access: Member, prescriber, and pharmacy eligibility information; Coverage and exclusion tables for benefit edits, restrictions, and formularies; Pricing information for carrier pharmacy network; Eligibility coding in comprehensive member maintenance screens; Online concurrent drug utilization review messages sent to the pharmacies during claims processing; and Drug file information. MedImpact records and stores all recording interactions for performance monitoring, quality standards, and customer service metrics. We use a web-based call recording and monitoring system to capture voice recordings and screen input storing call notes in MedAccess® and adhering to documented guidelines while monitoring calls.
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	MedImpact delivers a claims processing solution in a single, integrated platform for a higher degree of claims processing accuracy and efficiency available 24 hours a day, 7 days a week, 365 days a year. Our system provides flexible benefit designs through the deployment of a data-driven, parameter-based infrastructure. We can accommodate preferred drug tables, Brand Medically Necessary, claims edits, pricing methodologies (including 340b), and clinical criteria for PAs and claims processing.
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	MedImpact can receive and load multiple eligibility files throughout the day. We process all files within 24 hours of receipt and load them in the order we receive them. DHS can also easily update individual member eligibility through the MedAccess® online tool after the full eligibility upload completes within MedImpact's claims system. In addition, DHS can upload full and partial eligibility files at any frequency. MedImpact posts a load log report to the FTP directory for each eligibility file we receive and process. DHS must review the report and make any necessary corrections to eligibility records. MedImpact makes all eligibility updates effective on a real-time basis.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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 (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 the State; and 13. Allow functionality to enter a denial PA that would deny POS criteria.				Meets	With the use of MedImpact's online claims administration application, MedAccess®, DHS will have real-time online access to claims administration system data. This application will allow DHS to manage member eligibility, plan benefits, PAs (prior authorizations), claims, appeals, and provide client case management. Key features of the MedAccess application include access to real-time information, client summary view, client and claim search, eligibility maintenance (add, update, terminate records), claim view and analysis, operational PA maintenance (add, update, terminate PAs), client benefit view, pharmacy search, restriction lookup, and claims quote. MedImpact's system meets items 1 through 13 in requirement GTS25.
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.				Configurable	MedImpact will provide EHR or secure web portal access to pharmacies for Medicaid clients' paid claims and Medicaid drug profiles utilizing the pharmacy portal and relevant APIs along with a tracking mechanism for disclosure and current PAs with dates. We will work with DHS during implementation to gather requirements to ensure our solution meets your needs.
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.				Configurable	MedImpact will configure and provide user-defined notification based upon State-defined denial codes that require more detailed information than the standard transaction. MedImpact's solution enables us to define and manage systematic rule-based and user-defined alerts and notifications. This includes processes and events such as denials.
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	Pharmacy email addresses come from our weekly ResQ data feed from NCPDP. Prescriber emails come from LexisNexis.
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	MedImpact's claim administration system, MedAccess®, provides clients with easy access to timely, pertinent data allowing clients to take charge of their prescription drug benefit and provide superior customer service to their members. All claims information is captured in MedAccess.
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 (RDUR) is necessary.				Meets	MedImpact's claims processing system captures prescriber data within the claims data. We have assisted states in administering their programs since the release of federal mandates (Title 42, Part 456, Subpart K) for Medicaid retrospective DUR (drug utilization review) programs on January 2, 1993 and our process complies with federal regulations Title 42, Part 438.3, Subpart S(4).
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	MedImpact's solution directly aligns with current MITA (Medicaid information technology architecture) principles and framework. We employ a modular architecture based on industry-standard interface capabilities with business rules separated from the application code to facilitate configuration over coding including a modular, flexible approach to systems development including the use of open interfaces and exposed APIs and use of formal system development methodology and open, reusable system architecture.
GTS32	General Technical Standards	Claims Processing	Vendor shall deduct clients' copayment and/or TPL amounts, as appropriate, when pricing claims.				Meets	MedImpact can handle different copay or coinsurance categories at POS (point of sale). During the implementation process, MedImpact works with DHS to determine plan design parameters meeting DHS' specific objectives.
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	For claims submitted as a secondary payer, MedImpact's COB processing requires that the number of primary payers matches the number of active and effective OHI (Other Health Information) records on the client eligibility record so that Medicaid is always the payer of last resort unless state-sponsored coverage such as the DHS program exists. A sequence number applied to the DHS program record indicates this unique circumstance and helps ensure coverage is not included in the primary payer count.
GTS34	General Technical Standards	Claims Processing	Vendor shall provide the ability to override a TPL denial when directed by State.				Meets	MedImpact works with customers to gather requirements for benefit design during implementation. We can configure benefit edits to override a TPL denial when directed by the State.
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	When MedImpact receives a claim for a compounded medication or intravenous infusion therapy, a system flag overrides the AWP (average wholesale price) discount calculations, and the prescription pays the amount billed by the pharmacy plus the applicable dispensing fee. If the pharmacy submits a compound code of 2, the system typically labels the claim pay as billed. The billing amount must include the dispensing fee. To prevent FWA (fraud, waste, and abuse), MedImpact has numerous POS (point of sale) edits that price compounds and only allow Federal Legend ingredients within the compound. We suggest blocking bulk chemicals from adjudication and setting a low maximum dollar claim amount for compounds ($100 that rejects a compound claim over $100). We can also require a PA (prior authorization) for all compounds to ensure no commercial product is available and/or the member has tried the commercial product first. We can receive multiple NDCs (National Drug Codes) via NCPDP (National Council for Prescription Drug Program) D.0 compounds. We can set up processing to do pay as billed or pay based on sum of ingredient costs (requires compound segment) or both. We apply restrictions based on all ingredient NDCs in the claim. We will work with DHS to define and accommodate your compound drug processing requirements during the implementation process.
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	MedImpact's MedAdjust® reprocessing platform for claims adjustment allows both automatic and targeted reprocessing of approved member claims, so we can adjust cost sharing and accumulators based on changes to member eligibility, pricing, drug status, and benefit configuration. MedAdjust currently supports pharmacy payment recalculation and FWA (fraud, waste, and abuse) based adjustments. We utilize MedAdjust via an internal user interface that produces customer-friendly extracts, which provide adjustment detail activity at the client summary and individual claim detail levels.
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	MedImpact's COB (coordination of benefits) processing determines the count of active OHI (Other Health Information) instances on the client's eligibility record. Incoming claims will require that each of the primary OHI payers be present for DHS to make a secondary or tertiary payment on the drug. MedImpact's adjudication system will consider the eligibility information supplied by DHS for the source of OHI. MedImpact denies claims that do not contain the required number of primary payers using the appropriate NCPDP (National Council for Prescription Drug Programs) reject code. The pharmacy can override the denial if the required override criteria is met. MedImpact notifies the pharmacy of the NCPDP reject. The pharmacy must share this information with the client. We will work with DHS to identify the initial benefits configuration for COB and collaborate to update as law or state changes require.
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	MedImpact confirms that new NDCs can be added to the J code crosswalk as they become available.

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GTS39	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall follow and maintain the State's current BMN (Brand Medically Necessary) process.				Meets	MedImpact adjudicates drugs based upon the DAW (dispense as written) codes. Multisource brand claims submitted as DAW 1 (medically necessary) or DAW 7 (brand mandated by state law) pay at the proposed brand name drug rate. We charge DAW 2 (substitution allowed) claims at the difference of MedImpact's proposed brand drug rate and MedImpact's generic drug rate quote to either the member or plan based on benefit design. We charge the client the generic rate. Multisource brand claims submitted with a DAW 0 (no product selection indicated) or DAW 3 through 6, 8, and 9 pay at the applicable generic rate. We will work with DHS during implementation to accommodate Arkansas' BMN (brand medically necessary) process.
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	MedImpact offers a suite of real-time APIs (application programming interfaces) for web services which include eligibility lookup, PA (prior authorization) lookup, claim history lookup, pharmacy locator search, and drug price check. The Drug Price Check results include cost comparison information indicating client price, price of the drug per day, plan share, and tier or nonformulary status. The search results include any client-specific utilization management requirements as well. We will work with DHS to ensure we meet your requirements during implementation.
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	MedImpact can perform online, real-time capture and adjudication of pharmacy claims submitted by providers. Our systems support the NCPDP standards and use NCPDP standard files.
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	MedImpact's claims processing system captures all data at POS regardless of status or outcome and each claim is provided its own unique identifier. Historical data is available for the following time periods: Real-time claims adjudication system: 4 years and the balance of the current year; Reporting systems: 10 years and the balance of the current year; and Reporting online analytical processing systems: 10 years. MedImpact exceeds the HIPAA (Health Insurance Portability and Accountability Act) requirement for retaining data for 6 years. We will work with DHS during implementation to meet your historical data retention requirements.
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.				Customizable	MedImpact agrees to export all POS (Point of Sale) data fields to the AME Data Warehouse/Decision Support System. Currently, MedImpact exports POS data to its internal Data Warehouse platform called MedOptimize for reporting purposes. MedImpact will work with DHS to determine the best way to provide the export during the implementation process.
GTS44	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall maintain user-controlled parameters for all standards and messages.				Meets	MedAccess enables DHS to access claims information and related system notes. Only users with plan level access (above member level) can add and maintain administrative notes at the HQ Carrier/Group or Member level. They cannot edit these notes, but they can term them. Other user levels can only see notes.
GTS45	General Technical Standards	System, Tools and Technical Capabilities	Vendor shall allow for customized messages as part of the Transaction Code Set (TCS).				Meets	MedImpact will provide DHS flexible messaging options to occur during POS (point of sale) adjudication. Messaging in the claim response provides the pharmacy with additional information to facilitate the pharmacy and/or client interaction, which can include details regarding potential harm involved with dispensing medications, rejection, and information on next steps. Most of our edits, which we use to implement a variety of programs, contain functionality to configure unique messaging, which the additional message information field provides in the claim response. MedImpact can configure these messages at various levels such as program, organization, CMS (Centers for Medicare and Medicaid Services) contract or plan, header, HQ (headquarter), group, carrier, benefit, tier, and restriction. Hard messages accompany a rejected claim, while soft messages contain information regarding an approved claim. We can code custom messaging hard or soft at DHS's discretion.
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	Our customers access MedImpact's online systems and tools via secure channels. We will work with DHS during implementation to define channels and protocols.
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	MedImpact will work with DHS to 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. We catalog all communication materials and maintain a project plan for the development, finalization, and approval of all DHS-specific communications. The MedImpact account management team will send DHS all communications for approval prior to printing and distribution.
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	MedImpact's MedOptimize® reporting system provides clients with flexible reporting, business intelligence, and decision-support options. MedOptimize offers real-time access to data with powerful user-friendly standard reporting and ad hoc query capabilities. We provide MedOptimize through a secure website with 24-hour, 7-day a week availability and direct access to data for efficient and effective analysis of DHS's prescription drug program enabling DHS to make informed decisions. We provide more than 36 months of DHS' data through MedOptimize. From the MedOptimize login screen, users can access MedOptimize through an internet connection with no software installation needed. DHS can export all reports to various formats including PDF, HTML, Microsoft Excel, and CSV. Reports are run on-demand or scheduled at the frequency of DHS' choice.
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	MedImpact can establish SFTP connectivity for DHS' MCO's PBM vendor, medical carriers, and third-party vendors during the implementation process. We can share data at a frequency defined by the State with any vendor DHS identifies as long as we have appropriate nondisclosure agreements in place. We encrypt all data both at rest and in transit.
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	MEP (Medicaid Encounter Platform) is MedImpact's full cycle solution for generating, receiving, and processing NCPDP batch and post-adjudication standard claim encounter files as well as managing DHS' response files.
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	MedImpact can establish SFTP connectivity with DHS and vendors during implementation. The majority of our clients use batch file exchanges on a daily basis. We encrypt all data both at rest and in transit. MedImpact currently supports numerous data exchange options for sharing pharmacy claim information. We also support web service-based APIs along with message queue and traditional batch interfaces. We use file-based integration for most customers but can work with the data exchange method that works best for DHS. MedImpact is compliant with HIPAA regulations and will not release data without DHS' approval.
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	MedImpact confirms we utilize NPI (national provider identifier) logic as a key to indexing providers in our system. We regularly receive and incorporate data updates from our contracted prescriber data vendor, LexisNexis Risk Solutions, to ensure our system information is up-to-date.
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	MedImpact's full suite of PBM support applications are integrated into our unified claims processing system. These tools include our robust reporting, eligibility, formulary, prior authorization, rebate, Medicaid encounter, and portal applications.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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	MedImpact's full suite of PBM support applications are integrated into our unified claims processing system. These include our robust reporting, eligibility, formulary, prior authorization, rebate, and Medicaid encounters tools. MedOptimize is a Cognos-based query tool integrated with our robust data warehouse with flexible reporting, data analytics, and dashboarding platform. MedAccess is a centralized tool for managing processing edits, validations, eligibility, benefits, and pharmacy networks with inquiry and update capabilities for call center, account management teams, and DHS. MedCommand is a next generation platform of integrated configuration solutions which EFS (enterprise formulary system) used to design, implement, and maintain PDLs and ENS (enterprise network system) used to design, implement, and maintain pharmacy networks and claims reimbursement formulae. MedResponse is a fully integrated PA electronic workflow management platform which includes our ePA (electronic PA) program and PA@POS, our clinical rules engine that automates the PA process. MedInvoice is an innovative, fully featured CMS and MITA aligned platform used for invoicing, collections, reconciliation, and reporting of OBRA and state supplemental drug rebates within 24 hours of receipt. MEP (Medicaid Encounter Platform) is a full cycle solution for generating, receiving, and processing NCPDP batch and post-adjudication standard claim encounter files as well as managing DHS' response files.
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).				Configurable	Unless otherwise its an existing capability, MedImpact will build the capability to select among several media types for any outputs produced. The output media types can be configured to role based or by individual end-user(s). MedImpact's PBM solutions are web based. Within that capability there exists the functionality to print output through the laptop or desktop endpoint much the same as commonly exists for other websites.
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	MedImpact's claims processing system confirms eligibility at POS (point of sale).
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	Managing products other than drugs that can be delivered through the POS presents a unique challenge for Medicaid programs as they work to align patient access, cost, and regulatory authority considerations. Our team is experienced in managing all aspects of the Medicaid benefit, and our company has worked with state Medicaid agencies in managing multiple facets of pharmacy benefits, DME, and covered nutrition products and legend or over the counter infant formula products. MedImpact supports NCPDP compliant claims processing for these products and, if needed, can support state supplied pricing or maximum allowable costs applied to defined product(s) as well as product association to specific cost categories as designated by the State. Our rebate platform can process rebates for non-drug products, such as DME, infant formula, and nutritional products. The process is the same as it is for drug rebates; however, it encompasses a different set of products and identifiers such as UPN (universal product numbers) in lieu of NDC identifiers. The platform's configurability at the program level allows each program to contain different sets of products using both drug and non-drug identifiers. Our rebate platform can configure independent program needs to accommodate differences in federal and supplemental contracts, and to support other types of rebate programs, including DME, formula, and nutritional product rebates.
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	MedImpact provides user-friendly web-based screens for both providers and pharmacists. The MedPrescription Insight® program's flexible information technology infrastructure allows connectivity to all EHR (electronic health record) or EMR (electronic medical record) technology. Prescribers can access member-specific plan information securely using their EHR/EMR technology. MedImpact's pharmacy portal provides a central location for pharmacy information. The portal allows pharmacies to communicate with MedImpact as well as access provider manuals, payer sheets, audit guidelines, regulatory requirements, and pharmacy training.
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	MedImpact confirms that each claim is assigned a unique identifier in the system.
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	MedImpact can provide FSSO (federated single sign-on) to either DHS' AD (active directory) SSO (single sign-on) solution or IBM SV (security verify) platform. We have both of these functions in production. MedImpact currently leverages IBM's Security Verify platform to provide FSSO capabilities to our client resources.
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	MedImpact will provide DHS flexible messaging options to occur during POS (point of sale) adjudication. Messaging in the claim response provides the pharmacy with additional information to facilitate the pharmacy and/or client interaction, which can include details regarding potential harm involved with dispensing medications, rejection, and information on next steps. Most of our edits, which we use to implement a variety of programs, contain functionality to configure unique messaging, which the additional message information field provides in the claim response. Hard messages accompany a rejected claim, while soft messages contain information regarding an approved claim. We can code custom messaging hard or soft at DHS's discretion and approval.
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	MedImpact can 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 within the scope of the project. MedImpact will collaborate with DHS to agree on the definition and scope of SOA. For MedImpact, SOA mainly consists of API Gateway and Informatica for data exchange. We also use Active MQ for messaging queuing and routing. Together they provide messaging support, including queuing, content or context based routing, and guaranteed delivery.
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	MedImpact agrees to provide claims system availability in accordance the SLA (service legal agreements) outlined in Attachment C of this RFP. The platform maintains an uptime of 99.99% and is available 24 hours a day, 7 days a week, 365 days a year. MedImpact performs 12 to 15 scheduled releases throughout the year with no downtime.
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	MedImpact's contracted prescriber data vendor, LexisNexis Risk Solutions, supplies MedImpact with prescriber data that includes prescriber mailing address data, NPI (National Provider Identifier) as reported by NPPES (National Plan and Provider Enumeration System), DEA (Drug Enforcement Administration) license data as reported by the DEA, prescriber validation taxonomy data as reported by NPPES, and sanction data. Active and inactive provider dates are captured at both levels.
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	MedImpact contracts with a language translation vendor to supply translation and communication services and will meet DHS' need for English, Spanish, and Marshallese client and provider written notices. We will work with DHS during the implementation process to identify all your communication needs.
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	MedImpact's claims processing system is compliant with federally-mandated CMS requirements.

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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	MedImpact agrees to employ electronic data exchange standards (ANSI X.12 and NCPDP) to improve efficiency, reduce duplicate data collection, and promote a common understanding of data elements. MedImpact complies with ANSI X.12 and NCPDP data exchange standards. MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover. This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks. MedImpact has implemented the applicable HIPAA Standard Transactions and Code Sets in compliance with NCPDP transaction formats, Accredited Standards Committee (ASC X12), and customer data exchange requirements. To stay current with the latest HIPAA standard transaction developments, we adopt the standards set by the various SDOs (Standards Development Organizations), HIPAA organizations, work groups such as the HIMMS (Healthcare Information and Management Systems Society) and the Association for Electronic Health Care Transactions, HIPAA-DSMO (Designated Standard Maintenance Organization), HIPAA Conformance Certification Organization, the International Organization for Standardization (ISO17799), NCPDP, National Committee on Vital and Health Statistics, NIST, URAC (accrediting body), and ASC X12.
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	MedImpact uses different software and tools to meet the requirements. We use Informatica to assemble, validate, encrypt, and transport batches of data to and from Providers and other interface partners. Similarly MedImpact will use or adopt other relevant tools for the other requested items. MedImpact provides secure data transfer and transformation processes which encrypts data transfers and supports our batch processes via our EDI platform. Through this EDI process MedImpact will decode and process relevant healthcare transactions. MedImpact can submit back to the State rejected claim information. MedImpact maintains a process to review and implement new transactions required by CMS.
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	MedImpact commits to providing DHS with pre-project plans for any system modifications or implementations during the life of the contract. We will submit plans to the State for review and approval and keep project schedules up to date. The plan will include, at a minimum, review cycles, contingencies, a back-out plan, PEN testing and review with the State, and vulnerability scans as part of project pre-implementation. MedImpact currently provides this service for other FFS clients and is experienced in providing these deliverables in a clear and timely manner.
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.				Customizable	DHS is not required to purchase software or hardware to support MedImpact's solution. Most of MedImpact's solutions are home grown and enhanced frequently to meet industry, customer, and client expectations and business changes. It is rare for MedImpact to use any COTS products or tools for State implementation. In the event that such COTS products or tools come under the scope of the State implementation and needs to be customized for the State, MedImpact agrees to ensure that any changes to the COTS products or tools must be agreed upon and approved by the State in advance of the change. What extent MedImpact will bear the expenses incurred for the changes will be mutually agreed upon with DHS.
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	MedImpact will provide extract from Erwin data modeling tool that provides data lineage for key fields to the DSS along with field descriptions, data types. Transformation rules and metadata information can be generated separately. All of them can be provided on a monthly basis.
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	Term definitions and other metadata are maintained as part of MedImpact's internal Data Governance Program standards and practices. Maintenance of the metadata includes periodic refresh of the metadata from identified source of truth repositories such as DHS or CMS Metadata relevant to the DHS contract with MedImpact. This metadata is available to DHS and relevant stakeholders on an ad hoc basis via an Excel, JSON, or XML format downloads.
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	MedImpact's compliance team maintains a system (PBMSource) that provides the ability to receive, track, and respond to updated or recently passed state and federal regulations and rules that impact the PBM and pharmacy network. We also use PBMSource through implementation steps of a regulation to determine necessary changes in process. In addition, we review Medicaid enacted laws on a weekly basis with cross functional representation. If a new law may impact a customer, we communicate through the assigned account teams to ensure visibility to the customer and that we take necessary steps to align requirements with regulatory requirements. A strong partnership between DHS and MedImpact is essential to stay in front of regulatory changes. MedImpact has proven success in monitoring such changes and providing our customers with recommendations and solutions that result in CMS, federal, and state regulatory compliance.
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	MedImpact's regulatory compliance teams monitor policy and regulation changes and review new regulatory requirements with key functional areas to ensure we notify impacted areas and fully implement necessary changes. MedImpact will summarize and communicate our actions as a result of changes and DHS' responsibilities. We commit to adhere to all current and future State and Federal legislation, regulation, or guidance. This includes the new Diabetes Management program or other changes under the AMPP. We will work with DHS when any changes are made that require coverage changes for specified diabetes supplies and incorporate them into the pharmacy benefit. A strong partnership between DHS and MedImpact is essential to stay in front of regulatory changes. MedImpact has proven success in monitoring such changes and providing our customers with recommendations and solutions that result in CMS, federal, and state regulatory compliance.
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	MedImpact's Arkansas dedicated Help Desk will be staffed with pharmacists and pharmacy technicians. Monday through Friday from 8 a.m. to 5 p.m. CT. Our call center staff is available to augment the Help Desk for extenuating circumstances. Our call center is available 24 hours per day, 7 days per week, 365 days per year to assist callers as needed.
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	MedImpact uses Cisco's Unified Intelligent Contact Management and Unified Contact Center Enterprise solutions. This call management solution maximizes the efficiency and effectiveness of our Medicaid Pharmacy Program Help Desk staff. The hardware and software supporting this solution includes CTI (computer telephony integration) desktop; IP IVR with Nuance's text-to-speech and voice recognition platform; and ACD (automatic call distributors). A short IVR (interactive voice response) with brief menu options quickly transfers the call to the Help Desk or DHS-approved prerecorded messaging to resolve prescriber or pharmacist issues or answer their questions. MedImpact Help Desk staff meet the diverse needs of its non-English member populations by connecting to a language line that provides real-time translation in the members' native language or dialect. TDD services are provided to the hearing impaired for real-time communication with Help Desk staff.

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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	MedImpact brings decades of experience planning, implementing, and effectively managing high-volume call centers to meet and exceed the needs of diverse pharmacy services administration customers. MedImpact will assign a designated client administrator to provide MedImpact Help Desk representatives (pharmacy technicians and pharmacist) training on DHS' specific benefit plan to accurately answer calls by the go-live date. The client administrator will work with DHS during implementation to set up processes on how to handle calls, override criteria, and provide information on benefit setups. In addition to responding to inbound calls, representatives will initiate outbound calls to call the prescriber's office regarding a prior authorization, pharmacy to assist with billing, and client for issue resolution or research. Help Desk representatives have the capability to review claim and member information directly through their online terminals. In most cases, 99% of inquiries and problems can be handled while the member is on the phone. If representatives need to escalate phone calls, they have access to an additional research screen for calls that require direction to higher levels. Through this screen, questions are transferred to a senior representative and to any appropriate departments. If the situation cannot be resolved, a supervisor provides immediate assistance. Representatives escalate concern calls for resolution or referral when necessary. Escalated calls are logged in our system as a concern for tracking and reporting purposes and are followed-up by a senior representative who conducts research and follow-up for resolution. MedImpact will notify DHS and the Account Management team of the concern. The caller receives a follow up call within one business day.
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	MedImpact can ramp up to and exceed 200% of our normal call volume in 90 days or less in preparation for our peak season (typically from January to March). Our successful implementation process will use historical data that DHS will provide such as claim data and call volume to forecast factors of current similar clients to generate volume and workload assumptions. MedImpact factors in service level targets to ensure adequate staffing is in place to support the new implementations in addition to the overall book of business. MedImpact uses call center tools such as NICE IEX Totalview, Cisco Unified Intelligence Center, and Calabrio call recording to analyze and adjust the staffing plan accordingly. We use the IEX Workforce Management System to forecast and monitor key performance indicators. IEX enables our customer service management team and individual customer service staff to establish and track their schedules and predict future staffing needs based on customer service utilization data. We also use Calabrio, an application that allows us to sample, monitor, and analyze calls and make decisions on resource allocation and training needs. We use algorithms, reports, direct observation, and performance metrics to continuously monitor and adjust staffing in response to seasonal variations, increased call volume in response to outbound call campaigns or program changes, and client's direction.
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	MedImpact will staff and manage the call center in compliance with all RFP requirements and performance standards set forth by DHS and any subsequently developed call center standards and/or requirements established by DHS during the term of the contract. Using Cisco's Unified Contact Center Enterprise contact routing, call handling, and multichannel contact management application (voice, calls, email), MedImpact delivers a call management solution that maximizes the efficiency and effectiveness of our Call Center staff. Our Help Desk representatives made up of pharmacist and pharmacy technicians (representatives) access our system which supplies pharmacy-specific information to representatives for each member at the time of the call. Additionally, with a combination of touchtone telephone keypad entry and voice input, our IVR is available and handles services such as validating eligibility, checking PA (prior authorization) status, and locating a participating pharmacy. To meet the needs of our non-English member populations, MedImpact utilized the language line that provides real-time translation in the client's native language or dialect rather than having Spanish-speaking representatives available.
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	MedImpact records calls for performance monitoring, quality standards, and Help Desk metrics. MedImpact uses software to capture voice recordings. DHS will have access to live and recorded calls. The account manager will review statistics of the audited calls and report to DHS on the weekly call stats report.
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	MedImpact will provide a dedicated Help Desk consisting of pharmacist and pharmacy technicians, Monday through Friday from 8 a.m. to 5 p.m. CT excluding State holidays. Call volume of the Help Desk will be monitored to ensure it is staffed to cover an increased call volume to ensure the Help Desk SLAs. A voicemail box will be made available after hours to accept caller information. Additionally, MedImpact's call center is staffed 24 hours a day, 7 days a week, 365 days a year. This call center can be made available for after hour calls if desired by DHS.
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	Help desk leadership will establish monthly meetings with DHS to discuss updates, trends, and issues from the previous month. Upon direction from DHS, a monthly report containing all pertinent information may be substituted for the meeting.
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	MedImpact uses MedAccess, a centralized tool for managing processing edits, validations, eligibility, benefits, and pharmacy networks with inquiry and update capabilities for our call center, account management teams, and DHS. MedAccess records all contacts; captures the nature of all inquiries or issues, date and type of contact, customer type, status and resolution of each contact, and date of resolution; and can report at the individual, group, and aggregate levels. MedAccess also maintains up-to- date member and provider identifying information, including language selection, authorized representative information, and documentation. All Med Access fields are accessible using the MedOptimize reporting package, allowing any selected data to be exported to a file, in a format requested by DHS.
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	Online Help features within our unified technology platform are vital to a well-informed, up-to-date knowledge base for DHS and MedImpact users. Because the portals from which users obtain Help information are online, MedImpact continuously updates any content where applicable for the pharmacy programs. DHS users and stakeholders are afforded online access to Online Help, policy and procedure manuals, user manuals, and informing materials, including any recent outbound communication requiring assistance or understanding through our MedAccess and MedOptimize applications. Help screens are menu-driven, with embedded links or hover prompts on the various screens, providing a context-sensitive data and a search function that enables users to quickly locate information and resources on the pharmacy system or Intranet.
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	To ensure a Help Desk representative has as much information available to address calls on the first call, MedImpact's system ensures member ID numbers are tied to our plan ID number making your benefit parameters visible to the representative online. Our Contact Center maintains online system notes. This ongoing communication provides representatives up-to-date information regarding procedure changes or client-specific edit or benefit alterations. In most cases, 95% of participant inquiries and problems can be handled while the member is on the phone.

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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	MedImpact has extensive experience serving Medicaid programs with a clearly defined staffing model that reflects and adjusts to the ever-changing needs of the programs we support. Leveraging this experience, we analyzed all project requirements to determine the types and numbers of required staff for DHS. We base hiring and staffing estimates on the volume of anticipated claims, invoice volumes, program types (POS, Rebate, DUR), and other transaction volumes provided in the RFP documentation. This approach optimizes staffing projections to meet all contract obligations and planned volume fluctuations. During implementation, we will work to verify transactional volumes provided as part of this RFP and validate our staffing projections. These steps are critical to mitigate the risk of surprises at go-live.
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	MedImpact's call center staff members are trained to handle calls and provide information and assistance to Providers and DHS representatives. Our year to date 2023 average speed to answer was 12.25 seconds.
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	MedImpact will monitor our performance each month to ensure we are meet or exceeding performance guarantees and will submit the findings in the weekly report to the AMPP. In the event that we do not meet a guarantee, specifically by exceeding the 30 second speed to answer metric, we will review the call list for the measured time period and identify all calls that did not meet the metric in order to improve performance for the following month.
HD16	Helpdesk	System, tools, and technical capabilities	Vendor shall provide field sensitive user help.				Meets	MedImpact's Call Center service system application is fully integrated into MedAccess, which provides staff access to eligibility, benefit, PA, and other relevant information in near real-time. This easy-to-use system contains field sensitive user help where users can hover over a field to receive additional information about that field and how to complete it.
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	MedImpact will provide DHS with qualified personnel with the requisite qualifications, skills, and experience necessary to successfully help ensure all requirements and service levels are met, in accordance with DHS. MedImpact's call center personnel will fulfill the duties of the technical call center personnel for DHS. Call volumes are continuously monitored, and staffing levels adjusted to provide optimal performance. Staff will be trained on DHS' programs and pharmacy benefits.
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	MedImpact confirms we will operate and maintain a dedicated Arkansas pharmacy technician and pharmacist Call Center approved by the State. We have reviewed the requirements and information provided in the RFP for the Arkansas Call Center and utilized our experience to estimate staffing requirements. The Pharmacy Lead/Clinical Manager will lead the call center staff and report directly up to the Operations Manager. During implementation, MedImpact will collaborate with DHS to confirm staffing needs, determine the appropriate number of toll-free numbers, and design a call vectoring scheme for the entire call center. MedImpact will staff and manage the call center Monday through Fridays from 8 a.m. to 5 p.m. CT with optional wrap coverage by MedImpact's general call center after hours.
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	MedImpact's current Call Center systems and operations drive our capability to answer calls in a prompt and professional manner, and route inquiries to the appropriate staff. These systems provide data that enable us to track, trend, and help ensure compliance with SLAs.
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.				Meets	Our reporting database is refreshed in near real-time to help ensure all reports and analyses are based upon the most up-to-date information. DHS staff are afforded real-time access to data through our reporting tool to generate timely and accurate reports to include submission and processing statistics, system performance, and many other reports based on the information captured from the claims system into the reporting database.
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	With a staffing plan tailored to meet the specific needs of DHS, MedImpact's organizational matrix leverages our demonstrated experience managing PBM services. This highly seasoned, local operations team is afforded corporate oversight and support, with reliance upon our corporate efficiencies to successfully implement and maintain a PBM program to meet the needs of Medicaid managed care beneficiaries across the state. Named key management personnel include current MedImpact employees with in-depth experience and expertise. MedImpact uses the IEX Workforce Management System to monitor key performance indicators. IEX enables our Call Center management team and individual Call Center staff to predict future staffing needs based upon call center utilization data. MedImpact tracks all calls through an innovative Cisco telephone accounting system. This automated process lets management study the quantity, length of all calls, average speed of answer, and abandonment rate. MedImpact uses the data generated from these reports to monitor call activity and staff appropriately during peak periods. MedImpact also uses scheduling software to further assist in forecasting staffing needs.
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	MedImpact will staff the call center with a 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.

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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	MedImpact will provide a monthly report to DHS on the satisfaction findings and plan of action taken to address inefficiencies and deficiencies with contract requirements. MedImpact uses customer surveys to measure our customers satisfaction with the plan and adjust process and procedures as needed. When a member calls into MedImpact, the IVR system invites them to inform the representative wants them to participate in the survey. The representative then transfers the caller to the short 4-question survey once the conversation completes. The surveys are provided in English and Spanish. DHS will have access to the recording to review the call and call information including date of call, provider identifying information, client identifying information, type of call, and type of question or issue.
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	MedImpact records and stores all Help Desk call recording interactions for performance monitoring, quality standards, and customer service metrics. MedImpact uses a web-based call recording and monitoring system to capture voice recordings and screen input storing representative call notes in MedAccess and adhering to MedImpact's documented guidelines while monitoring calls. If there is a member complaint, MedImpact provides a call recording within 2 business days. For quality purposes, MedImpact will work with DHS to establish a mutually agreeable turnaround time to retrieve calls and provide recordings back to DHS.
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	MedImpact will collaborate with DHS to establish a change management plan that aligns with DHS change management processes. The plan will capture any changes in scope, timeline, or deliverable expectations. If a risk requires a change request, we develop the required change request documentation and initiate our change management process. The change management process may require the project team to re-baseline the project with approval from DHS.
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	The plan will capture any changes in scope, timeline, or deliverable expectations.
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	MedImpact conducts regular testing to help ensure applications meet our rigorous data protection, system access, and security requirements. The SDLC (software development and life cycle) and security testing processes incorporate recommendations from SANS 25 and OWASP Top Ten. We apply risk management methodology throughout a system's development lifecycle from the time we identify a need for a new information system until it is retired. In addition to our regular testing, the ISO (Information Security Officer) or other designated employee may call for a full or partial risk assessment in response to changes in business strategies, information technology, information sensitivity, threats, legal liabilities, or other significant factors that affect MedImpact's information systems.
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	MedImpact follows comprehensive system change control procedures implemented within our business and software development processes. If a change request is received, we develop change request documentation and initiate our change management process. Once the change has been tested and implemented, system and technical plans will be updated to reflect the change.
ME5	Modification & Enhancement	System Compliance	Vendor shall apply enhancement (Change Request) updates to protocols throughout the Contract Period, as directed by the State.				Meets	The change management plan defines the processes and steps for identifying and logging a change request, performing change impact analysis, conducting change review with DHS' CCB, and executing approved changes accordingly. We manage the change control process using Atlassian Jira, an industry leading change and issue tracking and project management. Jira is used by over 180,000 customers in 190 countries to track and monitor critical project work. It provides robust workflow capabilities to allow change requests to be routed to ensure quick and timely decision making with a full audit history.
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	MedImpact has comprehensive system change control procedures implemented within our business and software development processes that meets DHS' operations quality standards. If an implementation of a change request impacts a current process, MedImpact will update all documents, e.g. system documentation, training materials, online user support modules, and provide training, to reflect the change in the process.
ME7	Modification & Enhancement	Change Management	Vendor shall participate in the evaluation of all proposed Change Requests as required by the Change Management Process.				Meets	MedImpact collaborate with DHS to establish a change management plan that aligns with DHS change management processes outlined in Section 2.7.4 of the RFP. The plan will capture any changes in scope, timeline, or deliverable expectations. If a risk requires a change request, we develop the required change request documentation and initiate our change management process. The change management process may require the project team to re-baseline the project with approval from DHS. We use accurate, detailed, and complete requirements documented in an RTM (requirements traceability matrix) to define configuration and customization phase activities. MedImpact utilizes the RTM during testing to help ensure there is testing coverage for all requirements. We process requirements uncovered after the approval of the interim RTM through our change order process for RTM updates. The RTM demonstrates to DHS that, upon implementation (go-live), MedImpact will meet all functional and nonfunctional project requirements.
ME8	Modification & Enhancement	Change Management	Vendor shall participate with State in Change Management meetings for the prioritization of State-approved Change Requests.				Meets	The plan will capture any changes in scope, timeline, or deliverable expectations. We develop the required change request documentation and initiate our change management process. The change management process may require the project team to re-baseline the project with approval from DHS. All changes will be discussed at bi-weekly meetings, or meetings scheduled at a frequency DHS desires, to approve and prioritize change requests.
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	MedImpact has developed standard change request forms and can customize these forms at DHS' request. We follow comprehensive system change control procedures implemented within our business and software development processes that meets DHS' operations quality standards. The change will be assessed, a price determined (if any), and tracked in our change request documentation. All changes will be tested to ensure it is ready to be excepted in the process. Computing environments will be shared with DHS.
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	When a change request is received, MedImpact will log the request and share the change request with DHS. Upon approval from DHS, we will develop, configure, integrate, and test the approved change request. The change will be documented in technical, operational, and support documentation and end-user training material.

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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 (Jama and Jira).				Meets	We manage the change control process using Atlassian Jira, an industry leading change and issue tracking and project management. Jira is used by over 180,000 customers in 190 countries to track and monitor critical project work. It provides robust workflow capabilities to allow change requests to be routed to ensure quick and timely decision making with a full audit history. MedImpact will implement a workflow within Jira to receive and log change requests, perform assessment, collaborate with the CCB for decision making, and implement changes accordingly.
ME12	Modification & Enhancement	Service Item	Vendor shall provide a dashboard of all file transfers.				Meets	Each file transfer is captured and logged which allows us to run a report on file transfers.
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	MedImpact confirms that we will work with DHS to establish the stakeholder roles and responsibilities involved in the M&O (maintenance and operations) of this contract. We will capture these in the Maintenance and Operations Support Plan deliverable as outlined in section 2.8.44 of the RFP along with staffing estimates, deliverable schedule, and related policy and procedures.
MO2	Maintenance & Operations	System, Tools and Technical Capabilities	Vendor shall conform to the Design, Development, and Implementation methodology approved by the State.				Meets	MedImpact acknowledges and agrees to comply with the State approved Design, Development, and Implementation methodology.
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	We follow a proven process to configure, adapt and deploy our solutions based upon hundreds of successful, large-scale implementations in multiple states. MedImpact employs rigorous quality control measures with every implementation to help ensure complete and accurate delivery of all services provided under the contract. In addition to the Arkansas DDI Key Personnel, MedImpact has a separate and dedicated implementation department, which manages transition projects all year. We practice disciplined, consistent, and proven methodologies to complete necessary implementation tasks for our clients. MedImpact assembles core implementation team members and additional, experienced subject matter experts on an as needed basis to assist with onboarding new clients. We are committed to providing the staff necessary to: correct any business logic deficiencies or inaccuracies; meet the technical and operational performance requirements specified in the RFP; ensure documentation, data, software, utilities, technical services, peripheral services, hardware, middleware, and reports are accurate; provide database maintenance and support including updating tables as necessary; implement required changes to reporting business services scripts or system parameters; and deploy operational and technical environment changes as directed by DHS.
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	MedImpact will comply with all applicable state and federal requirements in accordance with the requirements of the RFP. We align with and incorporate industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170 subpart B including: HIPAA/HITECH, security, and transaction standards; state mandated data security and privacy laws including the State Medicaid Fairness Act; section 508 of the Rehabilitation Act or standards that provide greater accessibility for individuals with disabilities; compliance with federally mandated requirements including New Business Rules/Standards; CMS certification requirements; federal ARRA (American Recovery and Reinvestment Act); standards adopted by the Secretary under Section 1104 of the ACA (Affordable Care Act); and standards and protocols adopted by the Secretary under section 1561 of the ACA. We stay abreast of changes to state and federal requirements and will work in tandem with DHS to ensure compliance.
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	MedImpact updates the DRF (drug reference file) at least weekly to correct data and pricing errors and ensure the information in the DRF is accurate and complete. We will partner with DHS to identify and confirm that new edits and Arkansas-specific custom conditions are correct before implementing the weekly file update.
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	MedImpact updates and maintains active and historical pricing files, including price effective dates, for evaluation and selection during claim adjudication. Our system selects and uses the most recent version of the product record effective on the submitted claim's date-of-service, so the most current price records are used to determine the final price of the claim. MedImpact obtains pricing data from Medi-Span and First Databank which are the most widely used and trusted drug databases in the industry. This pricing data includes the Medicaid price points. We maintain access to the following price points: AAC, NADAC, FUL, WAC, and ASP. MedImpact can also support other price types including DIR, WAC, AMP, and custom pricing.
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	MedImpact will create and maintain a comprehensive system of end user documentation that complies with DHS's standards and that supports users with easily accessible and usable information they need to accomplish their job tasks. Our philosophy is that when the user has a question about what to do next, our documentation needs to answer that question clearly, concisely, and quickly. We respect the user's time and do not want them to have to search endlessly to find the answer. All documentation will remain current and available to DHS personnel through the State's documentation management tool.
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	MedImpact confirms we will provide the necessary personnel resources to meet the requirements for Arkansas PBM operations.
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	MedImpact's POS adjudication system processes multiple types of D.Ø transactions, including claims billing, reversals, and informational transactions (i.e., N1s) on a real-time and batch basis. Our MEP solution generates, receives, and processes NCPDP batch and post-adjudication standard claim encounter files.
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	MedImpact's pharmacy claim pricing support multiple price indices including FUL and State established MAC. The Arkansas account support team will keep DHS abreast of detailed drug and pricing information as well as any corresponding effective and change dates for associated MAC and FUL prices.
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	MedImpact's online reporting platform MedOptimize is a powerful online reporting tool that affords us the ability to support DHS will all data research, statistical analysis, and reporting requests.
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	MedImpact will maintain a public-facing website that provides information and updates specific to Arkansas. At a minimum, the website will include pricing information, forms for pricing adjustments, appeals processes, MedImpact contact information, and other information as required by the State. The website will meet all standards specified by DHS including HIPAA, branding, and ADA requirements. MedImpact will work with DHS during the implementation process to further define and accommodate your requirements.
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	The flexibility of MedImpact's adjudication engine and its supporting ecosystem allows us to quickly and efficiently deploy configuration changes or data fixes in emergent situations within 1 business day as requested by DHS.

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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	We will 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. Reversals on these claims will be performed as directed and authorized by the State.
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	Our customizable point-of-sale system identifies various dispensing Provider types and specialties that are flagged or indicated in the state MMIS Provider file and loads them to MedImpact's Provider panels. The Provider panels are available for filtering and claims adjudication. The unified technology platform gathers data from multiple sources for use in claims adjudication editing. We will store the data attributes provided by DHS to utilize in edits during adjudication.
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	MedImpact provides comprehensive end-to-end Medicaid PBM services, so that our clients can meet both organizational goals and complex state program requirements. MedImpact can support a wide range of Medicaid services such as claims adjudication and payment services; state Medicaid PDL (preferred drug list) support; 340B Claim processing; DUR (Drug Utilization Review) and Support Act comprehensive support (Annual CMS DUR Survey Guide, reports, and DUR board services); price programs to include MAC management; benefit design and execution; Medicaid Drug Rebate management and collection; FWA proactive and retroactive detecting, monitoring, reporting, and special investigating; clinical program support with financial and trend guarantees; and additional PBM functions as defined by the State.
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	MedImpact's fully automated web-based benefit administration tool supports multiple variations of edits, validations, and processing functionality including prescription type, provider status, or other editing as directed by the state.
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	MedImpact focuses on client and member satisfaction to avoid price spikes, increases in AWP, and other price-related surprises at the point of sale. Ideally, prices remain stable or declining. However, there are situations completely out of our control that may result in price increases such as manufacturer shortages driven by multiple potential factors. MedImpact will commit to sharing information and supporting communication with DHS as needed to facilitate ongoing awareness of market situations that can impact pricing, and at the same time, we can explore creative approaches with DHS to mitigate these situations. The account team will notify the appropriate state Stakeholder and items will be tracked through a dashboard report as well. We will work with DHS during implementation to finalize the notification process.
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	MedImpact conforms to role-based access assigned to both internal and external resources via our IBM Identity Access Management platform. MedImpact can assign both functional and data entitlements based on job functions, limiting who can see data and PHI. MedImpact can also control data access to a minimum necessary role level. During the implementation phase, the client and MedImpact personnel complete an implementation questionnaire to establish the various role access levels for specific employees assigned to the project. MedImpact can also restrict data access via data entitlements. Many clients find this helpful in separating lines of business and personnel.
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).				Configurable	MedImpact will work in tandem with DHS to determine the appropriate licensing requirements to share Drug Reference data that is used to support the Arkansas Medicaid Pharmacy Program. We will provide drug reference data as directed by the state to support DHS customization of the Arkansas drug data file.
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	Our claims engine captures information on how claims adjudicate, including benefit plan details, the edits applied, distinct claim-level adjudication codes, and/or claim attributes. All configured edits are recorded with start and end dates, added and updated user IDs, and time-stamped to assure a complete audit trail. This information is available for reporting purposes and through our MedAccess tool, enabling DHS and MedImpact to monitor and validate claims are adjudicating as expected.
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	MedImpact currently supports a secure web-based portal that provides a host of services, including a dynamic (searchable, linked) list of covered outpatient drugs which is also available on our public-facing portal. Users can search drugs by drug name (brand or generic), 11-digit NDC, and drugs classes such as HIC-L or HIC-3.
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	MedImpact codes edits or restrictions to work with the claims fill date within the edit or restrictions start and end dates. We can define and use an edit at the carrier, benefit, group, or a combination of these levels. Edits make use of general numerical and character value parameters to perform the required function. MedImpact saves the data coded in the edit globally and uses it at the time we fetch it. Certain edits and restrictions require claims history information to operate. This always includes the member's drug history. The plan can define the drug history, look back period, and set the edit parameter. Restrictions differ from edits in that we define them by a drug's formulary type such as GPID (global portable identification code), HICL, and NDC. The simplest restriction creates a formulary that excludes or includes a specified drug. We can also create a restriction for a single client that only processes when the client submits a claim for the specified drug. We create restrictions with a header specific to the customer and details to enable us to define individual sets of restrictions to meet specific plan requirements (such as drug copay or step therapy) for collection under the header for the plan. Certain edits and restrictions require claims history information to operate. This always includes the client's drug history. DHS can define the drug history, look back period, and set it with the edit parameter.
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	MedAccess allows DHS to search for claims using various data fields such as client ID, provider ID, or claim number.

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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	MedImpact's call center uses Cisco's Unified Intelligent Contact Management and Unified Contact Center Enterprise solutions to support IVR (interactive voice response). All required voice scripts are approved by DHS and translated and recorded by a certified translation service, as required. Should DHS wish to provide scripts, IVR options, or choices for messages or recordings already in use, MedImpact will accommodate any DHS preferences.
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	MedImpact's approach to quality assurance for both benefits implementation and maintenance of business administration includes comprehensive testing and multiple stage gates within the process to help ensure accuracy. MedImpact employs several phases of testing in support of benefit updates including unit testing, testing validation, UAT (User Acceptance Testing), end-to-end testing/targeted testing for implementations and large projects, and post-production review. We will collaborate with DHS to provide test results in the time frame and format desired by the State.
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 (ICD, NDC).				Meets	Our unified technology platform, including our comprehensive data warehouse, differentiates the source of FFS claims from pharmacies, NCPDP encounters, medical FFS claims with NDCs, medical encounters with NDCs, and other related claims and encounters from the MMIS. MedImpact's claims processing system is CMS-compliant and we follow HIPAA requirements for protecting and storing data.
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	MedImpact has a dedicated team for claims quality and audit support, which is responsible to ensure that we resolve any claim errors identified in a timely manner and to pursue quality initiatives that will continue to improve the accuracy of claims adjudication. A MedImpact analyst works with internal partners to make updates and review observations identified by claims quality and audit support. Additionally, the MedImpact claims quality team routinely monitors denied claims for potential errors in processing and receives automated, real-time alerts when the system encounters certain anomalies in the number or types of rejections.
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	MedImpact's clinical trend management, UM (utilization management), strategy aims to ensure clinically appropriate use of medications and encourage the use of the most cost effective therapy. MedImpact will evaluate and recommend PAs (prior authorizations), QLs (quantity limits), and STs (step therapies) for DHS' consideration. PAs ensure medications are safe and appropriate for clients. Our PAs are intentionally disruptive because the clinical value of the PA outweighs the administrative burden. During implementation, we can transfer a client's PA, so the client only experiences a PA once their existing PA expires. QLs prevent overdose, abuse, and waste. Clients have the option to fill a lower quantity or request a quantity exception if there is a clinical rationale for the quantity needed. Often, as is the case for acute medications, the exception process prompts clinicians to reassess the client's condition and determine if additional or chronic management is needed. STs prompt clients starting therapy to try preferred medications before using more costly or high risk medications. The program does not require clients already on a medication with a ST and will not disrupt clients who are already on medications with a ST when transitioning to MedImpact. The account team will provide clinical recommendations to DHS for cost savings and client safety for both existing and new to market drugs on an ongoing basis.
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	MedImpact receives and applies all pricing files for claims processing in our DRF (drug reference file) or any other ancillary pricing file tables to determine which of several methods to apply to a specific NDC. Within the DRF tables product codes, classifications and descriptions are updated with record effective dates and date timestamps in the event more than 1 update occurs on the same day. We update and maintain active and historical pricing files including price effective dates for evaluation and selection during claim adjudication. Our system selects and uses the most recent version of the product record effective on the submitted claim's date-of-service, so the most current price records are used to determine the final price the claim. MedImpact receives and loads daily (Monday - Friday) AWP (average wholesale price) updates from Medi-Span, and we upload a complete AWP file from Medi-Span weekly. We regularly perform reimbursement validation and third party review of claims.
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	All of our technologies support highly configurable, granular role-based, and row-based-access capabilities. Our flexibility to configure unique user roles affords DHS and DHS's-approved stakeholders tailored access to assure they have the information required to perform their specific roles.
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	MedImpact can export all reports in multiple formats, including Microsoft Excel, Access, and Word, as well as PDF, HTML, and CSV.
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	MedImpact's Concurrent DUR program supports the prevention of overutilization and underutilization of prescribed medications. Through the MedImpact Concurrent DUR program, pharmacists receive online messages and warnings at POS before the pharmacist dispenses the prescription. To promote safe and cost-effective drug prescribing, the system supports numerous standard and customized edits to warn pharmacists of the potential harm involved in dispensing particular medications. We typically classify our POS edits into the following general categories for communication with pharmacists: administrative messaging (claim reject or denial based on current NCPDP reject standards); custom messaging programmed as hard or soft edit at DHS' discretion with 200 free-form characters of custom text messaging available; and clinical messaging programmed as hard or soft at DHS' discretion.
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	MedImpact can support separate reporting of utilization based on eligibility categories utilizing State supplied client attributes. We will collaborate with DHS to identify deliverables, processes, and reporting during implementation.
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	MedImpact offers an extensive suite of fully integrated web portals to support Provider access to information, services, and reporting.
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	MedImpact's systems currently support NCPDP and ANSI standards including ANSI X12 270 Eligibility, Coverage or Benefit Inquiry; ANSI X12 271 Eligibility, Coverage or Benefit Response; and ANSI X12 834 Benefit Enrollment and Maintenance.
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	MedImpact relies upon its well-trained workforce, technology, and continuous monitoring and quality improvement to deliver excellence in PBM services to its customers. Our rigorous standards afford us the opportunity to quickly identify potential opportunities for program improvement. We will partner with DHS to notify the appropriate stakeholders and collaborate on next steps.
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	MedImpact will document information that details all operations processes, error handling, notifications, jobs, steps, controls, and schedules on a quarterly basis or whenever a system change is made. The account team will manage this document and the responsibility to communicate with DHS.
MO39	Maintenance & Operations	Invoicing	Vendor shall submit an invoice for all mail, print and postage costs as a monthly "Pass-through" expense.				Meets	MedImpact agrees to submit an invoice to DHS for all mail, print, and postage costs as a monthly pass through expense.
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	MedImpact understands and commits to meeting the following minimum requirements for publication distribution, unless otherwise advised by the State, including but not limited to priority bulletins emailed and posted on the web portal within 2 business days after receipt of approval from DHS and general bulletins and other publications emailed and posted on the web portal as directed by DHS. We also confirm that if a priority or general bulletin distribution deadline is not met due to MedImpact error, the bulletin will be distributed at no cost to DHS. We will work with DHS to determine all the requirements for these types of communications during implementation and crafting of the communication management plan deliverable outlined in RFP section 2.8.6.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
MP2	Mail & Print Center	System, Tools and Technical Capabilities	Vendor shall disseminate specialized documents (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.				Configurable	MedImpact commits to providing updated versions of specialized documents such as user manuals, software development documentation, and systems documentation to DHS within 10 business days or another agreeable timeframe approved by the State. We will also update the State's document management tool with the most up-to-date versions of these documents. We will align our documents with the requirements outlined in RFP section 2.8.36 that defines the system documentation deliverable. The Documentation/Training Manager will lead this initiative in collaboration with various MedImpact Key Personnel.
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	MedImpact will 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. We will utilize the State's Document Management Tool, as applicable and understand that the State determines how provider communications will be sent such as via email, web portal, PA message, U.S. mail, or a combination of methods. MedImpact will work with DHS during implementation to solidify the provider communication materials, methods, and timelines. MedImpact will work with DHS to identify and create the communications necessary to support your program. The Documentation/Training Manager will be the lead point of contact for the planning, creating, and implementing of the deliverables and utilizing the State's document management tool.
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.				Configurable	MedImpact is providing a dedicated Help Desk led by the Clinical/Lead Pharmacist and staffed with pharmacy technicians and pharmacists that will be available Monday through Friday from 8am to 5pm to field calls from providers, clients, and pharmacies. During the implementation process, we will work with DHS to determine routing options for all calls including provider calls so that the Help Desk will be ready prior to go-live.
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.				Configurable	MedImpact commits to create, maintain, and save electronically all documentation in a location that is accessible to authorized AMPP (Arkansas Medicaid Pharmacy Program) staff ready for review 60 days prior to the Maintenance and Operations phase. In the past, we have utilized SharePoint or Box to collaborate with customers on communications and documentation. However, we will work with DHS during implementation to identify a mutually agreeable documentation solution. The Documentation/Training Manager will collaborate with DHS on this initiative.
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	MedOptimize is a Cognos-based query tool integrated with our robust data warehouse with flexible reporting, data analytics, and dashboarding platform.DHS and their MedImpact account management team can schedule standard or ad hoc reporting in the tool. Scheduled reports with customer-specific parameters generate an automatic email to the customer-specific user for pickup within the MedOptimize application. If a reporting request requires software programming, the flexible capabilities of our system and the report design experience of the programming team enables MedImpact to support virtually any type of report request. The account team will document the requirements and work with DHS to approve the report parameters and delivery timeline. Additional reports are included at no cost to the State.
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.				Configurable	MedImpact will work with DHS to determine the contents of the monthly report/dashboard for documentation. Reporting will capture, at a minimum, 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. The Documentation/Training Manager will work with DHS to determine reporting requirements and implement a solution.
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	MedOptimize is our Cognos-based query tool integrated with our robust data warehouse with flexible reporting, data analytics, and dashboarding platform. MedImpact works with customers during the implementation phase to determine what options best meet their reporting needs including evaluation of reports and dashboards. DHS and DHS' account team has access to create and schedule standard or ad hoc reports in MedOptimize. If a complex report requires software programming, MedImpact supports virtually any type of report request. The account team will document the requirements and work with DHS to approve the report parameters and delivery timeline. Required and additional reports are included at no cost to the State.
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	MedImpact can receive provider and client file updates from DHS nightly to ensure that mailing and email addresses are based on the most recent update activity. We will coordinate and finalize file sharing methods and timelines during implementation.
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	MedImpact commits 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 policies. We understand these notices may be via RA messages, Web-Portal banner messages, email distribution, or mailed paper copies. MedImpact will work with DHS to determine the best methods and timeline for provider communications. MedImpact understands the performance guarantee and penalties associated with provider communications.
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	MedImpact confirms our responsibility for mailings such as RDUR (retrospective drug utilization review) intervention and education letters, client lock-in letters and communications, pharmacy and prescriber lock-in letters, and other mailings determined by DHS. We generate these types of letters and communications in written format unless DHS determines otherwise. In addition, we have prebuilt intervention templates for utilization and modification to meet DHS's requirements. The RDUR Director and Documentation/Training Manager will work with DHS to manage these deliverables.
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	MedImpact commits to providing an explanation of the reason(s) for each late approval of communication distribution within 2 business days including any time delays in posting to the internet. We will track the explanation with the request number and provide specific reasons for the time delays and potential corrective action taken, if necessary. We have utilized Salesforce to track client inquiries in the past and can work with DHS during implementation to determine what platform will best meet our needs.
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	MedImpact will work with DHS to create and get approval of the content, format, and style of all client and provider publications. Once DHS finalizes a publication and sends it back to MedImpact, we commit to posting publications for general release on the State's AMPP website within 2 days of receipt or another timeline as requested by the State. We will work with DHS during implementation to identify all your publication needs.
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.				Configurable	MedImpact will design and develop Arkansas Medicaid Pharmacy Solution's fill-in forms, online or interactive, for DHS approval. We will obtain written DHS approval prior to distributing Medicaid Pharmacy Program forms or other materials and distribute materials to the appropriate parties within 10 days or as directed by DHS. We currently utilize Box as tools when collaborating with customers to find, organize, edit, share, sign, store, and classify content in a secure system. We will work with DHS to determine your requirements and find an agreeable solution during implementation.
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.				Configurable	MedImpact commits to maintaining a log of all publications which denotes the date the publication request was received, the due date, the dates of editing transmittals, 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. We will maintain the publication log electronically that is accessible to DHS and commit to making updates within 5 business days. MedImpact has utilized SharePoint or Box in the past to collaborate with customers. We will work with DHS during implementation to identify the best solution for this opportunity. The Documentation/Training Manager will lead this initiative.
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	The clinical account team will provide weekly reports to DHS which will include new drugs coming to market. This notification will include information on the potential impact to the Arkansas Medicaid program policies, including guidance on coverage, prior authorization, and claims processing editing. All information pertaining to the new drug/NDC will be provided to DHS to allow for an informed decision on coverage for all new drugs.
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	Our system is highly configurable and can deliver prescriber PA notifications for manual PA requests according to the specifications defined by DHS, including sending via mail, and in compliance with all state and federal requirements. Each notification includes specific approval or denial information. Clinical information will be included in adverse determinations and includes the necessary information needed to request reconsideration, to include State processes for reconsideration and the right to a fair hearing or provider appeal.
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	The prior authorization process for DHS will be customized to support State approved or designed coverage policies and procedures. In consultation with the State, MedImpact may make recommendations to improve the efficiency of PA creation and claims processing. Our system allows for automatic PA during the POS adjudication process. In addition, if requested, our system can automate ePA process by querying client drug history and medical data.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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	MedImpact creates a PA record for all requests, regardless of the approval outcome. Data elements collected for evaluation in our PA solution include but are not limited to: service date range, client demographics, client-specific attributes or demographics (location, assigned benefit or program), number of drug fills/units approved, prescriber ID and specialty, pharmacy ID and provider type or place of service, and medical claim data (ICD-10, CPT, HCPCS codes), if available. MedImpact retains all PA records for a minimum of 10 years, as directed by the Privacy Rule promulgated pursuant to HIPAA.
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	MedImpact has the ability to assign a unique PA identifier. Each PA is assigned unique identifier, which is stored on the claim record when used. Then, it is associated to the claim via reporting and claims extracts. Additionally, the PA can be accessed through the claim via MedAccess. MedAccess is our centralized tool for managing processing edits/validations, eligibility, benefits, and pharmacy networks.
PA6	Prior Auth	System, Tools and Technical Capabilities	Vendor shall accept updates from claims processing that “draw down” or decrement authorized services.				Meets	The MedResponse system allows users to effectuate a PA including quantity and fill count. For example, when a fill count number is entered for a specific duration, each time a claim adjudicates against the PA, the number of fills will adjust accordingly. In the event an adjudication outcome alters the authorized units or fills, these will be increased or decreased as needed.
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	Using MedResponse, MedImpact will employ multiple approaches to manage PA processing, including automated PA through the POS/claims adjudication, ePA, and manual PA processes. Each of these modalities will be designed in accordance with DHS established criteria. Authorized users are provided the ability to allow for exceptions, also following DHS defined criteria.
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	In compliance with all state and federal requirements, MedImpact will create and deliver notifications to prescribers and clients for all denied PA requests. Client notifications will include notification of adverse benefit determination and provide instructions for requesting reconsideration. Prior to releasing client letters, our automated process will review for, and delete, duplicate letters.
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	MedImpact collects and stores clinical data for use in automated PA processing. In cases where a PA is automated based on patient profile, an indicator is stored in the system for identification purposes. The steps taken by the system are available for review, including any edits that were associated with the drug. Drugs requiring manual PA review are also identifiable in the system.
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	In instances where a drug has not yet been evaluated for coverage or formulary placement, MedImpact will follow a manual review process at the direction of DHS and the Arkansas DUR Board. In consultation with DHS, MedImpact will apply the approved edit criteria in the POS for ongoing review.
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	MedAccess can identify those circumstances where a system edit override is needed to complete a PA based on medical necessity. Authorized users have the ability to override these edits, upon completion of a clinical review, to complete the PA process.
PA12	Prior Auth	PA Requests	Vendor shall meet the Federal requirement to respond to Provider PA requests and answer within one business day.				Meets	MedImpact responds to all PA requests with sufficient information within 1 business day of the original receipt of the request, according to Arkansas guidelines. PA requests are received by MedImpact by fax, telephone, web-based submission, or electronically utilizing the NCPDP Script standard for ePA.
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	MedImpact does not currently intend to use any subcontractors or vendors for any part of this contract, and specifically will not for a PA solution. Should anything change, in accordance with this contract, DHS will be notified and MedImpact would serve as liaison with the vendor.
PA14	Prior Auth	System, Tools and Technical Capabilities	Vendor shall support analysis of data on individual drug usage.				Meets	The MedOptimize reporting system offers robust access to all program data, including PA data. This allows for reports to be generated to provide analysis into individual drug usage. Analysis can be performed at the NDC level, or further broken down by individual program or at any level of granularity down to the member level.
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	Using multiple testing protocols prior to implementation of any edits, MedImpact is confident that all edits are configured properly and are 100% accurate within DHS established timelines.
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	All data collected during the PA process, and subsequently collected from pharmacy claims processed by MedImpact, provide a complete set of data for analysis. MedOptimize provides a number of pre-defined report that provide information and analysis of PAs. In addition, the MedOptimize Query Studio allows for custom and ad hoc analyses that can provide a higher level or granularity and/or specificity into utilization, cost savings, or prescribing and filling patterns. The MedImpact account team will work with DHS to determine how best to meet the goal of the request.
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	Through role-based application security MedImpact can offer real-time access into the MedResponse AP system. This allows visibility to a client's drug claims, eligibility information, and, if available, other clinical data received through the MMIS.
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	Our adjudication system is coded to identify products requiring PA and to deny claims at POS if a PA is not on file. MedImpact provides updates relative to coverage determinations to pharmacies through POS messaging based on the need for a PA.
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	MedImpact confirms that both MedImpact and DHS designated individuals are able to effectuate manual PAs using real-time eligibility and claims history. Only authorized users who have accounts provisioned to allow for this functionality may perform these functions.
PA20	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide the functionality to accommodate multiple PA types (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	Our adjudication system allows for the DHS PA process to be applied at multiple levels, including PDL, brand generic, therapeutic class, HICL, GCN, GSN, NDC-9, and NDC-11. Our automated PA interface accommodates these different levels and can adjudicated based on the presence of 1 or multiple criteria.
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	Prior authorizations may be cancelled/voided in required. The system will track all notes detailing thew actions taken and reason for cancellation.
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	MedImpact provides full traceability and an audit trail of all updates, corrections, and changes made to any prior authorization transactions. Authorized users can access a log of all application activity (read, modify, and delete) the specific record as well accessed, date and time, and unique user ID performing the action. Our solution allows authorized users within DHS to view, filter, and sort the system audit trail, and export audit data in a standard format such as XML, CSV, ASCII, or RTF.
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	Our customizable solutions, MedAccess and MedResponse, are able to operationalize complex PA strategies for DHS through the integration of multiple internal and external data streams during claims adjudication. Based on DHS defined policies, MedImpact’s automated PA solution minimizes the instances in which prescribers or pharmacists would otherwise need to stop and contact a PA representative and provides an enhanced provider experience.
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	MedImpact’s robust prior authorization system includes an allowance through multiple electronic PA vendors, including SureScripts and CenteRx. Our ePA program helps prescribers complete PA requests in real-time by using an advanced rules-based guideline platform. The program enables us to ask clinical questions directly within a prescriber’s EHR (electronic health record) platform, collect the answers, and process the information we gather. The system transmits responses back to the provider upon completion of the PA. The ePA program can help improve clinical quality, increase prescribing safety, and increase provider PA acceptance rates. Attachments, if any, are stored and remain a part of the PA record.
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	MedImpact’s solution compiles clinical and demographic data from multiple streams to create a unique patient profile for each client. Clinical data collected in these patient profiles are evaluated to remove barriers that exist in traditional PA processes. At POS (point of sale), MedImpact can automate approvals based on a number of criteria found in these profiles. These rolling PAs can variable based on patient history.
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	In compliance with the CMS/HHS State Medicaid Manual, section 11, all required fields are collected, entered and stored in a structured database. Providers prescribers and members are identifiable and searchable in our PA system.
PA27	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide capability for custom messaging to fit all pharmacy PA denials.				Meets	PA edits can be hard or soft at discretion of DHS. Soft messages are notifications to the pharmacy, and hard messages are rejections with messages that prevent a pharmacy from dispensing the script. We typically classify our POS edits into the following 3 general categories, administrative, clinical and custom messaging. Custom messaging can be provided using up to 200 free-form characters of custom text.
PA28	Prior Auth	System, Tools and Technical Capabilities	Vendor shall provide ability to manually override (PA) early refills when approved by the State.				Meets	MedImpact allows designated users to apply benefit coverage overrides at the direction of DHS using flexible, parameter-driven settings such as early refills, OTC limits, variable number of fills (first fill or a specific number of fills), days’ supply limitations for transition (not to exceed a 30-days’ supply), transition overrides, and overrides for specific types of criteria, such as PA, step therapy, or quantity level limits.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
PA29	Prior Auth	Reporting Management	Vendor shall have the capability to expand reporting by specific drugs for tracking PA denials or approvals.				Meets	MedOptimize allows for the creation of reports at any level of detail requested, including NDC level reporting of PA approvals and denials.
R1	Reporting Management	Data Management	Vendor shall retain all information necessary to support State and Federal initiative reporting requirements.				Meets	Our solutions collect, maintain, store, and perform daily backups on all data required for the administration of all components of this contract. Stored in our off-site data warehouse, all data required to support federal and state reporting is retained according to data retention guidelines.
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	The MedImpact reporting platform has the capability to report on any field that contains a value in any of our system components. Through a set of standard reports, augmented with a robust query tool, reports can be created and run to provide an almost limitless view into program data. The ad hoc reporting tool allows for custom reports to be designed by, or for, all users in the format of their choosing. Some systems allow for the addition of comments or notes to be added to a claim or PA record. As with all other fields, these freeform comments or notes can be included in the output. Reports can be coded to perform calculations, such as those used in an impact analysis. In addition, reports can be created to assist in the identification and analysis of potential rule conflicts.
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	The monthly Help Desk report will provide details of all contacts received from providers. This report will include the types of calls (PA, adjudication issues, eligibility) as well as trends compared to prior months. Organized by week, the report will provide a comprehensive view of issues and outstanding items, along with detail of the performance measures achieved by the call center. The format and content will be submitted for approval to DHS during implementation.
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	MedImpact confirms that our team will include an integrated business analyst. This team member will generate both ad hoc query-type reports as well as formatted reports that can be produced and distributed on an ongoing basis. Ad hoc reports will be included at no additional expense to DHS.
R5	Reporting Management	Dashboards	Vendor shall provide Business Intelligence (BI) Report Dashboards, as directed by the State.				Meets	Within MedOptimize, we have a variety of dashboards available out-of-the-box for DHS monitoring and analysis. Our reports allow virtually unlimited data views through dynamic, prompt-driven filtering capabilities to easily target the information required by DHS for display in a graphical dashboard format.
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	MedImpact identifies and labels all claims identified as being filled using 340B stock/pricing. A quarterly report will be provided to DHS detailing all claims received and processed from 340B providers.
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	MedImpact acknowledges responsibility for providing DHS with assistance in fulfilling their reporting obligations to CMS. This includes providing information and activity from the DUR board, Pro-DUR edits, automated PA edits, utilization reports, cost-avoidance, etc. Further, MedImpact agrees that these reports will be due to DHS no later than 45 days prior to the due date of "annual" reports.
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	MedOptimize enables users to create ad hoc queries quickly and easily by choosing data points from numerous subject areas and hundreds of data elements. Through a simple point-and-click, drag-and-drop user interface, users can design reports that apply mathematical and statistical calculations; modify report and data formats; highlight key results with conditional value-driven formatting; add sorting; define data groupings; insert totals and subtotals; schedule on any common frequency; save and share with others; and export results to multiple output formats. Users can save custom reports in a private location or a shared area where authorized colleagues and MedImpact's account management team can access them. If a user needs a custom report that is not in MedOptimize, we can build the report for DHS to use in MedOptimize.
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(generic utilization data, ProDUR edits, RDUR, etc.) 4. Pricing Methodologies				Meets	As a part of our standard reporting package, MedImpact provides reports that detail cost savings /avoidance based on system edits, DUR, and pricing methodologies.
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	All MedImpact solutions that will support this contract are compliant with all CMS/HHS requirements, including section 11375 of the SMM (State Medicaid Manual). This section details the data requirements for all Medicaid programs. Claims cannot be processed if all SMM 11375 required fields are not present and formatted correctly. This allows for accurate and complete federal reporting. Also, as the claims system feeds the rebate system, ensuring complete and accurate data in the POS system helps to maximize rebate dollars returned to DHS.
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	As we do with all data and files used to support the DHS contract, MedImpact maintains an audit trail of changes. Any changes or updates to the drug file are recorded with a date/time stand of the changes and detail of who made the change. These will be reported each Monday, by close of business, to DHS.
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. 3. Progress report which summarizes: a. Accomplishments achieved during the reporting period b. Cost avoidance attributed to specific interventions performed during the reporting period c. Planned tasks completed and their completion dates d. Planned tasks remaining and their projected completion dates				Meets	The RDUR Monthly Report deliverable will be organized in two parts. The first part of this report will include summary level data providing an overview of the number of profiles reviewed and all activity related to the identified exceptions, including, at a minimum, the requirements 1 through 8 detailed in this requirement. The second section of the report would provide a summary of utilization, statistical analysis, and the progress of the team.

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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: a. Top 50 prescribers and pharmacies sorted by highest total drug claims cost b. Highest drug claims cost analyses sorted by therapeutic drug class c. Utilization trend analysis for therapeutic drug classes as agreed upon by State d. Average cost changes per prescription reviewed e. Average cost changes per client f. Average cost changes per intervention g. Overall cost avoidance of the program in terms of cost avoidance for covered drugs under the Arkansas Medicaid Pharmacy Program and in terms of other Medicaid program savings during the time period reviewed. All cost avoidance and quality impact calculations must include all the detail and data controls. 3. Activity summary, including but not limited to:				Meets	MedImpact offers our extensive experience with the completion of quarterly RetroDUR reporting, as part of our comprehensive DUR program. Delivered within 3 business days of the end of the quarter, our DUR program lead delivers the RDUR reports providing a detailed view into the activities and results achieved by the program in the preceding quarter. These include, but are not limited to drug utilization ranking summaries, including top 25 drugs by cost and number or scripts, brand vs. generic utilization, and trends by therapeutic class. Also included in this report is the Quarterly Impact Assessment Report. To be used a part of the quarterly DUR meeting, this report will include details of the results of the DUR activities, including cost avoidance reports (top 50 prescribers/pharmacies, utilization trend analysis by therapeutic class, and achieved financial shifts); activity summary (Number of clients reviewed, number of claims reviewed, cost of claims reviewed, trend analysis); and administrative costs summary (Average cost per client/intervention, total cost of all interventions).
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	A quarterly report will be provided to DHS and the Arkansas DUR Board detailing any shifts in prescribing patterns resulting from RDUR educational interventions. This report will also provide a detail of cost-avoidance attributed to each educational intervention.
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	As a part of our standard reporting package, MedImpact provides a quarterly report detailing trends in costs and utilization. This report will be delivered to DHS and DUR Board electronically according to the schedule defined during implementation.
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	As part of the standard reporting package provided using MedOptimize, MedImpact provides reports that rank both prescribers and pharmacies based on a number of criteria including volume of prescriptions, average and total cost, average and total cost by therapeutic class, and generic and DAW utilization.
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	MedImpact will provide monthly RDUR Team reports to DHS to provide summary level datil of activity from the prior month. This includes committee recommendations for changes to processes and/or algorithms as well as detail of any actions taken based on recommendations of the Arkansas DUR Board or DHS. Details of meetings of the RDUR team occurring during the prior month will be summarized and will include a list of all attendees.
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.					MedImpact acknowledges responsibility for providing DHS with assistance in fulfilling their reporting obligations to CMS, including providing the Annual DUR Report. This will include an analysis of the cost-effectiveness of the program, comparing the cost of administering the program against the cost-avoidance savings achieved. Further, MedImpact agrees to provide recommendations for additional cost avoidance opportunities, if available. These reports are due to DHS no later than 45 days prior to the due date of "annual" reports. If DHS requests any changes to the DUR report submitted, MedImpact agrees to make any modifications within 7 business days of the requested change.
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	MedImpact will provide an Operations Summary Report to DHS on a monthly basis. This report will provide a summary of all aspects of the technical operations of the programs included in this contract. These include reports on the data center operations, security management, service desk activity, and configuration management. This monthly report will also include any issues or potential risks identified during the month. Upon request, MedImpact will provide summary reports for other areas requested by DHS.
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	MedImpact uses a Cisco call management system. Cisco's IP IVR system tracks performance metrics. We combine DHS'' desired metrics information with call type, monitoring, and evaluation reports that we will provide to DHS monthly to analyze performance and drive improvements in staff training and performance, processes, and technology. Analysis of call metrics will be completed using samples of hourly, daily, and weekly data. These reports include all calls attempted and completed; average hold time; abandoned call totals and as a percent of attempts; and blocked calls.
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	In addition to predefined reports, MedOptimize includes Query Studio, a flexible ad hoc reporting tool. Query Studio affords DHS-authorized personnel the ability to create queries and generate detailed ad hoc reports. These query templates may be saved to run again using different variables, such as different date spans, NDC, or programs. With access to the entire MedAccess central repository and an intuitive user interface, this tool gives us the ability to quickly create whatever we need, whenever we need it to satisfy DHS reporting requirements.

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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	The MedImpact Operations Summary Report, delivered to DHS on a monthly basis, provides a high level overview of the performance of the operations of the Arkansas Medicaid Pharmacy program. In addition to the technical operations requirements addressed earlier, this report will additionally provide, at a minimum compliance status; KPI (Key Performance Indicators) and SLA (Service Level Agreement) performance; and details on action items, schedule of completion, and estimated resolution of non-compliant KPI/SLA.
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	MedImpact understand and confirms compliance with the DUR reporting deliverable timelines required in this contract. Unless otherwise directed by DHS, or when superseded by a specific report deliverable found elsewhere in this RFP, monthly reports are due within 5 state business days post month end; quarterly reports are due 3 business days prior to the Annual DUR Meeting; and annual reports are due 45 days prior to the Annual report's due date. A suitable timeframe for delivery of ad hoc reports will be established at the time of request from DHS. Reports requesting routine data will be delivered within 7 business days. Reports with increased complexity, or that require data from external sources, will be reviewed, with a timeline determined on a case-by-case basis.
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 (Office 365 or Adobe).				Meets	MedOptimize reports export in various file formats including Adobe PDF, HTML, Office 365 format (Excel/Word), and CSV. Reports can be viewed on screen, printed, or, depending on the type of report, can be saved and imported into a program supporting further data analytics, such as Microsoft Access.
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	All MedImpact solutions that will support this contract are compliant with all CMS/HHS requirements, including section 11375 of the SMM (State Medicaid Manual). This section details the data requirements for all processes of these programs. Collecting and storing all required fields allows for the complete and accurate completion of all federal reports, including claims expenditures, quarterly estimates and the quarterly 64.9R report.
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	MedImpact will collaborate with DHS and its vendors to exchange claims data directly to the Arkansas Medicaid MMIS on a daily basis, in the format defined by DHS. We will collaborate closely with the DHS to ensure full compatibility with the Arkansas MMIS.
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	Two Hundred Fifty Dollars ($250) per State business day the scheduled report is not received or is unacceptable to the State.	Meets	MedImpact understand and confirms compliance with the reporting deliverable timelines required in this contract. Unless otherwise directed by DHS, or when superseded by a specific report deliverable found elsewhere in this RFP, the standards are: weekly reports due on the following Monday; monthly reports due within 5 state business days post month end; quarterly reports due within 5 state business days post month end; and annual reports due 45 days prior to the Annual report's due date. A suitable timeframe for delivery of ad hoc reports will be established at the time of request from DHS. Reports requesting routine data will be delivered within 7 business days. Reports with increased complexity, or that require data from external sources, will be reviewed, with a timeline determined on a case-by-case basis.
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	MedImpact's proprietary unified technology platform is engineered to support the mission-critical nature of PBM. Our POS (point of sale) claims adjudication system and supporting communication infrastructure is designed and implemented with active redundant component architecture to help ensure near 100% availability 24 hours per day, 7 days per week, 365 days per year. Should any catastrophic incident occur that results in any systems experiencing downtime, automated notices are created and sent to account leadership, Notification will be provided to DHS within 10 minutes of the identification of unscheduled downtime. MedImpact will maintain and report to DHS details of cumulative, year-do-date, unscheduled downtime, by system and application on a monthly basis.
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	All reports created by MedImpact include an audit trail which is available upon request of DHS. This audit trail details the date/time of report generation, the parameters used (such as date span, program, provider), and the person who created the report.
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 (Office 365 , Excel, and Access, etc.).				Meets	The MedOptimize ad hoc Query Studio gives our customers the ability to select data from the data warehouse using all available data points for whatever parameters desired. This aggregate data can be exported into multiple formats for use in database applications or reporting tools. These include Excel, Access and as raw data files that can be imported into other business intelligence tools, as desired by DHS.
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	MedImpact allows for authorized users to add, delete, or update standard criteria included on reports upon request and subsequent approval of DHS. These may include making edits to included data on reports, such as excluding sensitive data (HIV), or including/excluding specific drug types (specialty drugs.)
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	MedOptimize is a powerful parameter driven reporting studio that allows for the selection and filtering of data at the level specified by the user. These queries can be created around the specific output desired by the user. Any available data field can be used as a limiting factor. Reports can be customized using fields such as (but not limited to) client, group, benefit, prescriber, pharmacy, drug, DUR alerts, submitted NCPDP fields, claim totals (ingredient cost, paid amount, cost-sharing amounts, etc.), and date of service. Reports can be generated for a single client or a list of clients. The same can be used for plan(s), provider(s), and dates of service.
R33	Reporting Management	System, tools, and technical capabilities	Vendor shall support the use of other SQL-compliant third-party report writers.				Meets	MedImpact confirms that third-party SQL-compliant report writers can be used internally for querying and reporting data from the data warehouse.

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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	MedImpact systems are FSSO enabled and can integrate with the MES Integration Identity and Access Management portal using SAML (Security Assertion Markup Language) or OIDC (OpenID Connect) protocols. This supports just-in-time account provisioning and role assignment. MedImpact conforms to role-based access assigned to both internal and external resources via our IBM Identity Access Management platform. We can assign both functional and data entitlements based on job functions to limit who can see data and PHI. MedImpact can also control data access to a minimum necessary role level. During the implementation phase, MedImpact and DHS will establish the various role access levels for specific employees assigned to the project. This includes the scheduling of reports times and frequency designated by DHS.
R35	Reporting Management	System, tools, and technical capabilities	Vendor shall actively support and maintain a web-based business intelligence web reporting.				Customizable	MedOptimize, our reporting tool, offers predefined reports and powerful, flexible ad hoc reporting. This web-based system enables MedImpact and DHS designated employees to quickly run pre-defined reports and also create queries to generate detailed ad hoc reports. Both pre-defined reports and ad hoc reports are available 24/7, 365 days a year via the MedOptimize portal.
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	MedImpact understands the importance of collaborating with DHS regarding provider complaints.. A Monthly Complaint Report will be forwarded to DHS detailing which provider lodged the complaint, including provider number, the date of the complaint, along with a narrative describing the nature of the issue and the resolution.
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	MedOptimize allows us to create custom queries quickly and easily by choosing data points from numerous subject areas and hundreds of data elements, allowing almost limitless views in the DHS data. Through a simple point-and-click, drag-and-drop user interface, reports can be created to meet the criteria of DHS, including: details of all transaction types submitted and received; cumulative data covering any time periods to support forecasting; highlights of key results with conditional value-driven formatting; data grouping definitions; insert totals and subtotals; and schedule on any common frequency.
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.				Customizable	During implementation, MedImpact will review all reports to ensure that all existing reports fully meet the requirements of DHS. In addition, we will collaborate with DHS to determine if any of MedImpact's existing reports may provide data to satisfy multiple report requirements, reducing the number of reports required. Also, throughout the life of the contract, our Account Team will review the current report library to determine if changes are needed in content, or distribution schedule. Also, MedImpact will collaborate with DHS to determine if any reports can be sunset.
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	With extensive experience in the creation of SSPs (System Security Plan), MedImpact's SSP is separated into several sections that begin by outlining the proposed system, including system description, environment, and interconnections. The SSP describes the security controls and the ways in which MedImpact achieved those controls, which follow the guidance of NIST (National Institute of Standards and Technology) 800-53 security and privacy controls. MedImpact's SSP will address the security of the proposed solution prior to completion of the system design and configuration phase. MedImpact has standardized on the FedRAMP SSP for submission to CMS and as part of the Security and Privacy Assessment Report required for CMS certification. MedImpact maintains an internal audit department that performs HIPAA Risk Assessments and security control testing. MedImpact also maintains a Risk Register to categorize, track, and mitigate risk within our organization and as it relates to the PHI that we protect. MedImpact will verify access before "go-live" and annually with the Disaster Recovery testing.
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	MedImpact has policies, processes and procedures in place in the event a security incident occurs. MedImpact maintains comprehensive network, application, and system monitoring. We send the results to the third-party System Incident and Event Monitoring platform managed by AT&T. The AT&T security operations center reviews this information in real time 24 hours a day, 7 days a week, 365 days a year and reports any suspicious activity immediately to ensure timely remediation. MedImpact maintains, tests, and updates our incident response plan annually. MedImpact will assist the State in supplying the required documentation to report and track the security issue and in accordance with our regulatory obligations as a Business Associate under HIPAA.
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	MedImpact will ensure that none of the services we provide for DHS are performed offshore.
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	MedImpact maintains confidentiality of sensitive data, as coordinated with State federated services, as specified under 42 CFR Part 2. MedImpact obtained HITRUST certification on September 28, 2022. MedImpact completed the HITRUST certification with no corrective action plans. The HITRUST NIST Cybersecurity Framework Certification report provides relying parties reasonable assurances about MedImpact's implementation of the HIPAA Security Rule standards and specifications; AICPA Trust Services Criteria for Security, Confidentiality and Availability; and NIST Cybersecurity Framework Core Subcategories. MedImpact's HITRUST certification is valid for 2 years but requires the timely completion of the HITRUST Interim Assessment for r2 Certification as defined in the HITRUST Assurance Program Requirements. This interim assessment must occur within 12 months of the validated certification.
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	MedImpact provides a team of experienced experts across our enterprise who will collaborate with you and attend MESC, State HIT Connect, and participate in work groups. We share a mutual commitment to adhering to the broad MITA initiative guiding principles and key technical architecture features.
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	MedImpact confirms that we shall comply with DIS and the State standards and policies related to information systems, information systems security, physical security, confidentiality and privacy.
SC7	System Compliance and Security	Standards	Vendor shall support individual rights specified in the HIPAA privacy regulations.				Meets	MedImpact confirms. We maintain compliance with HIPAA requirements including but not limited to safeguards of data integrity, confidentiality, and availability.
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	MedImpact will comply with all applicable state and federal requirements. MedImpact will align with and incorporate industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR.
SC9	System Compliance and Security	Standards	Vendor's system must apply security across the Internet (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	To ensure client confidentiality is maintained, MedImpact's dedicated Data Security team continuously monitors applicable encryption standards and industry best practices for adjustments necessary to our security posture. MedImpact acknowledges that the technology supporting these measures will be provided by MedImpact. Our encryption methods are Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS 140-2) certified or higher, which meet or exceed the requirements for protecting HIPAA data levels 1-4. MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover. This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks. MedImpact maintains data confidentiality in strict compliance with DHS' contract and applicable law, including, without limitation, the applicable provisions of HIPAA/HITECH (Health Information Portability Act/Health Information Technology for Economic and Clinical Health Act), including notifying individuals of any PHI (Protected Health Information) breaches or unauthorized acquisition, access, use or disclosure.
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~~	MedImpact implements multiple layers of physical security to protect our personnel, control access to employee areas, and limit access to areas with sensitive data to those that require it to perform their job function. MedImpact maintains onsite professional security personnel to patrol interior spaces and the campus 24 hours a day, 7 days a week, 365 days per year. Security cameras record activity in all areas of the building's interior and exterior including guest and employee parking areas, loading docks, and street and sidewalk areas. Our security personnel monitor video recordings in real time and retain all surveillance recordings for 1 year in secure storage. The MedImpact data centers have an additional layer of physical security to prevent access to systems with PHI and client data. These additional measures include video monitoring and recording of all activities in our data centers and biometric fingerprint locks that control access to IT infrastructure gear, servers, telephony, IP switches, and firewall equipment.
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	MedImpact has process and procedures in place to manage and oversee operations facilities, workspaces, and offices as outlined in the Security and Privacy Plan. MedImpact will work with DHS to capture additional 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.

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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	MedImpact currently supports numerous data exchange options for sharing pharmacy claim information. MedImpact maintains web service-based APIs along with message queue capabilities and traditional batch interfaces. We manage data file transfers around batch membership and eligibility through a secure FTP platform with PGP (pretty good privacy) encryption. We can also support alternative methods of enhancing security such as VPN connections. MedImpact uses SFTP and PGP as the standard connectivity option for batch file transfers. MedImpact supports batch-oriented data exchange for large volume data, including accumulators. MedImpact client resources are available via our corporate URL (https://www.medimpact.com/clients), which will provide access to all of the tools and systems for DHS' staff. MedImpact encrypts sensitive information transmitted through this resource with TLS 1.2 and a strong cipher set. MedImpact subjects all of our externally facing resources to quarterly vulnerability scans and an annual third-party penetration test.
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 for managing and validating all security compliance.	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	MedImpact maintains robust physical, technical, and administrative safeguards to prevent unauthorized access to PHI, PII, and SSI. Our overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover. This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level to identify, assess, and manage cyber risks. MedImpact's corporate compliance officer has a system in place to receive, record, respond to, and track compliance questions or reports of suspected and detected noncompliance or potential fraud, waste, or abuse. The corporate compliance program's reporting systems maintain confidentiality (to the greatest extent possible), allow anonymity if desired, and emphasize MedImpact entities' policy of non-intimidation and non-retaliation for good-faith reporting of compliance concerns and participation in the compliance program. Furthermore, all personnel, including board members and certain subcontractors, are required to participate in compliance training programs and are expected to comply with the compliance program, code of conduct, compliance policies and procedures, and privacy and security policies and procedures and to adhere to applicable legal requirements during the course of performing their duties on behalf of MedImpact. Failure to do so may result in disciplinary action including oral or written warnings or reprimands, suspensions of pay, or termination of employment.
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	MedImpact has formal policies and processes for monitoring access to PHI. MedImpact's internal audit department regularly reviews security controls and policies. They report audit results to MedImpact management and document areas requiring improvement or remediation. MedImpact's internal audit department regularly reviews security controls including user access. The system allows users a maximum of 5 access attempts prior to having their account locked and thereby inaccessible.
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 (PII)				Meets	MedImpact's comprehensive Testing Plan will apply the same security provisions for each testing environment for all test phases of the contract.
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.				Customizable	MedImpact cannot report within 4 hours but will work with the State to collaborate on timelines for reporting of actual physical or system security incidents involving DHS' PHI. The agreed upon timelines, triggering events invoking notification and approved contacts at the State will be memorialized in the contractual agreements between MedImpact and DHS.
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	The State will not have to update and/or keep current MedImpact's solution. MedImpact manages all system updates. We use Bit bucket and Jenkins to maintain source code of software, systems, components, and JAR files, including code frameworks. We maintain more than N-2 versions. We also track software and platform versions in Abacus and HCLs (formerly IBM) Big Fix platform tracks endpoint (laptops, workstations, servers) software for current versions and available patches. MedImpact agrees to follow all compliance requirements and submit needed reports showing full compliance.
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	MedImpact conforms to role-based access assigned to both internal and external resources via our IBM Identity Access Management platform. MedImpact can assign both functional and data entitlements based on job functions, limiting who can see data and PHI. MedImpact can also control data access to a minimum necessary role level. During the implementation phase, DHS and MedImpact personnel complete an implementation questionnaire to establish the various role access levels for specific employees assigned to the project. The MedImpact systems currently supports the following NCPDP and ANSI standards: ANSI X12 5010, NCPDP v D.0, ANSI X12 270, ANSI X12 834, ANSI X12 835, and ANSI X12 271.
SC19	System Compliance and Security	Reporting Management	Vendor shall support color-coded status and progress indicators as defined by the State.				Customizable	MedImpact will work with DHS to discuss their requirements and define an appropriate solution.
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.				Customizable	The KPI/SLA Dashboard will be configured to send alert notifications to the State and key internal users for all SLA targets that are missed. Applicable thresholds will established in collaboration with the State, during the implementation.
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	Internal monitoring and auditing are both important aspects of the compliance program, detecting and preventing compliance concerns through verification of compliance with contractual agreements, CMS requirements, applicable state and federal requirements, compliance policies and procedures, and overall compliance program. The compliance officer, in consultation with the compliance committee and corporate compliance assurance team, develops compliance monitoring and auditing work plans.

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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	Customizable	MedImpact performs quarterly vulnerability assessments on all externally facing platforms. We perform vulnerability assessments to discover and mitigate technical vulnerabilities that a malicious user could exploit. MedImpact also runs vulnerability scans for new applications and systems before production. MedImpact can share executive summaries of findings resulting from our system scans, system hardening and vulnerability scans. Sharing specific vulnerability data with any outside entity prior to remediation actions would potentially jeopardize MedImpact thus endangering ALL customer data we work tirelessly to protect. MedImpact can also share our HITRUST NIST Cybersecurity Framework report. The NIST Cybersecurity Framework Scorecard contained in the report provides and overarching set of guidelines to provide a level of consistency, as well as depth, and rigor of MedImpact's cybersecurity program.
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.				Customizable	MedImpact can share executive summaries of findings resulting from our system scans, system hardening and vulnerability scans. Sharing specific vulnerability data with any outside entity prior to remediation actions would potentially jeopardize MedImpact thus endangering ALL customer data we work tirelessly to protect. MedImpact can also share our HITRUST NIST Cybersecurity Framework report. The NIST Cybersecurity Framework Scorecard contained in the report provides and overarching set of guidelines to provide a level of consistency, as well as depth, and rigor of MedImpact's cybersecurity program.
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.				Not Available	MedImpact currently does not support this type of requirement due to the security risk to our employees. Upon award, we will work with DHS to support access requirements.
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.	Configurable	MedImpact will notify DHS in writing within mutually agreed upon Business Associate Agreement turnaround times. MedImpact proposes providing notice within 5 business days.
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	MedImpact is a NIST-certified medium impact and high impact level compliant organization, with comprehensive security, data management, and retention programs that exceed the requirements of CIA (confidentiality-integrity-availability) and will continue to be certified through the duration of the contract.
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	MedImpact leverages technologies to support data security by encrypting data-at-rest at AES 256 via Oracle's Transparent Data Encryption and data-in-transit with TLS 1.2 with a strong cipher set.
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	MedImpact obtained HITRUST certification on September 30, 2022. MedImpact completed the HITRUST certification with no corrective action plans. MedImpact is submitting our HITRUST Letter of Certification with Scope and our HITRUST NIST Cybersecurity Framework Certification Report with this request. The HITRUST NIST Cybersecurity Framework Certification report provides relying parties reasonable assurances about MedImpact's implementation of the HIPAA Security Rule standards and specifications; AICPA Trust Services Criteria for Security, Confidentiality and Availability; and NIST Cybersecurity Framework Core Subcategories. MedImpact's HITRUST certification is valid for two years but will require the timely completion of the HITRUST Interim Assessment for r2 Certification as defined in the HITRUST Assurance Program Requirements. This interim assessment must occur within 12 months of the validated certification. MedImpact also performs an annual third party annual SSAE 18 SOC 1, Type 2 audit. MedImpact can supply validation of HITRUST certification and our annual SSAE 18 SOC 1, Type 2 audit report upon request.
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	MedImpact has formal policies and processes for monitoring access to PHI. MedImpact's internal audit department regularly reviews security controls and policies. They report audit results to MedImpact management and document areas requiring improvement or remediation. MedImpact's internal audit department regularly reviews security controls including user access. MedImpact's third party auditors also perform a reconciliation of our ticketing system requests with the access granted to make sure that it is in conformance with MedImpact's policies and procedures and that the appropriate access was granted as part of our annual SSAE 18 SOC 1, Type 2 audit and HITRUST certification validation exercises.
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	MedImpact encrypts all data repositories using Oracle's Transparent Database Encryption technology which encrypts at AES 256. MedImpact encrypts the entire database table space (not just select fields) to provide comprehensive and complete data protection. We encrypt all laptop and desktop hard drives using Microsoft's Bitlocker to perform whole disk encryption at AES 256. We also encrypt iPhones via the native iPhone encryption engine at AES 256 which users cannot turn off as we enforce it via our mobile device management platform. MedImpact encrypts all backup tapes using Netbackup's Tape Encryption module with AES 256 cryptography to secure data written to backup tapes. Data in transit is encrypted via HTTPS utilizing TLS 1.2 with a strong cipher set. MedImpact also supports PGP file level encryption for file transfers via our sFTP platform. MedImpact provides a secure email transfer platform with Axway's Secure Collaboration technology. MedImpact tests our encryption protocols in the annual SSAE 18 SOC 1, Type 2 third party audit and HITRUST certification validation process.
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	MedImpact's media destruction processes conform to Federal Information Processing Standards' 140-2 protocols.
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.				Customizable	MedImpact's PBM platform services are available through a current supported web browser. There is no client application to install or configure. MedImpact's web portals would not be adversely impacted by the controls that the State enforces on their laptops and desktops to remove or prevent the use of "Screen Print" functions. MedImpact can discuss other workstation and laptop controls that the state enforces via their AD polices or scripts for compatibility with our web browser functions.
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.	Customizable	MedImpact cannot report within 4 hours but will work with the State to collaborate on timelines for reporting of actual security incidents involving the State's data. The agreed upon timelines, triggering events invoking notification and approved contacts at the State will be memorialized in the contractual agreements between MedImpact and the State.

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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.				Customizable	We currently have an SIEM but it is not accessible to customers in general or a singular customer. MedImpact will work with the State to develop a dedicated SIEM solution that would be accessible to the State.
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	MedImpact will comply with all applicable state and federal requirements. We are committed to providing superior service during the contract period, as well as full organizational support through transition and cutover activities. With in-depth PBM experience, we have successfully supported Medicaid customers from the Takeover phase through the Cutover phase and will do so for DHS.
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	MedImpact has several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a Business Associate as defined under HIPAA. MedImpact uses Nimsoft, Splunk, Extrahop, and HP Openview to monitor the business systems, network connectivity, and performance including automated alerts providing a foundation for continuous operations and high availability. MedImpact securely logs all significant security relevant events. Examples of security-relevant events include user ID switches during an online session, attempts to guess passwords, attempts to use unauthorized privileges, modifications to production application software, modifications to system software, modifications to firewall configuration parameters, changes to user privileges, and changes to logging system configurations. MedImpact requires, as part of policy, that employees use secure email for any email that contains PHI, PII, or company confidential information to a remote email location that resides outside of the MedImpact domain. MedImpact uses the MMS/IME software to provide encrypted emails. Our system redirects any flagged emails to the IME email encryption service. This service holds the email for pickup or optionally encrypts the email using S/MIME to send to a remote IME server for site-to-site email encryption. Clients can retrieve their emails using a standard web browser to connect to a secure socket layered and encrypted website front-end. Our system does not store any emails on the front-end server.
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	MedImpact runs Trend Micro EDR antivirus and antimalware protection on all employee workstations and laptops. Our information security team has real-time scanning and auto updates enabled and running. MedImpact performs full scans weekly. The scans tie into MedImpact's advanced persistent threat platform to provide additional malware protection. MedImpact also removes local administrator privileges on all user assigned devices to prevent malware from installing application components on workstations or laptops. This lack of administrative privileges also prevents users from disabling antivirus and antimalware services or uninstalling their components from assigned devices. In addition, MedImpact employs web filtering services that block unsafe web sites or internet addresses with a bad reputation. This prevents malware from reaching command and control centers.
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	MedImpact will notify DHS in the event of a security breach in accordance with the notification processes outlined in our contract.
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	MedImpact leverages Checkpoint firewalls. The product was recently tested against the requirements in version 4.2 of the ICSA Labs Corporate Firewall Testing Criteria. The product remains continuously deployed at ICSA Labs where it may be subjected to ongoing testing.
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	MedImpact has several measures in place to ensure that we protect all information entrusted to us in accordance with the HIPAA Privacy and Security Rule and as part of our role as a Business Associate as defined under HIPAA; however, our systems and business allow us the flexibility to adjust existing policies and procedures to incorporate new laws and regulations as well as to implement process improvements.
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	MedImpact employs Oracle's VPD (virtual private database) technology to provide data segregation in our pharmacy claims adjudication platform. Oracle's VPD technology allows MedImpact to secure database information using fine-grained access policy management to grant the appropriate least privilege level of access to resources based on job function. DHS will provide access request for all MedImpact staff accessing DHS information. MedImpact's solution will comply with all court ordered or warranted requests for data access.
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	MedImpact's network traffic is protected by a next generation firewall which restricts access by source, destination, and protocol. MedImpact deploys an IPS (intrusion prevention system) to proactively monitor suspicious activity. This platform protects against targeted attacks, advanced threats, and ransomware in real-time. The Trend Micro Deep Discovery Inspector is a network appliance that monitors all ports and over 105 different network protocols to discover advanced threats and targeted attacks moving in and out of the network and laterally across it. The appliance detects and analyzes malware, command-and-control (C&C) communications, and evasive attacker activities that are invisible to standard security defenses. The analyzer detects ransomware, advanced malware, zero-day exploits and can automatically create an update and apply it to MedImpact's endpoints based on its analysis. MedImpact also deploys software that monitor for the following indicators: behavior Monitoring, Data Loss Prevention, Predictive Machine Learning, Suspicious Connection Service, Vulnerability Protection, Web Reputation, and Data Loss Prevention. Software also provides database auditing and network-based activity monitoring. To prevent and protect unauthorized activities on the database, AVDF Database Firewall inspects SQL traffic before it reaches the database. MedImpact also leverages Forcepoint's Web Filtering platform to block outbound web traffic to malicious websites, and non-business related internet resources. This includes social media platforms such as Facebook, X (formerly known as Twitter), cloud storage platforms such as Google Docs, Dropbox and non-corporate email platforms including Gmail, Yahoo mail, and others.
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	MedImpact's security services adheres to security controls that comply with the NIST 800-53 guidance and revisions as they are released for moderate baseline controls. Our security services comply with all relevant state and local security and privacy regulations, as well as federal security and privacy standards adopted by the U.S. Health and Human Services, or CDC. The Security Plan MedImpact has developed for our proposed solutions complies with all State and federal enterprise information security policies, standards, and security initiatives. A next generation firewall protects MedImpact's network traffic by restricting access by source, destination, and protocol. MedImpact deploys an intrusion prevention system to proactively block suspicious activity. We log and review all traffic periodically. We forward security information and event logs to MedImpact's third party SIEM (Security Incident Event Management) platform for near real-time review by our SIEM providers' security operations center. The following core security tools manage our perimeter security controls: Trend Micro Tipping Point Intrusion Prevention Systems for proactive monitoring and blocking of data on perimeter and internal networks and checkpoint firewalls for perimeter defense.
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	As outlined in our System Security Plan, MedImpact will lead the coordination and management of all security processes for the system. The plan outlines the requirement for all subcontractors to enter into a BASA (business associate subcontractor agreement) with MedImpact. Both MedImpact and subcontractors will agree in writing to abide by State and Federal rules and policies related to confidentiality and will confirm agreement annually.
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.				Configurable	MedImpact encrypts all sensitive data in transit, including PII (personally identifiable information) and PHI (protected health information), by leveraging TLS (Transport Layer Security), SSL (Secure Socket Layer) and SSH (Secure Shell) methods. All software, hardware, and any other technologies used by MedImpact are ensured to be current, uncompromised, and secure. All sensitive data at rest and in transit are encrypted following the FIPS 140-2 standards. MedImpact will work proactively with DHS and shall share all results of testing to DHS, providing visibility into the full range of testing.

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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	MedImpact's overarching security framework aligns with the NIST (National Institute of Standards and Technology) CCF (Cyber Security Framework) five functions: Identify, Protect, Detect, Respond, and Recover. This framework enables us to implement the security controls identified in NIST 800-53 Security and Privacy Controls for Federal Information Systems and Organizations in a guided and strategic approach across the organization from the executive level to the operations level identify, assess, and manage cyber risks. Preventative Controls deployed at MedImpact include Identity Access Management, Encryption of Data at Rest and In Transit, Remote Access is controlled via a secure encrypted VPN client and Multi-Factor Authentication, Network Segregation, Physical Security Controls including card readers for building access and access to sensitive areas such as data centers. Detective Controls deployed at MedImpact include a baseline of network operations and expected data-flows are established and monitored. Corrective Controls deployed at MedImpact include a solution to perform data forensics. Notifications from detection systems are investigated. Detection processes are tested. Incidents are categorized consistent with response plans. Response plans incorporate lessons learn. Newly identified vulnerabilities are mitigated and documented within MedImpact's risk management platform.
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	All transmissions of sensitive data will occur over TLS 1.2 with a strong cipher set. MedImpact maintains a comprehensive SDLC process which includes both static and dynamic code checking. Data transmissions are supported with our Axway MFT secure FTP platform. MedImpact also supports PGP file level encryption for added protection. MedImpact can support FIPS 140-2.
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.				Customizable	MedImpact complies with HIPPA requirements for privacy and security. MedImpact will work with the State to assure we provide a HIPAA Compliant statistical certification on the de-identification of data for Arkansas. MedImpact follows the Safe Harbor (164.514(b)(2)) de-identification of data provision under the HIPAA de-identification of PHI standards.
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	MedImpact's Vice President and Chief Information Security Officer Frank Bunton oversees the information security team. Mr. Bunton is a member of ISACA (Information Systems Audit and Control Association), OWASP (Open Web Application Security Project), ISSA (Information Systems Security Association), and Apple developer groups and also the designated HIPAA security officer. MedImpact's Vice President Corporate Privacy Officer and Licensure, Jennifer Johnson, is MedImpact's full-time HIPAA Privacy Officer. Jennifer supports the HIPAA Privacy Rule as required for a Business Associate. That support includes regular reviews of state and federal laws and notifications.
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	All MedImpact employees are appropriately trained for their specific role in the organization. In addition to role specific training, MedImpact requires all workforce members to complete cyber security training upon hire and annually thereafter. Information security training includes a graded test at the end of each module to validate retention. We require a letter grade of B or better to receive credit for the course. Scores lower than B require the workforce member to retake the training. HR and Compliance track training completion and test results.
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	MedImpact will provide quarterly reports on auditing capabilities for approved audit resources, broken down my department. These reports will be reviewed and approved by DHS. MedImpact has successfully created a security minded culture. Every employee knows how critical their actions on the network are to the safety of our customers' data. Identity management, authentication, and access controls are an additional line of defense. All administrative access is restricted, monitored, and requires two-factor authentication. In addition, all remote users are required to use multi-factor authentication and virtual private networks. MedImpact maintains a formal, documented role-based access control policy, which persists for the life of the user or network account. We continually monitor for and send alerts for anomalous account behavior when detected.
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	MedImpact's Security Plan ensures that the system performs verification of all users and their security profiles, updates security profiles as necessary for new and terminated employees, provides scalable two-factor authentication in compliance with federal regulations, and builds each employee security rights profile and access based on user role and approved security access.
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	MedImpact's security services adheres to security controls that comply with the NIST 800-53 guidance and revisions as they are released for moderate baseline controls. MedImpact applies patches monthly to servers, workstations, and laptops. In the event of a critical patch, MedImpact's patching platform can download and apply the patch within 24 hours.
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	MedImpact maintains a documented Security Information and Event Management policy and procedure that evaluating security alerts from OS and application components. Alerts are reviewed in real-time by our Security Operations Center for monitoring and mitigation. These alerts occur activity collected from MedImpact's firewalls, intrusion prevention systems, web filtering platform, and endpoint protections including antivirus and antimalware components. MedImpact subscribes to security and vulnerability alerts available from the Cybersecurity and Infrastructure Agency (CISA), Trend Micro, Oracle, IBM, Microsoft, Forcepoint and Symantec. MedImpact also performs monthly patching throughout the enterprise to reduce the risk posed by vulnerabilities.
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 (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	All administrative access is restricted, monitored, and requires two-factor authentication. In addition, all remote users are required to use multi-factor authentication and virtual private networks. MedImpact maintains a formal, documented role-based access control policy, which persists for the life of the user or network account. We also continually monitor and send alerts for anomalous account behavior when detected. MedImpact performs quarterly vulnerability scans using Qualys and AT&T Security Service and performs third party penetration testing. Results will be shared with DHS.
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 (administrative, physical, technical, and identity management).				Meets	MedImpact's internal audit department creates an annual audit plan and works with IT to complete assessments regarding risks to the organization and ePHI. We track results and monitor and mitigate them on a monthly basis in the audit tool, AuditBoard, sharing results with management. MedImpact's risk analysis and risk mitigation practices are part of our third -party control testing and audit reports that management reviews and signs. This includes quarterly vulnerability assessments of all externally facing resources. We make known to the application and platform owners the results of vulnerability assessments and risk analysis and track them for mitigation.
SC57	System Compliance and Security	Access	Vendor shall permit State designated officials to set and modify user security access profiles.				Configurable	MedImpact's single entry point, MedCommand, is FSSO (federated single sign-on) which enables the State to authenticate a single credential across our systems including user provision. We will work with DHS to understand their need for this function and how MedImpact can best meet it.
SC58	System Compliance and Security	Access	Vendor shall assign a unique name or number for identifying and tracking user identity.				Meets	MedImpact's account lifecycle policy details how we manage requests for the granting and terminating of requested rights and privileges. Our product support help desk personnel create unique user IDs for all user accounts.
SC59	System Compliance and Security	Standards	Vendor shall comply with State computer application and network security policies (Active Directory authentication, data encryption, bandwidth, etc.).				Meets	MedImpact maintains HITRUST certification. MedImpact conforms to National Institute of Standards of Technology, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols. We have a layered, systemic approach to network security that employs the latest industry standards to ensure we have a front-of-the-line process to protect our vital information.
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	MedImpact maintains HITRUST certification. MedImpact conforms to National Institute of Standards of Technology, SANS institute, and Open Web Application Security Project standards in our processes and data security protocols. MedImpact does not currently maintain MARS-E certification but does maintain HITRUST certification which aligns with the same NIST 800-53 framework. MedImpact can also share our HITRUST NIST Cybersecurity Framework report. The NIST Cybersecurity Framework Scorecard contained in the report provides and overarching set of guidelines to provide a level of consistency, as well as depth, and rigor of MedImpact's cybersecurity program.

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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	MedImpact will partner with DHS to provide a Security/Privacy Management Plan (SMP) that 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. MedImpact's technology platform and the organization support model behind it are built to deliver exceptional value, speed, and user experience for our customers and their clients. We continue to leverage best in class and emerging technology solutions such as API, Microservices, Containers, DevOps, etc. to meet new challenges and expectations resulting in better UX (user experience).
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	MedImpact's project manager will partner with DHS and will perform routine quality checks to help ensure the project generates the requisite high-quality deliverables on schedule and on budget. The project manager will provide the necessary information about the project available to the project stakeholders in accordance with the communications plan and will include weekly security meetings with DHS, appropriate DHS staff and stakeholders. We escalate issues to stakeholders using established escalation mechanisms and status meetings, thus helping to ensure appropriate visibility so that issues are addressed in a timely manner.
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	MedImpact will support DHS in producing security related activities. These activities will be outlined in the Security System Plan, project plan, and RTM to ensure that all objectives and tasks are completed, tested, and properly implemented.
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	A next generation firewall protects MedImpact's network traffic by restricting access by source, destination, and protocol. MedImpact deploys an intrusion prevention system to proactively block suspicious activity. We log and review all traffic periodically. We forward security information and event logs to MedImpact's third party SIEM (Security Incident Event Management) platform for near real-time review by our SIEM providers' security operations center. The following core security tools manage our perimeter security controls: Trend Micro Tipping Point Intrusion Prevention Systems for proactive monitoring and blocking of data on perimeter and internal networks and checkpoint firewalls for perimeter defense.
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	MedImpact will complete all required state and federal security documents including, but not limited to, System Security Plan, Risk Assessment, and Contingency Plan.
SC66	System Compliance and Security	Deliverables	Vendor shall provide planning deliverables as defined in the SOW (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	MedImpact uses Microsoft operating systems and the Office Suite of products. At a minimum, we maintain backwards compatibility support for the current supported version and one previous version. For Microsoft Office products, we maintain compatibility with older versions, such as Word, provided Microsoft supports these older versions within the newly released version.
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.				Configurable	MedImpact's Web portal is 508 compliant. Our Web designers and developers use the HHS government Section 508 standard Web Content Accessibility Guidelines (WCAG 2.1) checklist as a guide during architectural development, design, and coding. Developers use widely available tools to verify the pages are compliant with Section 508 requirements. In the event of change request, our Web designers and programmers will ensure that any changes to the portal will continue to be compliant with 508 requirements. Our internal MedAccess claims processing system can be configured to meet the 508 requirement.
SC68	System Compliance and Security	Security	Vendor shall allow DHS to perform independent Vulnerability Scans.				Not Available	MedImpact performs quarterly vulnerability scans using the independent third-party entities Qualys and AT&T Security Service. Our platform is multi-tenant and we must take great care to perform vulnerability assessments to avoid a system or service outage and in accordance with the contracted requirements for uptime and performance outlined in our customer agreements. MedImpact can provide to the State an executive summary of our vulnerability scans.
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.				Customizable	MedImpact does not currently maintain MARS-E certification but does maintain HITRUST certification which aligns with the same NIST 800-53 framework. MedImpact can also share our HITRUST NIST Cybersecurity Framework report. The NIST Cybersecurity Framework Scorecard contained in the report provides and overarching set of guidelines to provide a level of consistency, as well as depth, and rigor of MedImpact's cybersecurity program.
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	MedImpact contracts with a third party for our penetration testing protocols.
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	MedImpact will transfer all DHS data in a format useable to the state and without special support.
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).				Customizable	MedImpact can provide audit log reporting to the State for ninety (90) calendar days, or as prescribed by the most current version of MARS-E.
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	MedImpact maintains a record of system activity by application process and by user activity for compliance with all federal and state privacy and disclosure reporting requirements.
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	MedImpact will maintains all records in accordance with our corporate data retention policy and schedules. Information related to security incidents can be retained for at least 10 years or as required by law.
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	MedImpact develops and maintains all documentation required for quarterly security audits and internal control and control testing in compliance with all state and federal regulations.
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.				Customizable	MedImpact can commit to providing an executive summary of our findings. The PBM solution is hosted at MedImpact's 2 managed data centers and is a multi-tenant solution. Great care is given to reduce the risk of an outage or service interruption for all of our other customers. For that reason, MedImpact manages our vulnerability management program including our annual penetration testing. MedImpact holds the confidentiality, integrity, and availability of our customers' data in the highest regard. To protect the security of all MedImpact customers, MedImpact does not provide direct access to systems, technical documents, and reports. Sharing specific vulnerability data with any outside entity prior to remediation actions would potentially jeopardize MedImpact thus endangering all customer data we work tirelessly to protect.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
SM1	Staffing Management	Staffing Management	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	MedImpact utilizes our expertise and experience to properly staff for each opportunity. We will staff Key, Lead, and General personnel to adequately support DHS. MedImpact will seek State approval on the staffing of Key Personnel positions. In addition, we will identify and maintain a complete set of all Key, Lead, and General Personnel job/labor categories in a labor rate card specific to operations that we will update and submit to the State upon contract amendment and/or renewal.
SM2	Staffing Management	Staffing Management	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	In the event a key personnel member has to be replaced, MedImpact provides DHS notification of the vacancy within 2 business days and appoints a temporary replacement within 2 weeks. A temporary replacement does not hold a position for more than 90 calendar days. We follow a standard process to recruit and hire replacements for positions to permanently fill a vacancy. MedImpact seeks candidates for the replacement that are full-time employees who meet or exceed the minimum state-approved qualifications for the position. We will provide DHS with a detailed resume for the chosen candidate for discretional State review and approval. MedImpact works to fill the position with a permanent replacement approved by the State within 90 calendar days of the vacancy. MedImpact maintains the flexibility necessary to shift resources between projects should a need arise for additional staffing. This can occur during the implementation phase and throughout ongoing operations and maintenance. Additional key personnel positions may be recommended or proposed by the State as well. Prior to adding any key personnel, MedImpact will submit documents for DHS' approval that justify the addition, describe general responsibilities, and propose minimum qualifications.
SM3	Staffing Management	Staffing Management	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	MedImpact has always owned our proprietary claim processing system and will provide proficient and sufficient staff with the data telecommunications knowledge to ensure communication connectivity between MedImpact and DHS is established and maintained. We primarily use file-based integrations, or data file transfers, to exchange data, as this is our customers' most preferred method of system integration. However, we can support alternative methods for integrating systems as well. We will work with DHS during the implementation to identify and map connectivity requirements.
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	MedImpact utilizes our experience and expertise to select staff to support each opportunity. We commit to providing the minimum number and levels of qualified product and project staff required to maintain service level performance and meet staffing requirements. Our load charts take into account the flexibility needed to respond to increased and decreased workloads. MedImpact commits to submitting a functional operational organizational chart noting key/lead positions, titles, and names for State approval on a monthly basis. This will be provided to DHS via your assigned MedImpact account team.
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	MedImpact utilizes our experience and expertise to select staff to support each unique opportunity. We commit to providing Lead Personnel positions including Drug Rebate, Pharmacy Technician, and Project Manager Leads based on the current and anticipated demands and complexity of maintaining and operating our solution for DHS. MedImpact has reviewed all the information provided in the RFP to provide staffing recommendations and we will work with DHS during implementation to confirm the overall staffing assignments and related plans.
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	MedImpact will provide a Project Manager Lead that meets or exceeds DHS' minimum qualifications. We will work with DHS to recruit, hire, and train an individual who will best support your program.
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	MedImpact will provide a Drug Rebate Lead that meets or exceeds DHS' minimum qualifications. We will work with DHS to recruit, hire, and train an individual who will best support your program.
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	MedImpact will provide a Pharmacy Technician Lead that meets or exceeds DHS' minimum qualifications. We will work with DHS to recruit, hire, and train an individual who will best support your program.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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 propose minimum qualifications and salary.	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	MedImpact commits to providing State reviewed and approved full-time Lead Personnel who meet or exceed the minimum state-approved qualifications. These individuals hold management-level positions that provide daily support and coordination of the staff that perform contract functions and responsibilities. Similar to Key Personnel, Lead Personnel are subject to minimum notice of vacancy/replacement policy and no position remains vacant for more than 30 calendar days. Temporary replacements are appointed for no more than 90 calendar days while a suitable State reviewed and approved permanent replacement is secured. MedImpact understands that if we propose additional Lead Personnel positions, we must provide the appropriate request documents including a detailed justification for the addition(s), general responsibilities outline, minimum qualifications requirements, and recommended salary to DHS for approval.
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.				Configurable	MedImpact will provide DHS with dedicated, sufficient staff for the Medicaid Pharmacy Program Help Desk available during regular business hours in alignment with DHS' holiday calendar. MedImpact's regular Call Center is available 24 hours a day, 7 days a week, and 365 days a year and could provide wrap around services for when the Medicaid Pharmacy Program Help Desk is not available if DHS is interested in this approach.
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 require approval from the State.				Meets	In addition to the Key and Lead Personnel, MedImpact commits to providing General Personnel to complete daily work and activities to support our contract functions and responsibilities. MedImpact will staff General Personnel who meet or exceed minimum state approved qualifications at our discretion and in the proposed amount to meet the service level expectations and business needs. Any vacancies are approached with our standard fill process, will be State reviewed and approved, and will not negatively impact or affect operational performance measures. MedImpact understands that if we propose additional General Personnel positions, we must provide the appropriate request documents including a detailed justification for the addition(s), general responsibilities outline, minimum qualifications requirements, and recommended salary to DHS for approval. All staffing needs or changes will be communicated to DHS through the Project Manager or Operations Manager.
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	MedImpact crafts Project Organization, Personnel, and WBS plans for each opportunity. We utilize our industry experience and expertise along with the information provided with the RFP to determine the required Product and Project staff loading to meet DHS' requirements. We verify these plans during implementation and evaluate them throughout the contract to ensure staffing levels remain appropriate.
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	MedImpact carefully considers staffing needs for each opportunity based on past experience and the requirements and information provided in the RFP. Please see **Figures 2** and **3** in the Attachment A Key Personnel section of the Business Proposal for detailed load charts for the DDI and M&O phases of the project. We design these load charts to flex with the peaks and troughs inevitable within any organization.
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	MedImpact proposes David Hassoun for the Documentation/Training Specialist position for DHS. Mr. Hassoun meets or exceeds DHS' minimum qualifications. Please see **Exhibit 1 - MedImpact Key Personnel Profile Summary** for more detailed information on his professional experience.
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).				Configurable	MedImpact commits to provide adequate support staff for DHS. We collaborate with DHS during implementation to solidify the required support staff volume. We also evaluate support staff volume throughout the contract to ensure levels remain appropriate. MedImpact provides DHS access to our Key Personnel who manage all aspects of DHS' plan. Key Personnel respond to phone or email inquiries within 4 hours day with the goal of 1-touch resolution.
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	MedImpact proposes David Hassoun for the Documentation/Training Specialist position for DHS. Mr. Hassoun meets or exceeds DHS' minimum qualifications. Please see **Exhibit 1 - MedImpact Key Personnel Profile Summary** for more detailed information on his professional experience.
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				Configurable	MedImpact confirms that any pharmacist staff on the dedicated team providing Help Desk support will have a valid license with good standing in the state of Arkansas and 3 years experience working in a pharmacy. We will work with DHS during implementation to finalize all staffing plans.
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	MedImpact confirms we will provide a dedicated Help Desk staffed with certified pharmacy technicians that have at least 1 year of customer service experience. We will work with DHS during implementation to finalize all staffing plans.
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				Configurable	MedImpact generally staffs our Call Center with highly trained representatives. We use a stringent hiring process including a full background check. Most representatives have 3 years of customer service experience and qualifications include: an associate degree or 4-year college degree or equivalent education and experience; 1 to 2 years customer service experience in a call center with PBM, health plan, or healthcare background preferred; previous experience in retail pharmacy setting strongly preferred; ability to work independently with a high degree of accuracy; strong numeric, verbal, written, and keyboard skills; and proficiency with computers. MedImpact does not require medical claims examination and billing experience in our general Call Center. However, we will work with DHS to ensure our dedicated Help Desk staff meets all of your requirements.

Master ID	Primary Category	Sub-Category ID	Requirement Description	Performance Indicator	Performance Measure	Performance Penalty	Meets Requirement?	Describe How Requirements Met
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 (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 CRM and forward or triage to other appropriate staff.				Meets	During implementation, we collaborate with DHS to determine appropriate Help Desk staff access to the Arkansas Medicaid Pharmacy Program System files, digitally stored images, CRM, and other systems. MedAccess® supplies pharmacy-specific information to staff for each client at the time of the call. The system allows Help Desk staff to access DHS-specific procedures related to call handling for client, pharmacy, and prescriber inquiries. Multiple computer screens display information such as client, prescriber, and pharmacy eligibility information; coverage and exclusion tables for benefit edits, restrictions, and formularies; pricing information on carrier pharmacy network; eligibility coding in comprehensive client maintenance screens; online concurrent DUR messages sent to pharmacies during claims processing, and drug file information. Help Desk staff can also capture details regarding the callers' issue in MedAccess and transfer calls to DHS as needed. Staff can enter details regarding a callers' issue into the CRM and forward or triage to other appropriate staff. MedImpact and DHS will establish warm transfer procedures during implementation and DHS can update them at any time.
SM21	Staffing Management	Staffing Management	Vendor shall fill vacant clinical pharmacist(s) positions within 60 calendar days of vacancy.				Meets	MedImpact realizes the importance of clinical pharmacists on the account team and commits to filling positions within 60 calendar days of a vacancy. The Project Manager or Operations Manager will communication any staffing changes or updates to DHS.
SM22	Staffing Management	Staffing Management	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	MedImpact's system does not require installation. However, our DDI team in conjunction with the Documentation/Training Specialist will work with DHS to ensure thorough testing and training so the solution is fully capable of supporting operations and the users are ready to utilize the system prior to go-live.
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	MedImpact commits to providing 1 full-time staff member for the Medicaid Pharmacy Program office to maintain existing and create new State GUL (generic upper limits) for DHS. We will work with DHS to recruit, hire, and train this staff member.
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	MedImpact commits to supporting DHS during RSV (respiratory syncytial virus) season by providing pharmacist(s) to assist State with Synagis PA processing and any RSV related PAs. They will maintain tracking of all RSV-related PA requests and the outcomes of the requests on State-approved data file types with shared MedImpact and DHS access. We currently utilize SharePoint and Box document management systems to collaborate with customers. We will work with DHS to identify the best fit for a document repository to collaborate on these files.
SM25	Staffing Management	General	Vendor shall provide essential personnel experienced in MCO rebate to support the Medicaid Pharmacy Program.				Meets	MedImpact is an experienced Medicaid partner for both FFS and managed MCO programs. We commit to providing essential personnel experienced in MCO rebate to support DHS' Medicaid Pharmacy Program. In addition to the Key Personnel, DHS will have access to Felicia DiPaolo, Director of Rebates Medicaid FFS, who will act as the Rebate Operations and Federal Operations Sponsor for DHS as well as Matthew Lennertz, PharmD, Managing Principal Medicaid PDL and Rebate Strategy, who will act as the PDL (preferred drug list) and Rebate Strategist sponsor for DHS.
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.	Configurable	MedImpact commits to providing dedicated staff to support the Medicaid Pharmacy Program Help Desk that can accomplish the required tasks and service levels performed by licensed pharmacists (of which 1 assists with the drug rebate program) and pharmacy technicians supported by adequate clerical staff. MedImpact commits to placing 2 pharmacists at the State offices with the AMPP team. We will clearly define staffing models that differ from the defined model used by the State and receive State approval. We will work with DHS during implementation to finalize these and all staffing plans.
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	MedImpact commits to utilizing Operations Staff who posses, at a minimum, a high school diploma or GED (general education development) degree along with the education, experience, and training to perform their assigned business function.
SM28	Staffing Management	Staffing Management	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	All new hires and employees, no matter which position, must pass a background check. MedImpact will determine whether the prospective employee appears on the SAM, LEIE, or state Medicaid exclusion lists, in accordance with MedImpact's Background Investigations & Federal and State Employee Sanction Lists Policy. MedImpact reviews the SAM, LEIE, and state Medicaid lists at least monthly for the names of current employees. Annually, we recheck all employee certifications and licensure verifications. In addition, we check to ensure our subcontracted vendors (when utilized) do not appear on exclusion lists or have debarments.
SM29	Staffing Management	Staffing Management	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	MedImpact commits to providing DHS with a Management Contacts list drafted for State review and approval with the first 30 calendar days from go live and updated annually thereafter. The Project Manager, Operations Manager, and Documentation/Training Manager will work with DHS to create and manage the list.
SM30	Staffing Management	Staffing Management	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	MedImpact commits to review, update, and send of the list of Management Contacts with highlights of any additions, deletions, or other changes to DHS monthly. The Project Manager, Operations Manager, and Documentation/Training Manager will manage the list.
SM31	Staffing Management	Staffing Management	Vendor shall make both support staff and service desk applications staff available during operational business hours.				Meets	DHS can reach MedImpact's account management team during DHS' hours of operation as mutually agreed upon. MedImpact's customer service center is available 24 hours a day, 7 days a week, and 365 days a year.
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	MedImpact confirms we hire qualified personnel fully qualified to perform their assigned duties and responsibilities. We are confident in our team of human resource professionals who deploy a well-structured talent acquisition strategy that focuses on long-term human resources planning to seek out the most qualified individuals, assess their skills, determine where they would best fit in our organization, and ultimately convince them to join the enterprise. We have a global reach in the search for highly skilled talent and cultivate pipelines ahead of need, in multiple markets, and at all stages of the career life cycle. We recruit the best candidates through multiple paths including internal promotions, job postings, networking and referrals, and recruiting firms.
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	MedImpact commits to providing technical and operational hardware, software, and interface qualification requirements for State approval. We will incorporate these requirements into the test procedures and exercise all aspects of interoperability including data processing. MedImpact will follow the deliverable and approval process outlined in Section 2.7.6 of the RFP.
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	MedImpact has a robust testing process to ensure the System is functioning as expected prior to go-live. To provide appropriate test coverage, a product testing schedule is included to support the delivery of a quality product. We conduct comprehensive software testing processes that include unit testing, system and integration testing, configuration testing, regression testing, and post-implementation testing. Performance testing is also performed to analyze the performance of the solution in order to make all necessary changes and ensure optimal performance prior to go live. MedImpact will provide test results to DHS and/or invite DHS to participate or observe select functional and integrations tests.
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 (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	MedImpact will develop each of the Testing Deliverables and Test Plans outlined in Section 2.8 Required Vendor Activities and Deliverables in collaboration with DHS. These, and all deliverables, will be reviewed and formally approved by the State through the process outlined in the Project Management Plan that will be solidified during implementation. MedImpact commits to completing the deliverables in compliance with the Project Schedule based on the timeline for initial and ongoing due dates outlined in the 2.7.7 Deliverables Summary and Due Dates. MedImpact understands if the project schedule is delayed for more than 5 business days due to outstanding defects, the State may impose a penalty.

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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	MedImpact conducts extensive testing and obtains DHS' approval before deploying configurations (such as benefits setup, pharmacy network setup, etc.) and file loads (eligibility file load, history file load, and more) into production. We have a complete end-to-end testing environment that mirrors production. The implementation team works with DHS to create a comprehensive test plan. The test plan includes benefit configurations, network setups, accumulators, prior authorizations, specialty, mail order, actual versus expected outcomes, and more. We build extensive testing time into our design schedule along with a schedule for checks and balances. Our customer-specific test strategy also accommodates what-if scenarios and we define all desired outcomes. We present the test claim output files to DHS electronically in either detail or summary format. In addition, we use online meetings to illustrate the results as we run each batch. DHS can choose to take an active role in the testing process onsite or review screen prints to document representative claims within the test data set. We also provide a detailed claims analysis that describes the process edits and conditions that we applied to each claim and reasons for a rejected or denied claim. The Testing Manager along with others from the implementation team will work with DHS to ensure we include any specific testing you require and set the timelines and deliverables for sharing results.
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	DHS will have secure, direct access to the end-to-end test environment to review test claims prior to go-live. MedImpact follows industry best practices and regulations to safeguard claims data and system security. We will work with DHS to identify users who need to access our testing environments and plan for their secure access.
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.				Configurable	MedImpact uses JIRA/X-Ray for static and dynamic code analysis. We can do either static or dynamic mapping of your source code test methods to test cases. MedImpact can accordingly deliver a report on our static and dynamic code scans to DHS on a monthly basis. The report will indicate the number and severity of the defects.
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	MedImpact will provide DHS all testing dependencies as outlined in section 2.8.14 Test Management Plan Deliverable of the RFP for State review and approval. At a minimum, this plan includes detailed information about testing approach, types, results documentation, contingency plan, schedule, and tracking. It will also outline the organization of the test team as well as their roles, responsibilities, and names. A definition of the Platform Readiness Test will be provided and passed prior to promotion to the pre-production environment. Lastly, the plan will include a full UAT Test Plan that defines how MedImpact supports all aspects of UAT.
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 (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	MedImpact will provide DHS and your stakeholders all testing dependencies as outlined in section 2.8.14 Test Management Plan Deliverable of the RFP for State review and approval. In addition to the items outlined in our response to requirement T7, the plan will propose specific and measurable entrance/exit criteria for each type of testing (such as unit, system, integration, regression, UAT, parallel, development, end-to-end, production, smoke testing, stress testing, or time travel testing) and each testing cycle as well as criteria for passing scripts. It will include a definition of the Platform Readiness Test which will be passed prior to promotion to pre-production environment. Lastly, it will include a full UAT Test Plan that defines how MedImpact supports all aspect of UAT.
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	MedImpact approaches implementation and operational management with a focus on finding opportunities to improve value and efficiency for all our customers. One way we accomplish this is through our continuous quality improvement program which looks for opportunities to reduce organizational risk, improve resource forecasting, produce more efficient testing schedules, and reduce break/fix episodes. During the implementation and data conversion process, we specifically look at data quality assurance. MedImpact identifies success and failure metrics including the types of data quality problems that may occur; describes the strategy to be used to help ensure data quality before and after all data conversions; outlines our approach to data scrubbing; and assesses the quality of data prior to conversion.
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	MedImpact will prepare and produce an Integration Test Summary Report upon completion of end-to-end testing. The report will include at a minimum definitions and descriptions of all of our testing environments, scopes of testing performed, types of tests and the results. This report promotes transparency and gives the State visibility into all testing and outcomes relative to the RTM (requirements traceability matrix). MedImpact will work with DHS to confirm the requirements and timeline of this deliverable during implementation.
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	MedImpact commits to providing DHS with a STP (system test plan) which outlines 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 relevant applications. We will work with DHS during implementation to solidify this plan to use as a roadmap to ensure a smooth testing experience.
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	MedImpact approaches implementation and operational management with a focus on finding opportunities to improve value and efficiency for all our clients. One way we accomplish this is through our continuous quality improvement program which looks for opportunities to reduce organizational risk, improve resource forecasting, produce more efficient testing schedules, and reduce break/fix episodes. We commit to identifying opportunities for such improvements for DHS in the STP.
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	MedImpact will provide an interface testing methodology, in accordance with the TEMP deliverable requirements outlined in Section 2.8.14 of the RFP that emulates the behavior of the external system. The Testing Manager will lead this initiative and related deliverables.
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 privacy guidelines and logons. 5. All test results, not deemed acceptable, are given proper priority status and level of severity for managing to Vendor and State procedures for defects and workarounds. 6. All training on test tools and techniques, documentation and protocol for reporting results are signed-off by the State, its Stakeholders, and permissions granted for Inter and intra-domain testing scenarios and protocols. 7. All testing cycles, batch and online, real-time and near real-time, daily, weekly, week-end, monthly, quarterly, annually, and special runs are executed, and certified as compliant with federal and State procedures, and protocols for reporting and producing report formats. 8. Verify the correctness of System and Services, and Shared Services error and message generation, warnings, or other monitoring messages as designed				Meets	MedImpact has a robust testing process in place to ensure a smooth implementation and operation. We will follow DHS' guidelines and requirements for testing deliverables outlined in sections 2.8.29, 2.8.30, and 2.8.31. Our test procedures support the Integration Test Plan and we will work with DHS to determine mutually agreeable test automation tools with an appropriate set of tests to achieve the test objectives listed in parts 1 through 9 of requirement T14. The Testing Manager will collaborate with DHS and other relevant stakeholders to complete testing procedures and deliverables.
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	MedImpact commits to collaborate with DHS to plan, document, and test for basic system/network performance prior to any extensive upgrade, new release, or scheduled integration/system test. We will document any errors or issues identified, correct, and present for the State's approval prior to implementing in the system. MedImpact and DHS will confirm testing schedules and plans during the implementation phase utilizing processes outlined for deliverables in Section 2.7.6. The Testing Manager will lead this initiative.

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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 (Jama, Jira).				Meets	MedImpact commits to document all RTM testing assumptions, issues, and action items including strategies to manage execution and quality risks interfacing with the current State utilized tools such as Jama or Jira. We will work with DHS during the implementation process to confirm deliverables and tools.
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	We build UAT (user acceptance testing) into the service request to guarantee we meet each customer's specific requirements. MedImpact performs unit testing utilizing test scripts for our library or newly developed scripts to test functionality and/or code corrections. We deliver results to DHS for approval after each test cycle. All changes to the solution are made in the development environment where unit testing occurs. The entire solution is tested using our regression test library before promotion back to the next UAT cycle. Once each UAT test cycle is complete and the results have been documented in the checklist, we meet with DHS to deliver the completed checklist, review the results, and approve moving to the system testing phase. The Testing Manager and implementation team will work with DHS to ensure our UAT includes, at a minimum, items 1-8 outlined in requirement T17.
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	A product testing schedule is essential to delivering a quality product and we conduct comprehensive testing processes that include unit testing, system and integration testing, configuration testing, parallel testing, regression testing, and post-implementation testing. To help ensure appropriate test coverage, a testing design document including project test plans, test execution steps, test categories, including regression testing procedures is outlined and reviewed by the cross-functional IT teams as well as DHS. We deliver results to DHS for approval after each test cycle. All changes to the solution are made in the development environment where unit testing occurs. The entire solution is tested using our regression test library before promotion back to the next UAT cycle. Once each UAT test cycle is complete and the results have been documented in the checklist, we meet with DHS to deliver the completed checklist, review the results, and approve moving to the system testing phase. The Testing Manager will coordinate with DHS to complete plans, processes, and results review.
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	Our Information Technology and Information Reporting team uses the SDLC (System Development Life Cycle) process to help ensure the development of new technology or solutions involves rigorous phases that include quality time spent in the review of requirements, designing, and planning. These phases of the MedImpact SDLC help to ensure we build a solution in line with the needs of DHS and other customers. MedImpact conducts regular testing to help ensure applications meet our rigorous data protection, system access, and security requirements. We will provide DHS with SDLC and testing plan to accomplish 2 or more concurrent releases monthly.
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 (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 Vendor's methodical approach and "stepwise" plans that includes standard terminology, definitions, structures for the test tracking tools and reporting techniques, methods and procedures, roles and responsibilities and assumptions.				~~Configurable~~	MedImpact submits separate deliverables for DHS' review and approval for each stage of testing including test checklist, testing status, testing results, and contractor certification. We organize walkthroughs at each stage to promote active communication and transparency with DHS. All testing performed is dependent upon the resolution of any deficiencies uncovered during that specific testing to DHS' satisfaction prior to advancement to the next testing phase. MedImpact can accommodate items 2 though 6 outlined in requirement T20. However, we do not provide customer access to MedImpact's code repository tool for security reasons. The Testing Manager and other relevant parties will work with DHS to find a mutually agreeable solution during implementation.
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	MedImpact contracts directly with Surescripts who provides connectivity with prescribers' electronic health record or electronic medical record systems. We connect with Surescripts for eprescribing for F&B (formulary and benefit) where we send information using NCPDP F&B 3.0 standard; the client directory where we send the client demographic information to help route the transaction; eligibility where we connect following HL7 270/271 standard; and for medication history where we connect using NCPDP script standard 2017071 providing medication history to providers.
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	MedImpact commits to define the process for definition, build, capture, and report of all RTM test cases and data supporting use cases and modeling scenarios specific to the objectives of each category of testing with the current State utilized tools such as Jama or Jira. Testing Manager will work with DHS during the implementation process to confirm deliverables and tools.
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	MedImpact conducts regular testing to help ensure applications meet our rigorous data protection, system access, and security requirements. The SDLC (software development and life cycle) and security testing processes incorporate recommendations from SANS 25 and OWASP Top Ten. We apply risk management methodology throughout a system's development lifecycle from the time we identify a need for a new information system until it is retired.
T24	Testing	Test Plan	Vendor shall provide, for State approval, a comprehensive test plan that includes the test approach and integrate with State tools (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	A plan is essential to delivering a quality product and we conduct comprehensive software testing processes that include unit testing, system and integration testing, configuration testing, parallel testing, regression testing, and post-implementation testing. To help ensure appropriate test coverage, a comprehensive test plan is outlined and reviewed by the cross-functional IT teams. Analysis of business process models, physical architecture diagrams, logical architecture diagrams, state transition diagrams, unified modeling language models, UX models, business requirements, functional requirements, and actual software code changes are all considered in the construction of the test design including the test automation approach. MedImpact will work with DHS and in accordance to the requirements presented in the RFP to create a State-approved comprehensive test plan that outlines our testing approach and integrates with DHS' tools such as Jira and Jama. The approved test plan will guide the testing and results documentation results. We will work in conjunction with DHS to create and update the plan throughout the term of the contract.
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 (Jira). These meetings shall occur after SIT, and before UAT hand over.				Meets	MedImpact submits separate deliverables for DHS' review and approval for each stage of testing including test checklist, testing status, and testing results. We organize walkthroughs at each stage to promote active communication and transparency with DHS. All testing performed is dependent upon the resolution of any deficiencies uncovered during that specific testing to DHS' satisfaction prior to advancement to the next testing phase. The Testing Manager will work with DHS to solidify the deliverables and timelines.
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	MedImpact will outline the appropriate overall testing activities in test plan(s) along with a detailed order of functions and description of each of the planned tests in the STP. We will craft this plan in conjunction with DHS to combine testing functions and maximize efficiencies. The STP will be approved during implementation and evaluated throughout the term of the contract.
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	MedImpact develops detailed test cases in our test management system using SpiraTeam, a solution which manages test cases linked to requirements, test plans, tasks, bugs, and issues in 1 environment with complete traceability from inception to completion. Upon completion of the test creation, quality test engineer(s) and development engineer(s) conduct reviews with the business system analysts for completeness and accuracy. All defined tests are associated with requirements for traceability to the original business request to help ensure complete coverage. MedImpact will capture and report on the performance metrics outlined in 1 through 4 of requirement T27 and share test result updates weekly.

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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	MedImpact commits to outlining our data refresh and rollback capabilities for every testing environment and category in the STP.
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	MedImpact will work with the State and their designees to identify and implement a robust automated testing tool that meets all requirements related to system testing and provides data and reporting to authorized users through various media including reports, dashboards, data extract, and analytics interfaces. We will seek approval by the State for our tool and ensure we can interface with JIRA and JAMA. MedImpact will finalize this tool and related deliverables with DHS during implementation. MedImpact currently utilizes Apache Maven and Selenium Framework in our automated testing tool which can interface with JIRA.
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	MedImpact will work with DHS to create an approved STP including all of the required deliverables such as converted data validation tasks and activities; testing assumptions; issues; action items; and strategies to manage execution and risks. MedImpact is open to input and feedback from the State on the STP. The Testing Manager will work with DHS to create and maintain the STP.
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	A testing schedule is essential to delivering a quality product and we conduct comprehensive testing processes that include unit testing, system and integration testing, configuration testing, parallel testing, regression testing, and post-implementation testing. MedImpact provides a comprehensive test plan that details each of the planned tests and test frameworks. This plan will address, at a minimum, infrastructure and hardware including what is utilized in the data center computing environments, DDI project office, operations peripherals, and shared service platforms. It will outline the software and services we use for project components, shared services, and peripherals. It will detail our intra-domain (Medicaid), inter-domain (Medicaid) and trading partner agreement interfaces. The test plan will also provide technical, informational, and business architecture details. The Testing Manager will work with DHS to craft and maintain the testing plan/s.
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	MedImpact will provide a test plan, from an architecture perspective, for the application of services in a SOA (Service Oriented Architecture) and the testing of the scenarios of how the service is used by the business application. The MedImpact SOA mainly consists of API Gateway and Informatica for data exchange. We also use Active MQ for messaging queuing and routing. Together they provide messaging support, including queuing, content or context based routing, and guaranteed delivery.
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	MedImpact uses the Microsoft Teams training center for online training. It includes capabilities to share multimedia (presentations, video, system demonstrations, etc.), hold breakout sessions, test trainee knowledge, poll attendees, and track attendance among other capabilities.
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	Our end-to-end (nonproduction) test environments mirror the production environment, and we refresh them on a quarterly basis. We update certain data elements such as drug data and pricing more frequently on an ad hoc basis. The Testing Manager will be DHS point of contact for determining testing schedules, exceptions, and ad hoc requests.
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	MedImpact refreshes standard nonproduction databases from production using network appliance storage or Exadata snapshot technologies which produce a complete point-in-time copy of a production database. To create an anonymized nonproduction database, the system modifies (anonymizes) data on the fly by applying natural and random perturbation algorithms to each data element. Once we have anonymized data, we validate a sample data set of approximately 50,000 records with the corresponding production records to ensure we anonymized the data correctly, no PII (personally identifiable information) or PHI (protected health information) is present, and the data performs similar to production data. Anonymization replaces the original sensitive data with realistic, scrubbed data with the same type and characteristics as the original sensitive data thereby protecting the confidentiality of the individuals whose data is involved and reducing the risk of harm should unauthorized parties gain access. The anonymization process enables us to test the MedImpact solution functionality in compliance with information security policies and with current state and federal standards and government regulations.
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	MedImpact will cooperate with DHS to identify and provide State-identified stakeholders the applicable Deliverables for each milestone that meet the requirements outlined within section 2.8 of the RFP related to system development, testing, and implementation. We confirm our understanding that DHS must approve these deliverables prior to each project.
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	MedImpact commits to cooperating with other project stakeholders to document an integrated STP for testing and evaluating the results of the current and new project components integration and interoperability deployed in the new System. The Testing Manager and other members of the implementation and operations team will work with DHS and other project stakeholders to complete an approved integrated STP.
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	MedImpact will work with DHS to formulate an approved STP containing information on the proposed testing framework and methodology for requirements defined in this RFP. The STP requirements will ensure the testing functions performed are iterative and repeatable; based on the life cycle used; based on the quality of test results produced by the testing activities; establish baseline sizing and define benchmarks to size for future growth requirements; and provide additional assurance that project components will execute as stable, reliable, predictive, and consistent functions in a production computing environment. We commit to a thorough and successful end-to-end testing process to ensure appropriate System functionality and response.
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	MedImpact commits to crafting an STP for DHS' approval detailing testing methodology that accommodates comprehensive coverage of different types including clearly defined testing environments; categories of testing and testing objectives; test deliverables and artifacts' test reviews and objectives; testing roles and responsibilities; testing preparations, tools, and techniques; test automation tools; production test data, scenarios, and use cases; and a test results repository along with status reporting. The Testing Manager will lead our work with DHS to complete a comprehensive STP to guide us through the testing process.
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	MedImpact commits to providing detailed content in the STP regarding deliverable reviews; roles and responsibilities; and support tools for business application/information and technology infrastructure testing to facilitate efficient, responsive, and secure use and operation of these applications. The Testing Manager will work with DHS to make sure we provide the appropriate level of information to ensure ease of understanding.
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	MedImpact approaches implementation and operational management with a focus on finding opportunities to improve value and efficiency for all our clients. One way we accomplish this is through our continuous quality improvement program which looks for opportunities to reduce organizational risk, improve resource forecasting, produce more efficient testing schedules, and reduce break/fix episodes. We commit to identifying opportunities for such improvements for DHS in the STP.

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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	The MedImpact SOA mainly consists of API Gateway and Informatica for data exchange. We also use Active MQ for messaging queuing and routing. Together they provide messaging support, including queuing, content or context based routing, and guaranteed delivery. MedImpact will 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.
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	MedImpact will provide detailed information regarding the shared services defined in this RFP in the STP. We will look for ways to increase efficiency throughout the testing process by reusing test plans, cases, scripts, and data using automated testing tools and include our findings in the STP for DHS to review. The Testing Manager will collaborate with DHS on this initiative.
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	In alignment with DHS' requirement, MedImpact will outline test cases and scenarios for all configurable system components including third-party software, interoperable data exchanges, business logic, EDI (electronic data interchange, and associated test data preparations in the STP. The Test Manager will collaborate with DHS to finalize the information and get approval of the STP.
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	MedImpact will detail tests for every type of processing cycle including daily, weekly, bi-weekly, monthly, quarterly, annually, year-end, financials, and ad hoc requests in the STP. The Testing Manager will work with DHS during implementation to verify the requirements and timelines necessary for these testing cycles.
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	MedImpact will organize, schedule, and conduct hand over meetings prior to UAT releases on a mutually defined and agreeable timeline. During this meeting, we will deliver a completed code package to UAT including at a minimum DHS-required items. After this UAT hand over meeting, all code, configuration, system settings for the release go into a complete code freeze and no additional deployments will be made to UAT without pre-approval of the State (such as code/bug fix release). The Testing Manager in conjunction with other MedImpact stakeholders will work with DHS to provide this UAT deliverable.
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	The Testing Manager will work with DHS during implementation to verify all testing-related timelines and deliverables. MedImpact commits to meeting these mutually agreeable timelines so as not to delay UAT testing.
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	In the custom phase of testing, MedImpact grants customers the opportunity to provide test scenarios to the integrated test team to process allowing customers to see test scenarios that previous stages may not have shown. We correct issues that we identify during these test phases and generate new test claims before we move any of the configuration setup to production. MedImpact makes all test results available for customer review online via the MedAccess® user interface. MedAccess allows for a detailed review of each test claim and a full analysis to see adjudication logic in step-by-step detail.
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	MedImpact will provide a Turnover Plan to the state during the Implementation Phase of the project and maintain it through contract end. The Turnover Plan will include training as needed to any Successor Vendor's management, supervisory, and technical staff. We will submit the final Turnover Plan to DHS that includes all DHS-required components as well as components that MedImpact believes are essential for a smooth turnover.
TC2	Turnover & Closeout	Deliverables	Vendor shall ensure all system documentation listed must include completed and State-approved assessment reports.				Meets	Through each step of the Turnover process, MedImpact will the successful testing of each phase with an assessment provided to the state with the results of each test.
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	MedImpact will work with DHS to ensure each phase of the Turnover phase is detailed in the Turnover Plan. The plan will include Operations Support: SFY Renewal Periods (Monthly Invoices), Status Reporting, Maintenance and Operations Support Services, Modifications and Enhancements Services, Performance Analysis Services, and Planning Analysis (Infrastructure) Services.
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	MedImpact will create and maintain a Turnover Plan that incorporates all aspect of the project. In addition to the plan, the various turnover activities will be outlined in the project plan to include training at all levels to ensure a smooth transition and implementation. Both the Turnover Plan and the project plan will be review and approved by DHS before work begins.
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	MedImpact will provide comprehensive electronic copies of all documentation in a State approved accessible, and secure electronic media. For every PBM implementation, MedImpact develops and then relies on accurate, detailed, and complete requirements documented in an RTM (Requirements Traceability Matrix) to define activities during the Configuration/Customization phase. We also use the RTM during testing to help ensure there is testing coverage for all requirements. Finally, we use the RTM to demonstrate to DHS that, upon implementation (go-live), all requirements (functional and non-functional) are met by MedImpact.
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	MedImpact will provide deliverables that are responsive to the specific requirements for each of the deliverables including those outlined above, organized into a logical order, and contain accurate information and correct calculations. We will retain all draft and marked-up documents and checklists used in reviewing deliverables for reference as directed by DHS.
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	MedImpact's solution does not require State facilities or assets to operate our system. For the 2 pharmacists who are required to work in the State office and/or any staff that the State requests on their site, MedImpact will utilize the State's telecommunications, desktop, meeting space, and/or conferencing equipment in support of their work. During turnover, we will provide you with a detailed inventory of any State-owned items MedImpact's staff utilized.

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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	All data identified and purchased specifically for the Arkansas contract will be considered property of DHS. MedImpact will support the transition into the Vendor's solution.
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	The Turnover Plan provides a narrative of each task, deliverable, and milestone to be performed during the Turnover phase. Each component of the Turnover Plan is outlined and detailed in the project management plan, where tasks and deliverables are tracked to ensure the successful and timely completion of each task.
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	MedImpact will meet regularly with the State, Successor Vendor, the State, and the State's designated PMO (at a frequency determined by the State) to review the turnover progress.
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 (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	MedImpact produces a weekly progress report, providing a detailed summary of all items to be discussed at weekly status meetings. We will facilitate a progress meeting at a frequency determined by DHS. In preparation for each progress meeting, MedImpact will create an agenda, a description of the progress made towards each task, topics of general discussion, a review of action items and decisions, and any identified risks or issues. Following each meeting (not later than 1 week following the last progress meeting), MedImpact will supply the meeting minutes and weekly progress report, containing the status of all items reviewed during the meeting as well as tasks, deliverables, and milestones planned for the following 2 weeks.
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	MedImpact will create an agenda for each turnover progress meeting and include a copy of the most recent progress report. Both the agenda and report will be sent to DHS at least 5 business days prior to the progress meeting.
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	MedImpact will update the status of each tasks on the project plan as each is completed. MedImpact can provides these reports at a frequency determined by DHS. Each report will list the changes made since the previous report was submitted. Additionally, the Release Report will clearly distinguish changes made to each document so that progress is easily tracked and DHS is aware of where we are in the process and the actions needed to complete the Turnover Plan.
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	MedImpact will keep DHS aware of every step of the process. Prior to beginning any turnover work, we will submit the Turnover Plan for DHS approval. Any DHS revisions will be made and again sent for approval. Once we begin turnover work, MedImpact will share a Turnover Results report at a frequency determined by DHS.
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	Included with the monthly progress report, MedImpact will provide an organizational chart of MedImpact and DHS staff to include their skill-sets, titles, and functions to allow DHS to better understand how we are meeting volume needs and who has the expertise to complete/oversee each task. We will also disclose any 3rd party relationships devoted to the operation of the system.
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	MedImpact will provide any files, documentation, records, transition information and assistance to the State as necessary for the orderly and successful transfer of the System to the Successor Vendor as directed by the State. The Account Manager will cooperate with the State on the smooth transition of this information.
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.				Not Available	This is not applicable to the Arkansas Medicaid Enterprise Pharmacy System and Services.
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	MedImpact will provide DHS with a state-specific SharePoint platform to share documents, archive documents, conduct project communications, and provide DHS transparency into the work we do. This will allow the Project team and DHS to view updates, archive various reports, and conduct project communications.
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	MedImpact will coordinate with the State, the Successor Vendor, and designated staff any State purchased or created documentation, software, and data files to the Successor Vendor and designated staff. The details of this coordination is outlined in our Turnover and Closeout Plan.
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.				Customizable	MedImpact can provide user guides for application and platform use. The system is hosted in MedImpact's two managed data centers. MedImpact maintains, updates, and upgrades the solution on a defined release schedule. The State will not be required to update applications, systems, databases or other supporting infrastructure located at MedImpact's locations.
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.				Not Available	The PBM solution proposed for the State is hosted at MedImpact's two managed data centers located in San Diego, CA and Tempe, AZ. MedImpact manages all of the related services, tasks, jobs, support and operational components. MedImpact maintains a comprehensive EDI infrastructure to automate file load, sFTP processes and database updates. MedImpact also maintains and manages all of the required supporting infrastructure and connectivity needed to meet the requirements of the pharmacy claims adjudication requirements outlined in this RFP.
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	MedImpact does maintain a data warehouse supported via our MedOptimize platform (IBM Cognos). MedImpact's MedOptimize tool is self-service allowing the State to produce their own reports as needed. In the event of a contract termination, MedImpact can accommodate run-out periods allowing for access to certain services post termination.
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	MedImpact will provide transfer Acceptance Testing support to both DHS and the Successor Vendor within two (2) business day to help ensure a smooth transition.
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	MedImpact will provide post-turnover support in the event of software malfunction, beginning eighteen (18) months prior to the end of the Contract term. As part of the Turnover Plan, MedImpact will work directly with DHS and the incoming vendor to help ensure the transfer of all required information to the incoming vendor, including program documents and historical data files. If there are additional files beyond those already provided to DHS through the systems integrator, we will coordinate efforts to help ensure their efficient transfer in accordance with DHS protocols. Communication with the pharmacy Provider network to help ensure smooth transition of claims submissions from MedImpact to the incoming vendor. Communication with FFS Providers regarding transition responsibilities and coordination of activities as well as identification of critical points of contact.
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	MedImpact will provide post-turnover support in the event of software malfunction, beginning eighteen (18) months prior to the end of the Contract term. We will work with DHS to define the appropriate entrance criteria to begin the processing of the turnover phase of the contract. We will also define the exit criteria during the project life cycle to facilitate a smooth transition to the new vendor.

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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	The MedImpact Project team uses Jira to document any identified issues for mitigation, review, and to prioritize them daily and in weekly internal team meetings. The Project team monitors the risk issue log on an ongoing basis; determines probability impact; initiates contingency and mitigation plans when necessary; reviews and removes risks from the log when appropriate due to a change in their overall risk rating; prioritizes and communicates new risks as they are identified by scheduling and facilitating project meetings at the minimum of weekly meetings, and ad hoc meetings to address work packages with associated risks; collaborates with DHS to review and adjust the risk management process by evolving requirements or applying lessons learned; and provides continuous improvement based upon quarterly analysis of the Risk Management approach built upon Lean/Six Sigma principles. The issue log will also include the identities and job functions of MedImpact staff assigned to the problem, issue, or action item and will exclude all Protected Health Information (PHI) or other confidential information.
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	MedImpact's offers various standard views and reports for all system users. MedImpact will collaborate with DHS to ensure all Closeout deliverables are captured and will submit a Turnover Status Report in a DHS-approved format and frequency.
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	The Project/Account Manager will be responsible for ongoing communicating with DHS throughout the implementation process and ongoing through the term of the contract. The Project/Account Manager will be responsible for the submission of operations reports, available to DHS electronically via SharePoint. The DHS-specific SharePoint site will house this information in an organized manner that includes nature of the problem, expected impact, CAP, and expected resolution timeline. MedImpact's solution is a hosted solution, so a PBM platform turnover is not applicable.
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	Our Finance team will produce full and final reconciliation of invoices, receivables, and liquidated damages.
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	Any software developed specifically for Arkansas under this contract will be error-free and complete upon turnover. MedImpact will warranty any such software and correct at no cost to the State any preexisting malfunction. Should there be an defects, MedImpact will deliver a Completion of All Warranty Activities Report, listing any defects and the fixes before transitioning over to the Successor Vendor.
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.				Not Available	This requirement is not applicable.
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	To support all transitions and turnovers, MedImpact uses a proven project management methodology to preserve continuity of services for DHS beneficiaries and to ensure a smooth handoff to new vendors. All turnover activities are validated for accuracy, schedule, and communicated to affected stakeholders. MedImpact's project manager uses various captured data for transition and turnover of services to a new vendor including information technology details, such as data file transfer formats; historical data to be transferred and the timeframe for transfers; PA transfers for continuity of care; and clinical services and program information. Using the information collected and documented, which covers all aspects required for successful transition to a new vendor, the project manager develops a detailed project plan to plan, log, track, manage, and report on each area of the project. This plan includes detailed tasks with corresponding responsible parties, start dates, due dates, completion dates, task dependencies, resource requirements, and work hour estimates.
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 transmissions: a. Names of modules. b. A listing identifying which, if any, modules are online and which, if any, are batch processed. c. A directory listing of all programs on the requested file. d. Data dictionary. e. All other system software needed to execute the test. f. All configuration parameters of all tools utilized to support the operation of the system. g. All operational parameters to operate and support the operation of the system. h. All source-related components necessary to perform the contract's SOW requirements, which must be included in this requirement regardless of nomenclature.				Configurable	MedImpact's PBM solution is hosted in our two managed data centers located in San Diego, CA and Tempe, AZ. This is a multi-tenant platform that services millions of members and their health plans. The solution is operated, supported and maintained solely by MedImpact and our tenured IT personnel and operational support folks. MedImpact does provide client transition services which includes claims history file extracts sent securely to the service provider of your choice and as determined at contract termination.
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	The names of MedImpact's key personnel will be named in the Turnover Plan.
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	MedImpact will work collaboratively with DHS and the successor to ensure all elements of the transition are outlined and track to completion.
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	MedImpact has a formal turnover process. We will create a Turnover team and will submit the names of the Turnover Team members to DHS for approval and immediate work on the Turnover Plan.
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.				Not Available	MedImpact can provide a high-level data flow and platform architecture to the State for review. MedImpact's platform is multi-tenant and hosted in MedImpact's two managed data centers located in San Diego, CA and Tempe, AZ. This is a complex system with various interconnects and APIs to integrate with Point-of-Sale pharmacy networks, web services, data exchanges, other client portals, TPAs, third-party service provides, ePrescribing vendors, etc. The PBM solution proposed for the State is currently servicing our clients and their millions of members.
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	As part of the Turnover Plan, MedImpact will provide all of the most current information from data to reference files and all other supporting documentation as we prepare for parallel and acceptance testing.
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	MedImpact will submit a Systems Operations, Support, and Transition Plan ninety (90) calendar days prior to beginning of go-live, and again 90 days prior to the implementation. MedImpact will ensure a smooth transition and migration to the Successor vendor. The DHS-specific SharePoint site will house risk and issue management plans. We will help to ensure risk and issue reporting is incorporated into our weekly progress reporting. A final copy of the risk and issue report will be submitted to DHS upon turnover closeout. The DDI Manager will collaborate with DHS to design and develop a customized version of this tracking tool. The plan will provide detailed instructions for entering, maintaining, and resolving risks and issues. Using Microsoft Project, the WBS defines the project's built-in interdependencies and clear project dependencies critical to meeting each of DHS' objectives. The WBS breaks down the required project work into granular work increments. The DDI Manager then uses this information to assign work packages to project staff, estimate resources, and determine the anticipated duration of performing the work.

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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.				Configurable	Effective training is key to the success of FFS Medicaid programs the size and scope of DHS'. Initial and ongoing training courses, symposiums, and users' conferences are offered during MedImpact's regularly scheduled office hours at no additional cost to DHS. During implementation, we collaborate with you to tailor a comprehensive staff training plan to assure all our staff, authorized DHS personnel, and end users (pharmacies, billing agents, and prescribers) have the information they need to work effectively with our systems and processes. We conduct annual evaluations of the effectiveness of our training and make adjustments to align with our continuous improvements training approach. MedImpact collaborates with DHS to identify technical training needs and the specific tools necessary to develop comprehensive solution training and to help ensure customers can readily access training materials, guides, and links to videos. The scope of training includes both internal and external DHS users including DHS staff, subcontractors, prescribing providers, pharmacists, and FFS staff at no additional cost to the State.
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	MedImpact will post all DHS-approved prescriber and pharmacy provider educational materials within 90 days of go-live. MedImpact is an experienced partner with both government agencies and providers. Our long history of provider management and education activities includes multiple methods and channels to provider education, materials, and program communications. MedImpact posts the following content to the website within 90 days of go-live and updates on an agreed upon basis: program FAQs and contact information; educational letters, materials, and newsletters; bulletins; billing instructions; PDL (preferred drug list) documentation; PA (prior authorization) forms; other DHS-approved content for the RDUR (retrospective drug utilization review) program, DUR (drug utilization review) Board, DHS, prescriber, and pharmacy providers. MedImpact works closely with DHS' staff to prepare, review, and update content. This results in current and appropriate provider materials demonstrating the collaboration between DHS, MedImpact, and pharmacy providers.
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	MedImpact tailors the training plan to the PBM FFS solution to help ensure all MedImpact staff, authorized DHS' personnel, and end users (pharmacies, billing agents, and prescribers) have the information they need to work effectively with our systems and processes. The Documentation/Training Manager will collaborate with DHS to create and solidify a training plan deliverable following the guidelines presented in RFP section 2.8.16. We conduct an annual evaluation of the effectiveness of the plan. Based on this annual feedback, we will revise and resubmit the plan to DHS 60 calendar days prior to the year end contract date in alignment with our commitment to continuous improvements in our training approach.
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	MedImpact will submit a training plan that addresses initial and ongoing training, curricula, and syllabi to DHS for review, comment, and approval a minimum of 30 days prior to a scheduled training. We will make any necessary changes and send the final plan back to DHS 15 calendar days prior to the training session. The Documentation/Training Manager will work with DHS to create and maintain an overall training plan deliverable as outlined in RFP section 2.8.16. MedImpact understands we are responsible for maintaining updates to the training plan based upon decisions made during implementation and throughout the contract.
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	MedImpact creates and maintains a comprehensive system of end user documentation that supports users with easily accessible and usable information for accomplishing job tasks. Training manuals and the associated user documentation are updated on a regular basis and reflect the complete and current system.
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	MedImpact ensures all DHS' staff have the appropriate role-based user access required to fully participate in training activities. MedImpact's user documentation for systems and processes describes for each system or business process area the operational details and processing features of each solution to ensure end users understand how the system functions, so they can accomplish their business tasks and goals. For each major system and process area, MedImpact has a system of user documentation that addresses the needs of different user audiences. The Documentation/Training Manager will work with DHS to manage all training activities.
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.				Configurable	MedImpact provides a master training plan that itemizes the delivery methodologies we use in our training program. Qualified instructors lead trainings using an E2E environment mirroring our production environment. MedImpact provides both instructor-led and online self-guided trainings to meet trainee needs. The assigned Documentation/Training Manager will work with DHS to develop the required training and formats for your users.
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	MedImpact collaborates with DHS to identify technical training needs and the specific tools necessary to develop comprehensive solution training and to help ensure customers can readily access training materials, guides, and links to videos. The scope of training includes both internal and external DHS users including DHS staff, subcontractors, prescribing providers, pharmacists, and FFS staff. Our customer focused training ensures DHS' users understand and can successfully operate program applications initially and throughout the contract period.
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	Operational readiness training will be conducted with DHS' staff to ensure all parties are prepared for operations to begin. This technical training objectives is included within the training plan that the Documentation/Training Manager will produce in conjunction with DHS. The Documentation/Training Manager will also work with relevant account team members and DHS to ensure the training information is a part of the ORR (Operational Readiness Review) checklist.
TR10	Training	System, Tools, and Technical Capabilities	Vendor shall utilize dashboards and reporting tools for State-approved training.				Configurable	MedImpact will work with DHS to identify and implement dashboards and reporting tools for State approved training. The Documentation/Training Manager will lead all training-related initiatives.
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.				Configurable	Effective training is key to the success of FFS Medicaid programs the size and scope of DHS'. Initial and ongoing training programs and education activities ensure staff has what they need to act as DHS's partner. All staff will undergo core onboarding and training specific to this project. This includes corporate compliance training that encompasses HIPAA, privacy and security, non-discrimination training published by the OCR (Office for Civil Rights), and more. We also provide one-on-one and ongoing staff training in response to feedback, program, procedure, technology changes, and DHS's requests. If users fail to complete the required HIPAA privacy and security trainings, access to the system can be turned off.
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	MedImpact's training and user documentation for systems and processes describe each system or business process area the operational details and processing features of each solution to ensure end users understand how the system functions, so they can accomplish their business tasks and goals. For each major system and process area, MedImpact has a system of user documentation that addresses the needs of different user audiences. We understand the State may request specialized training or training materials throughout the term of the contract. The Documentation/Training Manager will work with DHS to capture and create any specialized training requests.
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				Configurable	MedImpact tailors training plans to each customer based on their unique needs. Led by the Documentation/Training Manager, we will work with DHS to complete the training plan deliverable outlined in section 2.8.16 of the RFP which will outline how we will provide documentation of participation in facilitated training in the training enrollment and tracking tool. The Documentation/Training Manager will be responsible for delivering such documentation to DHS.
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	MedImpact identifies, procures, prepares, and retires all required training sites. In accordance with the training schedule, we determine the number and location of training sites as well as the number and size of each classroom at each location to minimize travel by DHS' staff. The overall training plan deliverable will include information on training sites, types of training equipment needed, and methods of deployment with facility selection based on each site's capability to meet these requirements. The Documentation/Training Manager will coordinate both the deliverable information and the logistics to facilitate trainings.
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	A portion of MedImpact's master training plan will cover the tracing of training which tracks available courses, schedules, modes, registrations, actual attendance, and evaluation results through the events registration database. All MedImpact's relevant staff will have access to the web portal, so training correspondence should not be necessary. If it ever is, we will work with DHS to meet your requirements. The assigned Documentation/Training Manager will manage all training related correspondence and deliverables.

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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	The Documentation/Training Manger will work with DHS to craft and maintain an annual training plan deliverable in accordance with the requirements outlined in RFP section 2.8.16 that outlines (at a minimum) information about general training, training facility, training staff, training materials, State staff training, provider training, CBT (computer-based training), and WBT (web-based training. Based on annual feedback, we will revise and resubmit the plan to DHS to reflect our commitment to continuous improvements in our training approach.
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	MedImpact will ensure training tools and classroom instruction/medias are consistent. Our current staff electronic training modules include proficiency tests, opportunities for education when a user provides an incorrect response, and specific course tracking within the application. The Documentation/Training Manager will be responsible for coordinating with DHS to ensure our trainings meet your needs.
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.				Configurable	The Documentation/Training Manager will work with DHS to create a training plan deliverable in alignment with the details provided in RFP section 2.8.16 that includes addresses the schedule for training, scope of training (curriculum), organization and staffing, training modes, training tools and materials, and evaluation tools and processes.
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	MedImpact is an experienced partner of government agencies, prescribers, and providers. Our long history of education activities includes multiple methods and channels to prescriber and provider education, materials, and program communications. We will begin prescriber and provider training services within 45 days of DHS go-live. During the implementation phase, the Documentation/Training Manager will work with DHS to solidify these trainings and their timeline in the training plan deliverable.
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.				Configurable	MedImpact views training materials as a way to ensure that each user knows what tasks to do, how to perform those tasks, how to confirm they are performing the tasks correctly, and what tools to use to complete the tasks. The Documentation/Training Manager will collaborate with DHS to confirm the training offerings including any DUR training. We will provide, at a minimum, manuals, procedural information, modules used for evaluating therapeutic problems, and therapeutic criteria for DUR training to staff requiring this type of training. We will engage the RDUR Director, DUR Board, and any other Stakeholders to ensure the information presented in the training and documentation is clear and accurate.
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.				Configurable	MedImpact is an experienced partner of both government agencies and providers. We will utilize proprietary algorithms along with State predetermined algorithms to identify clinically inappropriate prescribing or dispensing practices. Our Arkansas licensed and located pharmacists will conduct outreach and education utilizing a variety of methods including mail, email, phone, and face-to-face in an effort to change prescribing patterns. We will work with DUR Board to identify specific areas Arkansas wants to make an impact in and prioritize those initiatives.
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	MedImpact creates and maintains a comprehensive system of end user documentation that supports users with easily accessible and usable information for accomplishing job tasks. We write our documentation so that when a user has a question about what to do next, our documentation answers that question clearly, concisely, and quickly. The Documentation/Training Manager will work with the appropriate parties to develop, maintain, and provide user trainings.
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	MedImpact is an experienced partner with both government agencies and providers. Our long history of provider management and education activities includes multiple methods and channels to provider education, materials, and program communications. We can post provider focused content such as PDL documentation, program FAQs and contact information, educational materials, letters, bulletins, billing instructions, PA (prior authorization) forms, and other DHS-approved content to the State Medicaid website in the provider section at the direction of the State. The Documentation/Training Manager will work closely with DHS' staff to prepare, review, and regularly update content.
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	MedImpact is experienced at developing training for managing customer service calls. DHS will review and approve the process and information shared in the trainings prior to use. The Documentation/Training Manager is responsible for working with DHS and relevant MedImpact parties, including the Pharmacy Lead/Clinical Pharmacist leading the Help Desk, to create trainings for staff to accurately answer calls on plan go-live date and beyond. Throughout the course of the contract, MedImpact communicates any DHS-specific updates to the Pharmacy Lead/Clinical Pharmacist who trains the Help Desk staff before the plan changes go into effect. Our internal teams will consistently update DHS' plan fact sheet with any plan changes and conduct refresher trainings.
TR25	Training	Staffing Management	Vendor shall provide the staff necessary to meet the training-related requirements specified in the documented contract requirements.				Meets	MedImpact will provide the necessary staff to meet the training-related requirements in the documented contract requirements. Our experience with Medicaid clients has prepared us with the knowledge and expertise to accurately estimate staffing needs. We also verify those estimates during the DDI phase and adjust them throughout the operations phase when staffing needs change. The Documentation/Training Manager will be DHS main point of contact for any training-related staffing questions.
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	MedImpact's Project team maintains and monitors the risk issue log on an ongoing basis. Risks are entered on the Issue Log as soon as a risk or issue is identified, no later than 24 hours of identification.
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	MedImpact manages the change control process using Atlassian Jira, an industry leading change and issue tracking and project management. Our project and implementation teams track activities, tasks, and deliverables as they align with the overall PBM system scope. We will capture any changes in scope, timeline, or deliverable expectations, in the change management plan.
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	MedImpact will review work/service items with DHS and will develop a mutually agreed-upon strategy for mitigation of each defect, based upon severity, priority, and impact. MedImpact will prioritize each item based on DHS prioritization categorization and will work in compliance with DHS 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 if a CAP is needed.

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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	MedImpact will maintain all work/service items in a tracking system approved by DHS and has all of the capabilities listed above. MedImpact's risk and issue resolution approach helps to ensure risks and issues are documented, tracked, and escalated in accordance with the approved risk and issue management plan. The risk and issue resolution process is based upon transparent and constant communication between the project team and DHS, proactive risk and issue management, and expedited decision-making specifically in dealing with resolutions of project issues. We will utilize this approach ongoing throughout the operations and maintenance phase.
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	Progress toward resolving each work item is maintained and update to reflect actions, discussion, mitigation, solutions, corrective action, etc., in the DHS approved format.
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	MedImpact's system has the capability to run reports based on the criteria of the Issue Log. MedImpact will provide reports in the format and frequency approved by DHS.
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	MedImpact will facilitate weekly status updates with DHS to review service item severity, status, and schedule.
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 compliance to baseline schedule and contractual SLA/KPI				Meets	MedImpact's tracking system has the capability to run weekly status reports of each work item incorporating the elements listed above.
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	All workflows will be documented to indicate where MIDA or other MES Contractors share data with, or receive data from, MedImpact as part of the PBM workflow processes. These workflows will be reviewed no less than annually to determine if updates are necessary to support DHS.
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 (images, letters, interactions, and tracking number).				Meets	Salesforce can save a variety of document types including images. Images are indexed and can be linked to an entry for future reference.
WM3	Workflow Management	Reporting Management	Vendor's system must log every step in the process to a database for query and reporting purposes (employee production reporting, identification of low confidence areas).				Meets	Our system contains the capability to document, track, and report all completed transactions, including, but not limited to communications, payment, member and provider data. Data change activity is preserved in an audit trail to track activity over time. All transactions are stamped with the user name, date, and time for audit purposes. Our reporting tool, MedOptimize, queries the data captured in the data warehouse to run countless reports including employee production reporting and identification of low confidence areas, to name a few.
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	MedOptimize allows authorized users to look at virtually unlimited views of the data with user-defined filtering capabilities to intuitively drill down to detailed data required. With simple prompts, clients can customize results for selected time periods and specific segments of book of business. There are a variety of commonly used preformatted reports for plan analysis.
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	MedImpact's MedAccess is our claims processing system that is a rules-based, configurable, flexible, and easily modifiable by authorized users. Our system contains the capability to document, track, and record all changes to the system. Data change activity is preserved in an audit trail to track activity over time. All activity is stamped with the user name, date, and time for audit purposes.
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	MedImpact's workflow management processes, includes dashboard-type functionality, allows an efficient way to assign work, ensure requests are completed within approved timelines, and monitor staff performance. This tool is accessible to DHS staff. We commit to use or interface with Arkansas Enterprise tools.
WM7	Workflow Management	IAM	Vendor shall ensure the workflow management function provides audit trails.				Meets	Our system documents, tracks, and report all completed tasks. Data change activity is preserved in an audit trail to track activity over time and stamps each change with the user name, date, and time for audit purposes.
WM8	Workflow Management	System and Data Integration	Vendor shall ensure the workflow management function be integrated with imaging.				Meets	The system allows for various document types, images, to be attached to an entry.
WM9	Workflow Management	System and Data Integration	Vendor shall ensure the workflow management function integrate to the DIS.				Meets	MedImpact has invested in the Informatica ETL tool, which allows the capture, storage, identification, and analysis of this information to provide detailed knowledge and characteristics of the data.
WM10	Workflow Management	System Testing and Certification	Vendor shall ensure the workflow management function supports the ability to run regression testing.				Meets	MedImpact performs regression testing after installing any enhancements or new features to ensure the feature does not interrupt the function of the system.
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).				Customizable	Our single, proprietary claims adjudication platform contains a rules-based workflow management function that allows us to test rule configurations and can replay claim adjudication workflow step-by-step.
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	Our workflow management function allows us to reverse, or back-out, of any implemented changes.
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	MedImpact's MedAccess contains the capability to document, track, and report all completed transactions, including, but not limited to, communications, payment, member and provider data. All configured edits record user ID, start and end dates, and time-stamped to assure a complete audit trail. There is full traceability to the specific instance of an edit applied during the adjudication of a claim, based upon the claim, and edit time stamps.
WM14	Workflow Management	System, Tools and Technical Capabilities	Vendor shall ensure the workflow management function provides the functionality to support electronic approvals.				Meets	As part of MedImpact's overall prior authorization service offering, the MedResponse® Prior Authorization electronic workflow management platform includes MedImpact's ePA (electronic prior authorization) program. This provides an enhanced capability to process coverage determination requests in real time at the point of care to minimize the need to reach out for additional clinical documentation and thereby reduce the number of administrative closures due to lack of information. Further, ePA reduces member disruption, lowers costs, and improves clinical quality and safety for better member care.
WM15	Workflow Management	System Testing and Certification	Vendor shall ensure the workflow management function provides the functionality to run a what-if impact analysis.				Configurable	MedAccess has a workflow management function that allows us to perform several tests including a what-if impact analysis to identify any negative impacts of a change before approving and implementing a system change.

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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	MedImpact uses the industry recognized Jira tool to log requirements, to log and track issues and risk, and to establish traceability to user stories. Each entry into Jira include risk volumes, priority, statuses, and details of high probability/impact risks. This information is tracked and can be shared with DHS. Additionally, MedImpact securely logs all significant security relevant events as part of our incident response plan. Examples of security-relevant events include switching user IDs during an online session; attempts to guess passwords; attempts to use privileges that have not been authorized; modifications to production application software; modifications to system software; modifications to firewall configuration parameters; changes to user privileges; and changes to logging system configurations. Information critical to security is collected, correlated, and analyzed by a third party SIEM system. This information is reviewed in real-time 24 hours a day at the AT&T SOC. Any suspicious activity is reported immediately and tracked to ensure timely remediation. Non-system related compliance violations are managed by MedImpact's compliance department and privacy officer.