

ATTACHMENT D – MDR Performance Guarantees
RFP #124528 ON
Medicaid Drug Rebate (MDR) System
State of Nebraska, Department of Health and Human Services

Drug Rebate Performance Guarantees

Requirement Type
Invoice Management (IVM)
Accounting (ACC)
Customer Support, Documentation, and Training (CDT)
Staffing and Resource (SAR)
Turnover and Contract Closeout (TCC)
Project Management and Implementation (PMI)

Functional Requirement ID – Reference Attachment A – MDR Functional Requirements

Performance Measure	Functional Requirement ID	Requirement	Performance Standard	Damages to be Assessed
1	IVM-1	Solution must support automated generation of the Drug Rebate Electronic Invoice Files for each drug manufacturer with current rebate information, with the ability to generate and distribute electronically and on paper.	Within forty-five (45) to sixty (60) days of the end of the previous quarter.	DHHS may assess \$5,000 per incident per day not in compliance with performance standard.
2	IVM-11	Solution must automatically generate delinquent letters to manufacturers who have not paid an invoice or have an outstanding balance.	Within ten (10) business days, for payments not received within thirty-eight (38) days for the most recent quarter and a subsequent letter for payments not received within sixty-eight (68) days for the most recent quarter	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.

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			or has an outstanding balance of original invoice date.	
3	IVM-17	Solution must generate and provide electronic files of all rebates (federal and state) invoicing, prior period adjustments and collections by NDC on a quarterly basis in a format defined by DHHS.	Within one (1) business day upon completion of the quarterly invoice cycle quarter.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
4	IVM-22	Vendor must support DHHS in dispute resolution meetings (informal, appeal, judicial review, etc.) with manufacturer or labelers, including providing staff to participate with DHHS in meetings.	Within five (5) business days of DHHS's request.	DHHS may assess \$500 per incident per day not in compliance with performance standard.
5	IVM-30	Solution must obtain and maintain CMS quarterly drug rebate information necessary for rebate invoicing and CMS federal reporting. <ul style="list-style-type: none"> • Unit Rebate Amounts • Labeler Information • Unit Rebate Offset Amounts • Applicable, accrued labeler interest • Guaranteed Net Unit Rebate Prices (GNUPs) by NDC when applicable. 	Prior to the subsequent quarterly invoicing cycle.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
6	IVM-31	Solution must accept and maintain information provided by DHHS necessary for the generation of accurate rebate invoices, including but not limited to the following: <ul style="list-style-type: none"> • Claims utilization of information • Managed Care Organization (MCO) encounter information • Drug description information • Nebraska Medicaid Provider information • National Provider Identification (NPI) information • 340B modifiers at a claim level when applicable 	Prior to the subsequent quarterly invoicing cycle.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.

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7	IVM – Monthly Reporting	Solution must generate monthly reporting refreshed within one (1) business day following the end of the calendar month reflecting the prior month for the following requirements: IVM-38, IVM-41, IVM-42, IVM-43, IVM-44, IVM-46, IVM-50, IVM-52, IVM-55, IVM-56, IVM-57	Frequency is monthly – report must be refreshed within one (1) business day following end of calendar month. Data must reflect prior month.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
8	IVM – Quarterly Reporting	Solution must generate quarterly reporting refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter for the following requirements: IVM-39, IVM-40, IVM-45, IVM-47, IVM-48, IVM-49, IVM-53, IVM-54, IVM-58, IVM-59, IVM-61, IVM-62	Frequency is quarterly – Report must be refreshed within one (1) business day following end of calendar quarter. Data must reflect prior quarter.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
9	IVM-51	Solution must generate a report listing the date the quarterly file was received from CMS, the date the quarterly file was processed by the vendor, the date the invoices were submitted to labelers, and the date the invoices were received by the labelers. A sample of the report must be submitted with the Technical Proposal.	Frequency is annually and on request – Report must be refreshed within one (1) business day following end of calendar year or from date of request. Data must reflect prior year or time period specified by DHHS.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
10	IVM-60	Vendor must provide DHHS with a copy of CMS pharmacy-related communications (e.g., manufacturer or labeler code changes, DESI code changes, product deletions, labeler terminations, new manufacturer or labelers).	Within one (1) business day of receipt by the Vendor of CMS communication.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
11	IVM-63	Solution must have the capability to generate ad-hoc reports against information provided by CMS and DHHS and information generated by the vendor’s proposed solution used for drug rebate invoicing, dispute management, and accounting processes.	Frequency for each report due date will be determined by the Department relative to the request priority.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
12	IVM-64	Solution must allow users to run ad-hoc queries against information provided by CMS and DHHS and information generated by the Vendor’s proposed solution used for drug rebate invoicing, dispute management,	Frequency request is on request – query functionality must be real-time for data maintained within the system used for invoicing, disputes, and accounting. All reports with a standard monthly, quarterly,	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.

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		and accounting processes. Users must be able to choose from multiple pre-built defined parameters, singularly or in combination, to generate user-customized results.	and annual frequency must also be available on request based on user-customized time periods.	
13	IVM-65	Vendor must provide DHHS with a report documenting any deficiencies between the vendor's proposed solution and federal and state rebate standards.	Upon vendor discovery of the deficiency, vendor will notify DHHS within 14 calendar days. Vendor will work with DHHS to develop an appropriate remediation resolution as approved by DHHS.	DHHS may assess \$2,000 per incident per day not in compliance with performance standard
14	IVM-69	Vendor must complete all disputes received through each quarterly invoicing cycle in entirety before the initiation of the subsequent invoicing cycle.	Complete all disputes received through each quarterly invoicing cycle in entirety before the initiation of the subsequent invoicing cycle.	DHHS may assess \$1,000 per day when the performance fails to meet the performance standard.
15	ACC-01	Solution must capture, or convert electronically, the prior quarter adjustment statement (PQAS) and reconciliation of state invoices (ROSIs), perform line-item match by drug, link to the invoice and identify disputes when payments are received.	Within three (3) business days of when payments are received.	DHHS may assess \$5,000 per incident per day not in compliance with performance standard.
16	ACC-06	Solution must systematically establish Accounts Receivables at the Manufacturer or Labeler level for drug manufacturers invoiced for each drug rebate invoice generated by the system.	Within one (1) business day upon completion of the quarterly invoice cycle.	DHHS may assess \$5,000 per incident per day not in compliance with performance standard.
17	ACC-07	Solution must provide quarterly drug rebate reconciliation according to DHHS defined criteria. The solution will write a quarterly report at the end of each invoicing cycle comparing both FFS and MCO encounter claims that were received from the state input source(s) for invoicing. It will use the DHHS-defined business rules for which claims meet criteria for invoicing. The solution will identify claims which were flagged as meeting criteria for invoicing but not included in the rebating process and also include identified claims which were flagged as not meeting	The report will be available to DHHS within thirty (30) calendar days after the end of each invoicing quarter.	DHHS may assess \$1000 per incident per day not in compliance with performance standard.

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		criteria for invoicing but should have been invoiced. The report will be available to DHHS within thirty (30) calendar days after the end of each invoicing quarter.		
18	ACC-11	Solution must maintain, display, and report an audit trail of all changes made to invoices and identify invoice records that have been changed to facilitate future processing. The audit trail must minimally include invoice details before and after the change, date of change, reason for change, and source of change. The audit trail must be accessible to DHHS staff online and in a report format.	Available within one (1) business following the end of a calendar month.	DHHS may assess \$1,000 per incident per day not in compliance with performance standard.
19	SAR-3	Vendor must provide operational staff to support the following functions: <ol style="list-style-type: none"> 1. Disputes, Conversion adjustments and Monetary invoicing threshold review 2. Customer Support (DHHS staff and partners, labelers, CMS, etc.) 3. Training 4. System Maintenance 	Vendor must identify and provide trained staff thirty (30) calendar days prior to the Go Live date. Replacement of Key Personnel will take place within thirty (30) calendar days.	DHHS may assess up to \$5,000 per Business Day for each Business Day beyond the thirty (30) calendar days allowed for replacement of Key Personnel.
20	TCC-1	At least one hundred eighty (180) days before the end of the Contract, the Vendor must develop and implement a DHHS approved Turnover Plan. The Turnover Plan must be comprehensive detailing the proposed schedule, activities, and resource requirements associated with turnover tasks.	Same as requirement.	DHHS may assess \$5,000 per day not in compliance with performance standard.