

RFP 22-68785 HIV Medical Benefits Administrative Services
Clarification Questions

1. Can you please confirm that MC-Rx is the same company as ProCare Rx and not a new company? If a new company explain why there was a change and how this new company will be a benefit to IDOH.

ProCare - "MC-Rx" is the brand grouping of our PBM service offering comprising our US mainland PBM entity, as well as our two Puerto Rican PBM service companies.

"ProCare Rx" is, and always has been, our pharmacy benefit technology services company, which provides services to our PBM entities.

Based on having obtained more favorable network arrangements under one of our Puerto Rican companies, we are focusing our pharmacy benefit management contracting with that company; however, the US entity is still providing services for non-traditional types of pharmacy benefit plan management.

As our proposal is a pass-through, transparent model for pricing, the savings for the network improvements will be passed through to IDOH.

Any staffing changes have already been happening in the background, with a key focus on minimizing client disruption by maintaining the same service levels. There is no other change to the systems used to process claims, receive, and update eligibility, report data to IDOH, or provide the services for other aspects of the program.

Simply put, MC-Rx is functionally a rebranding of our PBM business that incorporates our Puerto Rican affiliates, with no other discernible impact on IDOH other than the savings that are included in the proposed pass-through pricing.

2. Please provide additional detail on the claims processing system i.e., what is the name of the system, how are claims tracked, who manages the system, etc., how often are upgrades done.

Unified Group Services – We utilize WLT Software for our claims processing system. Claims are tracked by assigning a unique claim ID to each claim entered. Each claim is tracked through different status flags as it works through the processing steps. WLT owns the processing system but Unified Group Services has access to create & modify the set up & codes to best accommodate the plan requirements of our customers. Upgrades are done on a quarterly basis.

Pro-Care - MC-Rx maintains our own real-time proprietary claims processing system that seamlessly integrates retail, mail, specialty, and manually entered claims in one system. Our flexible system accommodates all benefit designs. Our system includes, but is not limited to, establishing drug coverage algorithms at plan, pharmacy, physician, and member level, or any combination thereof. The system allows for sophisticated plan benefits, automated clinical step edits, multi-tiered enrollment, flexible copay structures, variable formularies, multi-level administrative fees, variable card production, and many other features that can be demonstrated. In addition to flexible plan designs, the online system, which is integrated with our Customer Care Center (pharmacy member help desk), provides approximately 1,500 edits during the adjudication of each claim, including real-time concurrent drug utilization reviews that are based on First Databank DUR Clinical Modules as set up by the client's override parameters.

MC-Rx's claims processing system can administer COB arrangements at the point of sale based on the information provided by IDOH or the pharmacy. We can coordinate coverage benefits at various levels depending on the eligibility feeds you provide or through claims information received from the pharmacy – the options are available at plan level. Our system can reject claims in which a primary payer has been identified but did not contribute to the payment of the claim, or it can pay claims based on conditional requirements. You can control all of these options through plan design set-ups.

The industry standard NCPDP transaction supports the transmission of primary payer information on transaction response. To the extent that the primary payer

information can be reported during the eligibility feeds from you indicating that the member has primary coverage elsewhere, this data can be sent back to the pharmacy at the point of sale. There is no additional fee for this service.

Again, "ProCare Rx" is, and always has been, our pharmacy benefit technology services company, which provides services to our PBM entities. MC-Rx is functionally a rebranding of our PBM business that incorporates our Puerto Rican affiliates, with no other discernible impact on IDOH other than the savings that are included in the proposed pass-through pricing.

3. Please provide a detailed description of your billing process / procedures. As well as process / procedures for reimbursements.

Unified Group Services –

1. Administration billing – Each month a bill is generated for those clients currently in each program. If there were any adjustments due to late additions/terms, those are factored in each month. There is a summary of amount due for each program. The billing is sent to IDOH for payment.
2. Claims billing – A cover sheet is provided with a summary of the totals due for each program on a weekly basis. A detailed Excel file is provided with each claim included in the billing and if the cost is associated with an office visit, lab, or other. For the Rx invoices from ProCare, the drug cost is separated from administration cost. This structure has been updated to help the IDOH better tracks costs for the different reporting obligations they have. Once funding is received from IDOH, then we are able to release the funds to the providers. Any reimbursements received from providers are credited to the IDOH.

ProCare - MC-Rx runs a financial close cycle either every seven (7) days or twice a month, depending on the client and state laws, with claims normally billed in semi-monthly cycles: the first cycle encompasses transactions received from the 1st of the month through the 15th, and the second cycle encompasses transactions received from the 16th through the last day of the month. For Part D, the standard process includes weekly closes.

During the financial close cycle, the financial programs generate overview reports, client invoices, client billing files of various formats, client reports (financial and

management), pharmacy payment summaries, pharmacy payment remittance reports, pharmacy reconciliation files of various formats (including 835 remittance files), and other administrative audit reports.

Invoicing is based on a semi-monthly schedule, with invoice and claim detail typically available via secure FTP online access 2-4 days following the end of each cycle. Standard claim-level detail and other reports are available with client customized or ad hoc reporting available by request. Invoice payment is generally due within 15 days of the invoice date, unless other arrangements have been made with our Chief Financial Officer.

MC-Rx maintains a separate bank account at a national bank specifically for pharmacy claims payment and disbursement functions. Payments from clients, including funding of claim payments, are either sent to or drafted from the plan sponsor account by MC-Rx on the invoice due date, typically twice a month, to accommodate pharmacy network payment schedule compliance

Remittances to pharmacies are made immediately after payment of claims is received from the client(s). Remittances are created as aggregated (chains and PSOs), or individually (independents), and include reports and reconciliation files (typically 835s) or as approved by each given entity. Each remittance clearly shows each claim included on the payment and any withholding fees as contracted. Currently, the process automatically uploads the 835 reporting to each pharmacy's sFTP site on our server.

4. Please explain how IDOH will be billed for partial payments not covered by other parties.

Unified Group Services – When there is primary coverage for a client (HIAP or HIP) we pend the claim received from the provider & reach out to get the primary EOB to verify how much the primary carrier paid & how much they showed as responsibility of the client. Then Unified is able to process a claim for the member responsibility only. These claims are included in the weekly billings. If a claim is received for a client in the EIP program and the claim identified other insurance, Unified will work with IDOH team members to investigate if the client should be in a different program and to coordinate coverage so IDOH pays the least amount.

ProCare - MC-Rx's claims processing system can administer COB arrangements at the point of sale based on the information provided by Unified Group in eligibility or the pharmacy. MC-Rx coordinates coverage benefits at various levels depending on the eligibility feeds provided by Unified Group or through claims information received from the pharmacy – the options are available at plan level. Our system can reject claims in which a primary payer has been identified, but did not contribute to the payment of the claim, or it can pay claims based on conditional requirements. IDOH can control all of these options through their plan design set-ups.

The industry standard NCPDP transaction supports the transmission of primary payer information on the transaction response. To the extent that the primary payer information can be reported during the eligibility feeds indicating that the client has primary coverage elsewhere, this data can be sent back to the pharmacy at the point of sale. There is no additional fee for this service.

5. In section 2.4.3 Third-Party Administration, Respondent states "*Regarding a backup plan for secondary claims, we would be able to do a DMR by manually keying a secondary claim on behalf of the pharmacy.*" Please provide a definition of 'DMR'.

ProCare - "DMR" stands for Direct Member Reimbursement for out-of-network claims.

To process out-of-network claims (if allowed by the plan sponsor) or if there is a system connection issue, the member simply submits an approved Direct Member Reimbursement (DMR) form to MC-Rx for claim submission, payment, and reimbursement. Normal turnaround time for processing paper claims is within thirty (30) days of receipt of request. MC-Rx runs a financial cycle twice a month, and a reimbursement check will be issued to the member during the next financial cycle.

6. In the event that IDOH moves to an electronic file system, please explain how your company will transition from the current process. Could the UnifiedGrp.com portal support electronic file transfers?

Unified Group Services – We are able to connect with many entities on an electronic basis for eligibility data. The standard is an 834 weekly full replacement file received via a secure file transfer process. Once received, then the file is compared to the data we have to identify the changes to load. This process is set up separately from the UnifiedGrp.com portal and we can work with IDOH to structure the process to best fit both organizations. The UnifiedGrp.com portal transmits the enrollment information electronically but requires input by IDOH team members.

7. On average, how often are process enrollment changes completed within 24 hours? Can your company support an expedited process for same day changes?

Unified Group Services - 80% of enrollments are processed immediately within 24 hours. We have a process in place to review effective dates requested to prioritize those with same day requirement to have priority. As soon as it is entered into our system, if it needs same day attention, we go into ProCare's system to enter it so that the client is fully active. The other 20% of changes that aren't processed immediately require additional clarifying information from IDOH.

ProCare - Once files are received, they are usually imported within 24 hours - currently, IDOH's files are received around 1:30 am and processed by the end of the day, weekends included.

Additionally, same-day changes can be made via access to our systems through e.ProCare, if desired.

8. In the event of a change of plan, does the current process allow for client information to 'roll-over' to new plan automatically? If not, can this automatic update be accommodated? Explain

Unified Group Services - The current process is to roll over the current information in the system to the new plan. There could be some clarifying questions based on the new plan enrollment information.

ProCare - Once the eligibility files are loaded, the member is active wherever they are. It is instantaneous - reports are placed on the sFTP site for Unified Group to retrieve and review.

9. Please provide additional / detailed information on the plan to work within each Marketplace carrier's network of providers and pharmacies to coordinate HIAP benefits.

Unified Group Services - With the HIAP benefits covering only the client's out of pocket, as the provider claims come in we will request the primary EOB from the Marketplace carrier (CareSource or Ambetter/MHS) to identify the final client out of pocket that the HIAP program will cover.

ProCare - MC-Rx receives eligibility from Unified Group. Files are loaded and immediately ready for processing. Plans are set up to either pay or reject based on the other coverage codes submitted. Pharmacies are provided with payer sheets that provide processing information to assist them in submitting a claim. We work with Unified Group to assist pharmacies that are experiencing issues with COB claims, as needed.

MC-Rx communicates with the pharmacies via Pharmacy Alerts, written correspondence, and via conference calls to educate, when necessary, on the processing protocols.

MC-Rx works with Unified Group to advise pharmacies regarding the plan's other coverage codes and how to use them.

10. Please provide additional / detailed information on the plan to work within the various Medicaid plan guidelines for participating providers.

Unified Group Services - With the HIP benefits covering only the client's out of pocket, as the provider claims come in we will request the primary EOB from the HIP Basic/Medicaid plan to identify the final client out of pocket that the HIP program will cover.

ProCare - Similar to the HIAP program, MC-Rx receives eligibility from Unified Group/MC-Rx to determine eligibility for Medicaid. MC-Rx works with the pharmacy providers to assure that they have set up the Coordination of Benefits (COB) programs properly in their systems to submit valid claims. Invalid claims are rejected at the point of sale.

11. Please explain what (if any) trainings are available to IDOH staff (current & new), how IDOH staff can access these trainings, and how often they are available.

Unified Group Services - We can do any trainings on an as needed basis so we can tailor the content to what is needed at the time. We can do onsite visits & training like we have done in the past. We can also host any staff at our office in Anderson for trainings too. If needed, we can do virtual meetings as well.

ProCare - MC-Rx adopts a "train the trainer" philosophy. MC-Rx provides tools that give you the ability to make real time eligibility updates, enter prior authorizations/overrides, and create ad hoc reports. We will train your team to be comfortable with the system, and/or MC-Rx's staff will always support your team and perform the function for you. We deliver ongoing training via WebEx or remote "shadowing" where we can see and track how designated staff is interacting with our proprietary software.

Any issues can be addressed immediately, and re-training will be conducted to make sure there is no degradation of user knowledge. There will also be ongoing training modules if any software applications are expanded or updated.

12. In the event of a natural disaster, what plans are in place to ensure claims are continuing to be processed and clients are still being enrolled into appropriate plans/programs.

Unified Group Services – We have partnered with Agility to have our contingency plans coordinated in the event of natural disasters. Our data & systems are backed up off site so that depending upon the type of disaster we can get back up and running as quickly as possible without the loss of data. If the physical location was damaged from a tornado or fire, we would have temporary space set up or work remotely and claim processing could resume within 72 hours. We could handle phone calls and emails sooner than that to keep servicing clients with questions.

ProCare - MC-Rx operates two data centers located in Gainesville, and Lawrenceville, Georgia that are completely secure and able to withstand most natural disasters. We have a written disaster recovery plan that is reviewed as part of our SOC-1 audit and URAC accreditation. It is tested on a regularly scheduled basis. Each data center operates 24/7/365. Half of the production operation is hosted in each data center.

Our data center operates on multiple physical and logical servers for all critical servers, each with redundant storage backup connected to redundant communications lines. Operations will continue through these types of disruptions. The conversion to the backup external gas generator and alternative communications lines are tested every week to ensure that disruptions have no impact on operations.

MC-Rx operates a primary data center and a real-time, hot backup data center. The data centers are connected using fiber optic cables that provide gigabit speed bandwidth. Data is replicated in real-time using Storage Area Networks (SANs) on each side of the connection. Under this system, if the primary data center failed, the online claims processing system and other supporting applications can be remotely brought up in just minutes running current data by changing the IP routing and network data tables.

Recovery time from the occurrence of an event is estimated at four (4) hours, and is only likely in the event of a sudden and complete disruption of a facility. Within

eight (8) hours, the Lawrenceville, GA facility can be reconfigured to host the entire company's business operations.

The front-end interface with pharmacies is redundant, with a primary route and at least one alternate or backup route. As we are a pharmacy switch, we can accept claims directly from any pharmacy using secure Internet software that we developed and can route that claim to any payer. With the redundant system, that process is also covered under the hot-site backup umbrella. The secure switching networks have automatic fail-over backups using ISDN Modems.

Although MC-Rx has never been faced with an event that necessitated full execution of our disaster recovery procedures, we do routine testing of all of our backup hardware, software, and network components that would be engaged in a disaster recovery scenario.

13. Please confirm the highest security classification/level? of your current system.

Unified Group Services – Within our claims processing system, WLT, there are custom security levels that can be assigned. We can tailor access (viewing & editing) based on job role, experience level, & group specific level. An example of job role limitations is that an employee that processes claims is not able to enter a member's eligibility. A person that processes claim checks is not able to create providers, enter eligibility, or process claims. This job role security helps to maintain audit controls to prevent fraud & misuse. The group number assigned allows only certain users ability to access those groups. For example, with the IDOH programs we utilize a 5-digit group number. We can limit certain users access to groups with 5-digit group numbers so only those that work exclusively on those programs can access that information to keep strict confidentiality of the programs. The highest level of full access is reserved for the VP of Operations.

ProCare - MC-Rx has a data confidentiality policy, but we do not necessarily have any defined levels of confidentiality.

14. How is your IT team involved in maintaining security levels and managing upgrades?

Unified Group Services – Our IT team has a change management policy for reviewing upgrades as they occur. WLT, our claims processing platform, releases updates quarterly. As employees change roles, those roles are reviewed to be updated & maintain the appropriate access. The IT team is continually reviewing system performance & security to help keep our processes & software working at an optimal level.

ProCare - On an ACL (Access Control List) basis, users' data access is limited by their AD (Active Directory) group memberships and whatever access has been approved by their managers. Our applications are similarly maintained.

15. Please explain your grievance process. What accessibility tools are available to help streamline this process for clients.

Unified Group Services – The grievance process (commonly referred to as an appeal) on a claim can come from two areas (1) from each client, which typically arises if the provider is billing them for amounts they shouldn't be since none of our claims show client responsibility or (2) from the provider questioning the amount they were paid. When an explanation of benefit (EOB) is sent out it includes the appeals process which for official documentation purposes includes the mailing address for correspondence. However, for any questions a client can call which are documented and often those are able to be answered at that time. Clients can also access UnifiedGrp.com where they can look up claims in question & email the claims account manager directly with questions. Clients can reach out in their preferred method via mail, phone, or online.

ProCare - Pharmacies are provided information about the grievance process through our online Pharmacy Manual or by calling the Customer Care Center (CCC). In addition, we offer a Toll-Free Pharmacy Provider Line as another resource for pharmacies to request information about the grievance process. However, we direct pharmacies to our Customer Care Center to ensure proper documentation and tracking of the grievance.

As part of the process, our CCC team will document the grievance by creating a ticket in our tracking system. The CCC team will collect as much information from the caller and document in the tracking system. After the caller's information is entered in the system, the CCC team will provide the caller with a grievance form to complete and instructions on how to return the form. The form is an additional mechanism to collect information about the issue from the caller. After the completed form is received, the form is attached to the ticket in the tracking system.

Next, the ticket is escalated to a supervisor for review and resolution, as applicable. The reviewing supervisor will document the ticket in a complaint/grievance log. In addition to the log, the tracking system has reporting capabilities to pull reports by call category (i.e. grievance, complaints). The supervisor will work with applicable internal departments to provide resolution to the grievance.

Every written complaint is acknowledged within two (2) business days; all written complaints are responded to in writing within thirty (30) days. The tracking system is updated with the outcome and the ticket is closed.

16. Are there any new offerings / process improvements available should you be selected for award? What is your timeline for implementation?

One process improvement from Unified Group Services can be around exchanging eligibility data (new enrollments, terminations, etc...) electronically. Unified Group Services is able to accommodate this transmission and would just need to work with IDOH staff to assess the ability of the IDOH to generate the files necessary to do this. We can start working on this connectivity process immediately. Unified Group Services is also able to accept credit card payments if that would help streamline processes for the State of Indiana. We are able to start coordinating this at any time.

There are 2 new offerings from ProCare. One is the new pricing structure effective 4/1/2022 that is on a transparent basis which has 2 main impacts. (1) The ingredient cost billed to IDOH is what will be paid to the pharmacies which will allow better accounting of the pure drug cost. (2) ProCare's full admin cost will be captured in a per script admin fee which will allow the admin claim for the

pharmacy invoices to be totally separate and again better accounting for IDOH reporting. The anticipated net savings to IDOH after the reduced drug spend, increased administrative fees, and improved contracted rates is approximately \$600,000.00 annually.

The second new offering from ProCare is mail order and specialty pharmacy service, ProCare PharmacyCare (PPC). This would allow clients to have medications shipped directly from ProCare's mail order facility to the client's desired location. This again can be effective 4/1/2022 with ProCare providing informational resources on how the mail order process works. A review of 2021 top drug prescription claims shows a potential of \$400,000.00 in savings, depending on the conversion of clients to PPC utilization.