

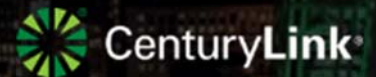


CenturyLink Response to State of Nebraska Department of Health and Human Services

Request for Proposal for

RFI MPDR

October 16, 2019, 2 PM



HOLLIE MESSINGER
Sr. SLED Relationship Manager
118 S 19TH Street, Omaha, NE 68102
Cell: (402) 998-7303 mobile: (402) 540-2167
Hollie.E.Messinger@centurylink.com



Legal Statement:

Informational Purposes Only

CenturyLink has made every effort to respond with accurate and relevant information. CenturyLink reserves the right to correct any errors and to modify any responses based on the final solution or information received during further discussions. Notwithstanding anything in this response to the contrary, including CenturyLink's signature on its response, CenturyLink will not be legally bound until execution of a mutually agreed-upon agreement.

October 16, 2019

Jennifer Crouse/Holly Glasgow
DHHS Procurement
301 Centennial Mall South, 5th Floor
Lincoln, NE 68508

Dear Ms. Crouse and Ms. Glasgow,

CenturyLink Communications, LLC, (hereafter "CenturyLink") an affiliate of CenturyLink, Inc. is pleased to present this response to the RFI MPDR.

This document is prepared for the State of Nebraska (hereafter "State") Department of Health and Human Services (hereafter "DHHS") and shall serve as the sole official reply RFI MPDR. We are a current and active partner with the OCIO office of the State of Nebraska, directly aligned with the Voice and Network teams. We are also engaged with Network Nebraska. We have several Master Service Agreements (MSA) currently on file.

CenturyLink has made every effort to respond with accurate and relevant information. Occasionally, it was necessary for CenturyLink to make assumptions to formulate a timely response. Therefore, CenturyLink reserves the right to correct any errors and to modify any responses based on the final solution or information received during further discussions. Notwithstanding anything in this response to the contrary, including CenturyLink's signature on its response, CenturyLink will not be legally bound until execution of a mutually agreed-upon definitive agreement.

Per your instructions, we have delivered one (1) copy of the response to your attention.

Should you have any questions or require additional information, please do not hesitate to contact me at (402) 998-7303.

Best regards,



(Signature Authority- Sue Baker, Manager Offer Management)

HOLLIE MESSINGER

Sr. SLED Relationship Manager

118 S 19TH Street, Omaha, NE 68102

Cell: (402) 998-7303 mobile: (402) 540-2167

Hollie.E.Messinger@centurylink.com



Table of Contents

REQUEST FOR INFORMATION	1
Executive Summary	2
Proposed Solution.....	2
Response	4
Form A	26
Acronym Glossary	27

Attachments (provided in a separate file):

Attachment A CenturyLink IQ Networking Service Level Agreement



RETURN TO:
DHHS - Procurement

REQUEST FOR INFORMATION

301 Centennial Mall South, 5 Floor
PO BOX 94926
Lincoln, NE 68508
Phone: (402) 471-6082
E-mail:
dhhs.procurement@nebraska.gov

SOLICITATION NUMBER	RELEASE DATE
RFI MPDR	
OPENING DATE AND TIME	PROCUREMENT CONTACT
2:00 p.m. Central Time	Jennifer Crouse/ Holly Glasgow

This form is part of the specification package and must be signed in ink and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska (State), Department of Health and Human Services (DHHS), is issuing this Request for Information RFI MPDR for the purpose of gathering information to request information and potential demonstrations from subject matter experts regarding Medicaid pharmacy and drug rebate services.

Written questions are due no later than September 25, 2019, and should be submitted via e-mail to dhhs.procurement@nebraska.gov.

Bidder should submit one (1) original of the entire RFI response. RFI responses should be submitted by the RFI due date and time. RFI responses should be received in DHHS Procurement by the date and time of RFI opening indicated above. RFI responses may be mailed or emailed to the address provided in section II.A.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: CenturyLink Communications, LLC.

COMPLETE ADDRESS: 118 S 19TH Street, Omaha, NE 68102

TELEPHONE NUMBER: O: (402) 998-7303 M: (402) 540-2167 FAX NUMBER: _____

SIGNATURE: *Susan Baker* DATE: 10/16/2019

TYPED NAME & TITLE OF SIGNER: Sue Baker, Manager, Offer Management

Executive Summary

The executive summary should discuss, at a very high level, the vendor's understanding of the State's needs and provide a brief overview as to why vendor's services and equipment offer is the best solution to further the State's goals. The vendor does not need to explain in detail how specific features of the vendor's product offerings will work. The State expects the vendor's narrative and other materials in the ensuing sections of the vendor's response to go into the appropriate detail. In addition, the summary is to provide the following:

The new solution(s) must undergo CMS Certification for those components eligible for enhanced federal funding and integrate cohesively with the State's Medicaid enterprise. Respondents should provide full details about their services for DHHS to gain a clear understanding of the services and delivery models currently available in the market.

Proposed Solution

CenturyLink Response:

CenturyLink has been a trusted partner in technology services with the State of Nebraska for many years. In addition, CenturyLink is the exclusive partner of EagleForce Health for providing Prescription Drug Data solutions to the Federal, State and Local government sectors. CenturyLink's experience with Networking, Data and Data Analytics will not only ensure a solution that is fast and secure, but will also ensure speedy deployment of the solution. This solution will not only provide the necessary tools to manage the specific requirements of a state level Medicaid pharmacy program, it will also provide the state of the Nebraska opportunity to both learn and act on key patterns in drug fulfillment by anyone receiving pharmacy benefits from the state, including Medicaid patients. Acting on those insights could save the taxpayers millions of dollars per year.

Nebraska's Medicaid Pharmacy and Drug Rebate service provider has the responsibility to provide a fiscally responsible solution to control the cost of drugs used by its covered population. This service provider or Pharmacy Benefits Manager (PBM) represents the health plan in negotiating lower drug prices for their medications to be included on the state Medicaid formulary. The complexity of this process is amplified by the multiple National Drug Code (NDC) numbers for identical chemical compounds, different prices set for different covered entities, an estimated but unknown volume of drug needed per year for different drugs; and, a host of other inputs and incentives or disincentives that affect the cost of the drug to the end user and to the payer. A solution that could manage the data across all NDCs and identify the multiple identical preparations of the same or similar compound, uniquely distinguish a patient across all the state controlled databases, detect eligibility for pharmacy or clinical services in real-time, and monitor for compliance with the Anti-Kickback Statute (AKS) within the entire supply chain could both satisfy the requirements of this RFI and provide Nebraska's Department



of Health and Human Services with accurate and real-time data in milliseconds to manage Nebraska's beneficiary population.

CenturyLink with the support of our partner EagleForce Health will provide significant savings to the taxpayers of Nebraska by ensuring compliance with the statutes and in addition seeking opportunities to reduce fraud, waste and abuse in all prescriptions paid for by the State of Nebraska. The key pieces of technology associated with this solution are already operating in the State of Nebraska for Pharmacy Benefit Managers in the private sector. The solution already saves the state millions of dollars per year by performing secondary edits on pharmacy transactions for drugs contracted for by commercial clients. By using our technology, the state could potentially save up to 100times that amount based on unauthorized use of coupons for off-formulary brand name drugs that the incumbent cannot stop. In addition, there is the potential through this solution to prevent abuse of prescription drugs including opioid painkillers. This solution can identify rapidly (< 1 second) when a new prescription request is associated with a recently filled request, thus notifying the pharmacist that the patient is potentially seeking medication from multiple outlets at the same time. EagleForce Health technology already operating in the State of Nebraska saves the state millions of dollars per year by performing secondary edits on pharmacy transactions for drugs contracted for by our commercial clients. By using our technology, the state could potentially save 100 times that amount based on unauthorized use of coupons for off-formulary brand name drugs that the incumbent cannot stop.



Response

DHHS is seeking information on managing pharmacy benefits including both the information technology (IT) and business operations for its Medicaid population. DHHS is also interested in exploring innovative payment and delivery models to support the shrinking fee for service populations and managing the rising costs of prescription drugs.

1. Experience and Qualifications

a. For each of the areas below, please summarize the processes, technology, and services that distinguish your firm's capabilities from its competitors.

i. Pharmacy Claims Processing

CenturyLink Response:

CenturyLink is a current and active partner with the OCIO office of the State of Nebraska, directly aligned with the Voice and Network teams. We are also engaged with Network Nebraska. We have several MSAs currently on file.

EagleForce Health (EFH) has adapted its proprietary, patented and proven award-winning technology developed for and deployed by the Transportation and Security Administration (TSA) for real-time passenger screening to universal eligibility for primary and secondary payer transactions. They have established a real-time longitudinal and holistic Master Patient Index (MPI) within a secure interoperable environment across disparate data sources including clinical and non-clinical structured, semi-structured and unstructured data that accurately and precisely identifies a single individual across the entire health care continuum. The EagleForce solution is a **national solution**. It is already operating seamlessly across jurisdictions within the pharmacy workflow to make accurate determination that a person presenting at a pharmacy with a coupon is who they say they are, automatically checking for and verifying whether that person is eligible for federal benefits, in which case, he or she would NOT be eligible to use the coupon or copay provided by the pharmaceutical company. The solution is already identifying in real-time, Medicaid, Medicare, the Veterans Health Administration (VHA), Defense Health Activity (DHA), Indian Health Service (IHS), Bureau of Prisons (BoP), 340B, etc. beneficiaries across state lines on behalf of drug manufacturers in order that they comply with the AKS, and is operating within the workflow at every point of sale pharmacy in the United States, including the District of Columbia and four of the nine territories.

ii. Call Centers

a) Provider Technical Assistance



- b) Provider Clinical Call Center
- c) Drug Rebate Dispute/Inquiry Call Center

CenturyLink Response:

The CenturyLink solution operates in real-time and provides answers within 20 milliseconds and is scaled to 1,200 simultaneous transactions, allowing for seamless integration within pharmacy and provider workflow. The EFH Attestation Center for Program Integrity™ (ACPI™) enables the provider or pharmacist, as a covered entity, to verify prescribing information through a separate auditing software system to further verify any discrepancy and updates the system within 30 milliseconds. Proprietary advanced neural computing algorithms determine eligibility with a minimum number of data fields, while protecting the applicant's identity and personal health information (PHI) in a secure, Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH) compliant cloud-based platform. Documents can be uploaded in real-time so that real-time assessments can be made. Regarding “best practices,” our experience has been that a secure, HIPAA and HITECH cloud-based system makes clear that legacy systems, and in particular, customized legacy systems impede efficiency and accuracy in determining eligibility and are obsolete. Nebraska Department of Health and Human Services can apply its own rules or safeguards to protect the privacy of its residents and autonomy of the state within the system without degrading the efficiency of the eligibility process. Our solution is currently operating in **ALL** 50 states, the District of Columbia and four territories at every point-of-sale pharmacy, integrated into the pharmacy workflow, each with access to the ACPI™ and call center. Our technology is secure, HIPAA and HITECH compliant, cloud-based, with disaster recovery plan in place on east and west coast with failover and multiply backed up such that the down time and error rate is essentially zero.

- iii. Prior Authorization
 - a) Automated/“smart” Prior Authorizations

CenturyLink Response:

EagleForce Health leverages a universal super Health Level 7 (HL7) adapter to aggregate, integrate, normalize and analyze disparate clinical and non-clinical patient data to establish a persistent Systematic Medical Approach to Reward Transformation (SMART) Registry™ that is updated in real-time. A universal ID (Master Patient Index) is established across all publicly available data sources. EagleForce has a ready-made, commercial off the shelf (COTS) product that provides **identity resolution** with over 99.7% accuracy that is already operating across all



50 states and four territories at every point of sale pharmacy. The system uses proprietary neural computing, artificial intelligence, and advanced machine learning algorithms to update their government beneficiary SMART Registry six times per day, thus can verify the identity of the patient as either a beneficiary or not, before the purchase can be made and the medication dispensed. This system is fully automated and backed up with an ACPI to ensure accuracy and security is not compromised. In determining eligibility, hundreds of data attributes are utilized from open sources and weighted using limited baseline information. Proprietary advanced neural computing algorithms determine eligibility with a minimum number of data fields, while protecting the applicant's identity and PHI in a secure, HIPAA and HITECH compliant, cloud-based platform. Documents can be uploaded in real-time and real-time assessments can be made in **milliseconds**.

Since the cost of prescription drugs constitute a significant percentage of the rising cost of health care in the US, a system that both determines eligibility for Medicare recipients and determines whether they can use a pharmaceutical company coupon or copay for a brand name or off formulary drug has the potential for reducing fraud and waste. The unique identifier can see that patient across state lines and among services used and is updated at least six times per day. Thus, as the individual's status changes, his or her enrollment/eligibility is adjusted in milliseconds. Their system accounts for **ANY** changes of federal or state law that would affect that eligibility.

- iv. Rate Setting – MAC and OTC Pricing Maximum allowable cost, over-the-counter

CenturyLink Response:

Due to their current contracts with pharmacy benefit managers, pharmaceutical companies and commercial and specialty pharmacies, EFH has access to a robust database of over 220,000 individual NDCs for products available for animal or human consumption. Many of the NDCs, whether prescription or over-the-counter, have exactly or nearly the same chemical composition and differ only in packaging and labeling. Having the capability to group NDCs by chemical composition to negotiate with manufacturers for price and volume, would be an added value.

- v. Pharmacy Reporting
 - a) Scheduled
 - b) Ad Hoc

CenturyLink Response:



EFH is currently contracted with pharmaceutical manufacturers and pharmacy benefit managers to see approximately 1.5 million transactions monthly or about 50,000 transactions daily. Of these, their technology rejects approximately 10% of transactions due to ineligibility of federal beneficiaries to use co-pay or coupons provided by pharmaceutical manufacturers for brand name or nonformulary prescription medications. This system operates at a 99% accuracy rate, and their call center provides a back up to verify eligibility for the remainder, and continuously audits the system for accuracy.

EFH can and does already connect to every point-of-sale pharmacy in the nation, thus is scalable to include all prescriptions in addition to those already tracked on behalf of our clients. In addition, this technology is interoperable across state lines, among pharmacy systems, and among electronic health records. Audit-ready reports can be generated in minutes, not days, weeks or months. A real-time dashboard allows users to define queries and see results immediately.

vi. Drug Utilization Review (ProDUR and RetroDUR)

CenturyLink Response:

This portion of the CenturyLink solution is an online and mobile scalable, flexible, and adaptable patient-facing application hosted within a secure, cloud environment at Amazon Web Services (AWS). Drug utilization review, both prospectively and retrospectively, can be accomplished with this added feature that provides bidirectional information sharing between the end user (patient) and the health care system. For those members who require a caregiver or have a power of attorney for health care decisions, a caregiver portal is also available. Nebraska Department of Health and Human Services would be allowed to set the predetermined criteria for appropriate medication use. Alerts and reminders for appointments and taking of medications are built into the solution which would lead to improved patient treatment adherence, as well as recording of any side effects or adverse events. The solution has the capability of monitoring and recording of vital signs as well as giving the patient control of requesting medication refills remotely, through their Smartphone. A complete record of the patient's medications would be available regardless of what prescriber, pharmacy, or type of provider that they are seeing, thus allowing for a more complete 360 degree view of the patient's overall health and medication profile, including immunizations. Surveys and questionnaires can be pushed both into the provider view as well as the patient/caregiver view to assess subjective and objective measures of health. Audit-ready reports can be generated on recurring intervals or ad hoc.



- vii. Preferred Drug List
 - a) Purchasing Pools

CenturyLink Response:

EagleForce has a ready-made, COTS product that provides identity resolution with over 99.7% accuracy that is already operating across all 50 states and four territories at every point of sale pharmacy. Due to their current contracts with pharmacy benefit managers, pharmaceutical companies and commercial and specialty pharmacies, EFH has access to a robust database of over 220,000 individual NDCs for products available for animal or human consumption. Because the system already operates nationwide across state boundaries, there is a potential for the system to expand purchasing pools especially for less common diseases that may be associated with higher priced drugs and less availability, managing precious resources in critical need situations.

- viii. Website Tools
 - a) Pharmacy benefit content management

CenturyLink Response:

EFH is currently contracted with pharmaceutical manufacturers and pharmacy benefit managers to see approximately 1.5 million transactions monthly or about 50,000 transactions daily. Of these, our technology rejects approximately 10% of transactions due to ineligibility of federal beneficiaries to use co-pay or coupons provided by pharmaceutical manufacturers for brand name or nonformulary prescription medications. This system currently operates at a 99% accuracy rate, and their call center provides a back up to verify eligibility for the remainder, and continuously audits the system for accuracy. As with all artificial intelligence (AI) systems, accuracy improves with time, thus we will contract to 97% and the system will achieve closer to 99.9% accuracy over time.

- ix. Pricing and management of physician administered drugs

CenturyLink Response:

The CenturyLink solution interrogates most commercial and all federal health plans, this includes all Medicare, Medicaid, VHA, Children's Health Improvement Plans, Indian Health Service, Federal Employees and Retirees, and the Federal Bureau of Prisons, including all their dependents. The system is also securely connected virtually to every health plan and pharmacy in the country allowing for real-time processing of information, covered entity attestations and the ability to perform an audit in near real-time. Audit-ready reports can be generated in minutes, not



days, weeks or months. A real-time dashboard allows users to define queries and see results immediately. The system can then be scaled to include management of physician administered drugs, hospital inpatient pharmacy transactions, and other entities not currently visible in the commercial retail market. Real-time identification of patient benefits also extends to real-time identification of providers in or out of network, thus reducing error rates that result in patients receiving unanticipated enormous out of network care bills. Thus saving costly legal and time consuming adjudication battles.

- x. Provider and member appeals – conducting administrative reconsideration prior to having a State fair hearing, in addition to preparation for any State fair hearing that is based off of a decision relating to the PBM.

CenturyLink Response:

The CenturyLink solution operates in real-time and provides answers within 20 milliseconds and is scaled to 1,200 simultaneous transactions, allowing for seamless integration within pharmacy and provider workflow. For those few transactions that we might get wrong, the ACPI enables the provider or pharmacist, as a covered entity, to verify prescribing information through a separate auditing software system to further verify any discrepancy and updates the system within 30 milliseconds. The call center is operational 24 hours a day; 7 days a week; 365 days a year. Verified coverage can result in whitelisting thus avoiding multiple denials for the duration of that alternate coverage by automatically updating the EFH SMART Registry.

- xi. Provider Payment and Remittance Advice Generation

CenturyLink Response:

The CenturyLink solution operates in real-time and provides answers within 20 milliseconds and is scaled to 1,200 simultaneous transactions, allowing for seamless integration within pharmacy and provider workflow. The answer provided appears in a text box in the provider/pharmacy workflow in real-time; the current text is preset, and according to the state requirements. Automated responses can be added to this feature to provide notice and explanation of reasons for **payment**, adjustment, denial and/or uncovered charges of a medical claim. Operating a secure, accurate solution in real-time may obviate the need for multiple steps with inherent multiple points of failure due to latency of or incomplete information provided by the claimant and/or the provider that could delay or deny payment, leaving the patient with prohibitive charges.

- xii. Supplemental Drug Rebate



- a) Self-service for labelers
- b) Reconciliation of payment to invoice and NDC
- c) Invoicing
- d) Reporting
- e) Accounts Receivable and Collections processes
- f) Dispute resolution

CenturyLink Response:

EFH is currently contracted with pharmaceutical manufacturers and pharmacy benefit managers to see approximately 1.5 million transactions monthly or about 50,000 transactions daily. Of these, our technology rejects approximately 10% of transactions due to ineligibility of federal beneficiaries to use co-pay or coupons provided by pharmaceutical manufacturers for brand name or nonformulary prescription medications. This system operates at a 99% accuracy rate, and their call center provides a back up to verify eligibility for the remainder, and continuously audits the system for accuracy. The system is also securely connected virtually to every health plan and pharmacy in the country allowing for real-time processing of information, covered entity attestations and the ability to perform an audit in near real-time. Labelers or any entity interested in using coupons or rebates to offset the cost of their products would have the same access as the manufacturer, and those products would be tracked by NDC. Federal beneficiaries would still be prohibited from using actual coupons for off formulary drugs.

- xiii. Federal Drug Rebate
 - a) Self-service for labelers
 - b) Reconciliation of payment to invoice and NDC
 - c) Invoicing
 - d) Reporting
 - e) Accounts Receivable and Collections processes
 - f) Dispute resolution

CenturyLink Response:

The CenturyLink solution would automate the process wherein labelers are required to remit payment to the State for justified rebates, generate electronic payments, and send follow up notification. This would provide labelers access to a portal to perform multiple self-service functions accessing claim level details, retrieval of standard format data files, and management of invoice disputes online. Regarding “best practices,” our experience with a secure, HIPAA and



HITECH, cloud-based system, reinforces that legacy systems, and in particular, customized legacy systems impede efficiency, innovation and accuracy and are obsolete. Automation of manual processes and visibility of transactions in real-time would increase the accuracy of the quarterly rebates, and potentially increase the number of quarterly rebates collected by the State.

b. Please provide a brief description of the systems you have implemented within the past 5 years that have required certification by CMS, including the state name and the result.

CenturyLink Response:

CenturyLink is a current and active partner with the OCIO office of the State of Nebraska, directly aligned with the Voice and Network teams. We are also engaged with Network Nebraska. We have several MSAs currently on file.

EFH originally developed an advanced analytics cloud-based solution for the North Atlantic Treaty Organization (NATO) Exercise Unified Vision 2014, in response to an international exercise that connected electronic health records and other disparate information for military service members in the 28 nations of NATO integrating voice, text, video, and image information in multiple languages and from disparate health systems, meeting security and privacy standards at the most secure and top security level. In the US, however, seamless integration into all the 56 current distinct and customized legacy systems would be easier using systems such as ours which is the only one of its kind currently in the health Informational Technology (IT) space. By utilizing one system across all states and territories, inter-state fraud and waste can be identified and essentially eliminated with a solution such as this.

Through a National Institutes of Health (NIH) grant, awarded in partnership with Howard University in Washington DC, EFH's advanced analytics capabilities developed a unique identity for every patient so that they could be seen seamlessly across the health care continuum. Every medication attributed to their identity is retrieved in a SMART Registry regardless of the source of that medication. EFH has created a patient facing SMART health management system that provides a secure and simplified platform for management of an individual's medications, immunizations, and health records, including laboratory results, x-rays, and screening surveys. In conjunction with several well-known commercially available fitness and health tracking devices and genetic screening services such as Fitbit and 23andMe, this is the most comprehensive view of an individual's personal health available in the patient mobile app self-management space, allowing that individual to control access to all their health data. EFH customizes personalized kits that include appropriate health and fitness sensors, mobile devices,



and telehealth access matched to an individual's International Classification of Disease (ICD) 10 diagnoses and/or disease risk based on weighted genomic, environmental, clinical, social, and other demographic factors. Unique to our technology, is the persistent monitoring of the individual's health in the context of his or her own environment while allowing the individual control of access to the data and to whom access to the data can be granted. This web-based and mobile platform meets all state, Federal, HIPAA and HITECH privacy and security guidelines. Providers, when registered on the system can also gain access to and bidirectionally share important information, alerts, and notifications with their patients.

Through an NIH grant, awarded in partnership with Howard University in Washington DC , EFH developed a Systematic Medical Approach to Reward Transformation (SMART) medication-assisted therapy (MAT)TM Clinical Genomic Registry (CGR), which provides a centralized, web-based database of genomic testing results that contains accurate, validated, evidence-based, scientifically proven (where possible), and results-driven information. This information can be accessed by health care providers and provides a holistic view of the patients' risk for substance use, compliance with MAT, and relapse. This SMART MAT CGR is secure and protects the patients' personally identifiable information (PII) and PHI as required by HIPAA and HITECH regulations. The SMART MAT CGR is designed to integrate MAT, screening and treatment of co-morbid conditions, and ongoing behavioral therapy.

c. What lessons learned, and recommendations can you provide concerning CMS system certification of pharmacy and rebate systems?

CenturyLink Response:

Not Applicable. We have not engaged in certification of pharmacy and rebate systems with CMS.

However, EFH is currently contracted with pharmaceutical manufacturers and pharmacy benefit managers to see approximately 1.5 million transactions monthly or about 50,000 transactions daily. This could be scaled to all the drugs both on and off the federal/Medicaid formulary, and as parties that do business with CMS, they are likely to have interfaced with CMS.

d. Provide an estimate of the implementation timeline for your solution and describe the factors that might cause this timeline to become longer or shorter.

i. Implementation of POS only



CenturyLink Response:

EagleForce has a ready-made, COTS product that provides identity resolution with over 99.7% accuracy that is already operating across all 50 states and four territories at every point of sale pharmacy. Due to their current contracts with pharmacy benefit managers, pharmaceutical companies and commercial and specialty pharmacies, EFH has access to a robust database of over 220,000 individual NDCs for products available for animal or human consumption. Because the system already operates nationwide across state boundaries within the pharmacist workflow at every point of sale pharmacy, after proper certification is received, implementation could occur in the State of Nebraska within 90-120 days and could incorporate remittance advice generation and invoice/payment modules.

ii. Implementation of PDL

CenturyLink Response:

Due to their current contracts with pharmacy benefit managers, pharmaceutical companies and commercial and specialty pharmacies, EFH has access to a robust database of over 220,000 individual NDCs for products available for animal or human consumption. Many of the NDCs whether prescription or over-the-counter have exactly or nearly the same chemical composition and differ only in packaging and labeling, having the capability to group NDCs by chemical composition to negotiate with manufacturers for price and volume would be an added value. Our PBM partners have experience preparing cost analyses and clinical comparisons of drugs, including assessment of clinical trials related to new drugs. The CenturyLink-EFH team has presented on numerous occasions to Pharmaceutical and Therapeutics Committee members for a large federal health care organization in the past. Documentation and communications regarding maintaining and updating the preferred drug list will be made available on the website after appropriate state approval.

iii. Implementation of Drug Rebate System.

CenturyLink Response:

Due to their current contracts with pharmacy benefit managers, pharmaceutical companies and commercial and specialty pharmacies, EFH has access to a robust database of over 220,000 individual NDCs for products available for animal or human consumption. Along with our contracted PBMs, claims data, payment received, rebate information, real-time rate adjustments, and resolution of outstanding balances and/or disputes, and sending educational material to



prescribers are all functional capabilities inherent to the technology. In addition, reports can be requested by and generated for authorized users.

- a) Include timelines for delivery of the IT solution with the State continuing the operations using the vendor maintained system.

CenturyLink Response:

CenturyLink's standard timeline for delivery is 90-120 days.

- b) Include timelines if vendor were to implement the IT solution as well provide business services to perform drug rebate operations.

CenturyLink Response:

CenturyLink's standard timeline for delivery is 90-120 days.

- iv. Implementation of all services described in this RFI

CenturyLink Response:

Since these related services utilize a common technology solution to which specific modules can be added, implementation can occur simultaneously rather than sequentially. Establishing a unique patient identifier and using available COTS technology to automatically determine insurance eligibility benefits in real-time may eliminate steps in the process that contribute to errors and delays. Automation of common functions among major operations services will allow state staff to focus on the client or covered entity and not on the process that may differ from service to service. Implementing all Medicaid pharmacy benefits services under a single vendor contract would improve efficiency provided that that vendor could demonstrate the capability to automate these functions and substantially decrease the time and steps needed to arrive at an answer.

- e. What lessons learned, and recommendations can you provide concerning conversion of historical pharmacy data? Drug rebate data?

CenturyLink Response:

The proposed solution uses proprietary neural computing, artificial intelligence, and advanced machine learning algorithms to update our government beneficiary SMART Registry six times per day, to verify the identity of the patient as either a beneficiary or not, before the purchase can be made and the medication dispensed. This system is fully automated and backed up with an ACPI to ensure accuracy and security is not compromised. Proprietary advanced neural computing algorithms determine eligibility with a minimum number of data fields, while



protecting the applicant's identity and PHI in a secure, cloud-based platform. Similarly, historical pharmacy and drug rebate data become a part of the pharmacy/covered entity records or the administrative reports that can be used to inform future decisions.

- f. What support would you need from the State, the outgoing PBM, and any other contractors during the implementation?

CenturyLink Response:

CenturyLink would require a State of Nebraska technical contact for installation and implementation. We would also need access to the state Application Program Interface (API) or APIs for connectivity, and a short period of turnover with the outgoing PBM, including any of the past negotiations that are non-proprietary.

Implementation will primary depend on the State's existing tools and infrastructure. We will provide Project Management, Business Analysis, Data Engineering/Development, Subject Matter Experts, Testers, and Training.

- g. What information do you need from the State to submit a responsive proposal?

CenturyLink Response:

We would like to know if the current PBM and the current data management and analytics are prohibited from responding to this proposal, and if so, why?

- h. Please describe the considerations you would weigh in deciding whether to respond to a state RFP for Pharmacy and Drug Rebate Services?

CenturyLink Response:

The most important factor in considering upgrading and increasing transparency in any program that includes pharmaceutical manufacturers and the entire supply chain that fixes drug prices for federal payers would be the capability for automated bidirectional information sharing among intrastate and interstate databases, eventually replacing outdated, multistep legacy systems with a secure cloud-based system that will soon become obsolete. Administrative costs for maintaining and repairing legacy systems and mixing manual vs. automated data entry slows the process and puts data at risk both at rest and in motion. These are unnecessary risks and exposures of patient/provider/insurer data that can be avoided by newer and developing technologies.

2. Technology and Service Innovation



- a. DHHS is considering utilizing FedRAMP-authorized cloud services for hosting MMIS modules with the MMIS module vendors responsible for operating and maintaining the modules. DHHS may contract directly with a cloud services broker for purchase of the cloud services.

CenturyLink Response:

CenturyLink has nearly two decades of experience managing complex IT ecosystems. We are differentiated by our years of experience in delivering world-class managed services to our customers, combined with compelling capabilities for self-provisioning, unique cloud-style billing model, and breadth of security/compliance capabilities. More than any other provider in the market, CenturyLink is uniquely positioned to deliver this capability and value to our clients. Managed services on AWS are accessed and administered by an industry-recognized team, with deep expertise running infrastructure at scale for the world’s most recognizable brands. CenturyLink has provided our IQ Network service level agreement for any access and transport requirements.

- i. Are you willing to implement, maintain, and operate your solution within this environment?

CenturyLink Response:

No, we are already in the cloud so it’s preferred to operate in the cloud vs. maintain outdated legacy systems. AWS is already FedRAMP certified, and we can manage and maintain our solution in this environment and would not need the State of Nebraska to maintain it, allowing state staff to work with individual end users. We would prefer not to operate in a customized cloud – but the commercial, already certified cloud would be acceptable.

- ii. What challenges, risks, or concerns do you see with this approach?

CenturyLink Response:

Segmentation is not recommended and not necessary. Every hand off is a potential point of failure – encapsulating the entire transaction from manufacturer to distributor to labeler (where relevant) to prescriber/dispenser to payer to end user minimizes delays and opportunities for error.

- b. Does your pharmacy and drug rebate system integrate with other vendors for eligibility, claim editing, third party information, etc.?

CenturyLink Response:

EFH is currently functioning as the secondary edit for their commercial big pharma clients where currently, various “switches” provide primary edits for Medicare Part D eligibility and rely on



date of birth (or age) to assume that a patient is eligible for Medicare. The EFH technology is contracted for certain drugs by certain manufacturers to do a secondary edit, receiving that patient information after it is already processed by the primary. This technology has been successful to 99.9% among their commercial clients in identifying ALL federal beneficiaries who are ineligible to use manufacturer coupons and other enticements for off formulary drugs, not just Medicare Part D. Thus we already have this capability and are operating in all point of sale pharmacies in Nebraska and nationwide performing this service.

- i. Please describe the data exchanged, how it is used, and if it is stored or maintained.

CenturyLink Response:

EagleForce Health leverages a universal super HL7 adapter to aggregate, integrate, normalize and analyze disparate clinical and non-clinical patient data to establish a persistent SMART Registry that is updated in real-time. A universal ID (Master Patient Index) is established across all publicly available data sources. EagleForce has a ready-made, COTS product that provides **identity resolution** with over 99.7% accuracy that is already operating across all 50 states and four territories at every point of sale pharmacy. The system uses proprietary neural computing, artificial intelligence, and advanced machine learning algorithms and is fully automated and backed up with an ACPI to ensure accuracy and security is not compromised. In determining eligibility, hundreds of data attributes are utilized from multiple open sources and weighted using limited baseline information. Proprietary advanced neural computing algorithms determine eligibility with a minimum number of data fields, while protecting the applicant's identity and PHI in a secure, cloud-based platform.

- ii. Please also describe the integration methods supported (e.g. APIs, SFTP, etc.)

CenturyLink Response:

Our team is structured to deliver a robust solution on an accelerated schedule

- Relevant, exceptional past performance in Clearing House Transaction Services and other COTS-based solutions provide discriminating advantages
- Already one of the top three the most widely used products in the extramural ePharmacy community, with an API interface and business logic designed to simplify transaction submissions to multiple agencies
- Data model supports both core and multi-agency requirements and provides for the ready addition of powerful cross agency collaboration and reporting features



- Adoption reduces life cycle development and maintenance costs, accelerates schedules and reduces program risk
- A low-risk licensing approach that provides flexibility to respond to changing program requirements, including the ability to defer licensing on an agency specific basis.

- c. DHHS is interested in learning more about how other States maintain logic to select claims and NDCs for drug rebate, including State specific rule sets. Please provide information on how the information is maintained in your solution and the process for updating the information.

CenturyLink Response:

CenturyLink currently provides IQ Internet, MPLS and Metro Ethernet state wide. We also provide hub site connectivity for the State of Nebraska. We continue to strive to further build our relationship and are also regularly engaged with the Voice and Security teams. We are also a major provider of voice services.

- d. What technical innovation or business operations improvement recommendations do you have for increasing the percentage of drug rebates for the supplemental and federal drug rebate program?

CenturyLink Response:

The most important factor in considering upgrading and increasing transparency in any program that includes pharmaceutical manufacturers and the entire supply chain that fixes drug prices for federal payers would be the capability for automated bidirectional information sharing among intrastate and interstate databases, eventually replacing outdated, multistep legacy systems with a secure cloud-based system that will soon become obsolete. Administrative costs for maintaining and repairing legacy systems and mixing manual vs. automated data entry slows the process and puts data at risk both at rest and in motion. These are unnecessary risks and exposures of patient/provider/insurer data that can be avoided by newer and developing technologies.

- e. Summarize the cost-related and non-cost advantages or disadvantages of a state-owned MDR system relative to a vendor-owned system? Over a 5 year and 10-year time horizon?

CenturyLink Response:

Currently state governments struggle to acquire and sustain talent to administer/monitor networks and solutions. This partnered solution will provide the State with peace of mind and



ease of use, eliminating the need to add additional resources to implement and maintain the solution. In addition, our managed solution offers full time management and monitoring, operation assistance, billing assistance, training, NOC access (24x7), web portal access, fully staffed help desk and more.

- f. Please describe any relevant technology innovations that have occurred within the past 5 years which you feel may be of interest to the State.

CenturyLink Response:

National Opioid Monitoring and Alert System (NOMAS) – automated transaction-based enhancement to current state Prescription Drug Monitoring Program (PDMP) for tracking opioid prescriptions in real-time, eliminating data latency from dispense to deposit into the current state system. With only minor modifications, access to all prescription drugs could be available in real-time (20 milliseconds), providing both prescriber and dispenser a complete list of a patient’s medications including any potential drug-drug conflicts, duplicative prescriptions, or omissions for medications that should be co-prescribed.

Universal Unique Patient Identification – assignment of a unique identifier across the healthcare continuum, including those social determinants of health that are inextricably tied to health care, medication and treatment adherence, and wellbeing, with anonymized data available to public health or other designated officials to inform public policy. The EFH SMART Registry already contains over 250 million unique identities of US health care beneficiaries.

- i. Please identify the State contract(s) where these technology innovations are employed.

CenturyLink Response:

EFH completed a demonstration project in Albany, NY within the VA medical center. The NOMAS solution was integrated into the prescriber workflow giving prescribers 100% PDMP check of the NY State database and through their memoranda of understanding (MOU)s with 26 other states automatically. The reality is that the EFH technology can also automatically query all states and return the complete medication history to the individual provider in his or her workflow in less than one second. EFH developed the algorithms that resulted in the TSA secure flight passenger screening program, and these are still in use today via the IBM-TSA team.

- g. Please describe any relevant technology innovations you plan to implement within the next 5 years.



CenturyLink Response:

We are currently in negotiation with a number of government and non-government agencies to customize the Medication and Immunization Management application that serves as a cloud-based patient-facing medication and immunization tracker and can also be used to maintain a personal health record that can survive any natural or manmade disaster. We also anticipate a Medication Therapy Management application and a Suicide Risk Scoring Model to be available to select populations.

3. Delivery Model

- a. The State of Nebraska contracts for a variety of support services under multiple contract as described above. Please describe any service delivery models you use that differ substantially from the approach described above.

CenturyLink Response:

Project Management and Implementation Activities

CenturyLink is committed to providing an efficient service delivery process for all contracted products and services. This commitment extends from initial design validation through confirmation of billing accuracy once services are accepted. Through coordination among sub-teams and consistent and accurate communication of status, CenturyLink ensures a positive and meaningful customer implementation experience. Project implementation will include the following activities:

Planning

Upon bid award CenturyLink will assign a CenturyLink Project Manager (CPM) along with project team members to work with the customer's team to review and confirm the Project Scope of Work. The CPM will lead the development of a Project Plan outlining tasks, assigning responsibility, identifying risks, and defining the implementation schedule. The CPM approach relies heavily on detailed planning to ensure that the transition to new services is as transparent to end users as possible. The planning phase of the project includes the following items:

- Detailed design and technical review to ensure all segments of the Scope of Work have been identified.
- Assign responsibility to each project task. A list of roles and responsibilities will be prepared to ensure each team member is accountable for their part of the project.
- Development of a project schedule using software tools.



- Establishment of Change Management Process (as needed). This process will outline the method of reviewing change requests and will include the team members who will be responsible for reviewing and approval of change requests.
- Creation of Communication Plan. This plan could include regular meeting schedules, agreement on project documentation preparation and storage, escalation procedures, and project reporting structures.
- Development of Cutover Plan (as prescribed). This plan will detail the steps required and personnel needed to transition to the new CenturyLink services. Cutover for a large project may require several phases as the implementation progresses.
- Risk assessment and risk mitigation procedures development (as needed).

Implementation

After the Project Plan is approved, the implementation will commence with the placement of network and equipment orders. The customer is expected to assist in preparation of each site and coordination of circuit & equipment installation. Network and equipment testing will be conducted prior to cutover. The CPM may maintain an Outstanding Issues Log to ensure that team members are held accountable for items that need to be completed, and to ensure that open issues are followed through to completion.

Cutover/Transition

A Cutover Plan, if required, will be developed during the planning phase. It will outline all the tasks required to transition to the new CenturyLink products and services. This plan will also identify each organization and individual necessary to make the transition. The CPM will coordinate cutover schedules with CenturyLink, vendors, other carriers if applicable, and customer's personnel to schedule cutover windows as specified by the customer. Contingency plans will also be in place in the event that prior service needs to be restored.

The Cutover Plan may also include testing procedures for the new products and services. CenturyLink will work with the customer to provide the level of post-cutover support appropriate for the individual situation.

Project Closure

Upon completion of the implementation phase, the CPM will compile documentation for the services installed including circuit identification, equipment lists, and network diagrams. Detailed contact information, including the CenturyLink Account Team and contacts for maintenance and repair services will also be provided. CPM will conduct closure meeting with



the customer and CenturyLink Account Team to review the documentation and ensure that the project is completed according to specifications.

The CPM will formally transition the customer back to their dedicated CenturyLink Account Team, then invite client to participate in online feedback survey process.

- i. Please identify the State contract(s) where these model(s) are employed.

CenturyLink Response:

Our network MSA provides the State of Nebraska Project Coordination and Management with weekly updates and reports. As part of this solution, CenturyLink provides Project Management, Business Analysis, Data Engineering/Development, Subject Matter Experts, Testers and Training.

- b. As part of the MMIS Replacement project, DHHS is exploring the option of moving pharmacy claims payment and management to a fiscal agent model, removing the reliance on the MMIS for payment and remittance advice generation for these claim types. Does your pharmacy system complete the claim adjudication/finalize the claims for payment, including all responses to the provider and reimbursement? Please describe.

CenturyLink Response:

EFH is currently contracted with two of the largest PBMs, and functions as the secondary edit for them and their commercial big pharma clients where currently, various “switches” provide primary edits for Medicare Part D eligibility and rely on date of birth (or age) to assume that a patient is eligible for Medicare. The EFH technology is now contracted for certain drugs by certain manufacturers to do a secondary edit, receiving that patient information after it is already processed by the primary. This technology has been successful to 99.9% among their commercial clients in identifying ALL federal beneficiaries who are ineligible to use manufacturer coupons and other enticements for off formulary drugs, not just Medicare Part D. Thus, we already have this capability and are operating in all point of sale pharmacies in Nebraska and nationwide performing this service on behalf of our commercial clients. Any discrepancies can be adjudicated in real-time through our proprietary ACPI and responses are provided in real-time, thus avoiding interruption of the patient’s clinical care.

- c. The State’s shift from traditional fee for service to a managed care model has left a very small volume of fee for service claims. The State is seeking innovative and cost-effective model to manage the drug benefits of this small population, including partnering with one or more states with similar Medicaid Pharmacy program requirements. What recommendations do you have for the State?

CenturyLink Response:



Pooling resources has been shown to be beneficial in managing patients with rare conditions, for example, providing services across a larger population than that which is available in a single region. Therefore, it would make sense to partner with other states who share similar issues with small populations of fee for service claims. There may be significant opportunities for savings in prescription drugs for all participating states if data could be shared and technology could be modelled to be responsive to individual state requirements, as is the current case with the EFH technology solutions.

4. Payment Model

- a. The State is considering segmenting the major operations services in the contract and require separate pricing or issuing separate contracts for groups of related services. For certain services the pricing is also likely to be further segmented by the cost of delivering/maintaining the IT solution and the cost of the vendor performing the business operations. The list below shows a theoretical segmentation approach that is under consideration by the State:
 - i. Claims adjudication for fee for service claims (including prior authorization management and MAC rate setting)
 - ii. Preferred Drug List
 - iii. Drug Rebate – Federal and Supplemental
 - iv. Provider Support Functions (Communications, call center, web support functions)
 - v. Drug Utilization Review
 - vi. Clinical and Consultation Services

CenturyLink Response:

The key to efficiency is to ensure that these related services utilize a common technology solution over which specific models can ride. Establishing a unique patient identifier and using available COTS technology to automatically determine insurance eligibility benefits in real-time may eliminate steps in the process that contribute to errors. Automation of common functions among major operations services will allow state staff to focus on the client or covered entity and not on the process that may differ from service to service. We would be in favor of keeping all Medicaid pharmacy benefits services under a single vendor contract provided that the vendor could demonstrate the capability to automate these functions and substantially decrease the time and steps needed to arrive at an answer.

- b. The State is seeking information on whether the savings from the economies of scale would be enough to combine the services into a single RFP. What feedback do you have

on a separate pricing, potential concerns and unintended consequences related to this approach?

CenturyLink Response:

EFH, on behalf of their commercial clients, already saves the State of Nebraska, at least tens of millions of dollars annually by denying Medicaid and other federal beneficiaries the use of unauthorized coupons and copays that manufacturers are providing to entice patients to try off formulary brand name drugs when a generic or lower cost brand name drug is available and in some cases an identical preparation. The additive cost to Medicaid for an off formulary drug that the patient is then preauthorized for on average will cost the state \$350 per prescription for the rest of that patient's life, negating any possible benefit of a coupon, rebate or copay to lower the cost of the drug. Multiple systems that have to interact to provide the service that one provider can provide ultimately will create or amplify old problems, thus implementing an automated system that securely shares information among intrastate databases will reduce the risks involved as information exchanges hands, allowing exploitation at the point of every hand off. Other than the initial start up and training of current staff, the benefits of combining services with the mandate to comply with automation, AI, and neural computing technology – because it is already available through the solution being offered by EFH – far outweigh the risks inherent in separating services.

- c. Do you offer models where components of the IT solution and accompanying business operations are available separately or as a full service? For example, if the State were to choose use the POS claims processing solution and services offered by the PBM, but only utilize the PBM software for federal drug rebate and continue to utilize State staff to perform the operations.

CenturyLink Response:

To move the state forward and improve efficiency of the processes described in this RFI, automation would allow state staff to perform more functions more efficiently and produce better products such as automated quarterly and/or ad hoc reports and learn newer technologies. The selected vendor should have a team available for training staff and maintaining the solution within the state Medicaid agency.

- d. For the POS system, the State of Nebraska paid for work done in its implementation phase, and the ongoing operations and maintenance work consists of a tiered monthly fixed amount based on covered lives. Please describe any payment models you use that differ substantially from this approach.

CenturyLink Response:



Our current business model includes a set-up fee and a volume based per transaction fee. Our volume based per transaction fee would be more sustainable for EFH, with high volume clients paying less per transaction than lower volume clients.

- e. For the management of the PDL, participation in the multi-state purchasing pool and the supplemental rebate program, the State of Nebraska paid for the initial implementation and pays a monthly fixed fee for ongoing operations. Please describe any payment models you use that differ substantially from this approach.

CenturyLink Response:

We remain open to discussion with the state, however, to develop an evidence-based approach that eliminates waste, potential fraud, and culls the industry in real-time to determine whether drugs should stay on the PDL or if other more cost effective alternatives are available.

- f. What payment models do you use for administration of the federal drug rebate services?

CenturyLink Response:

CenturyLink has proposed a transaction-based payment model, but would be open to further discuss other models.



Form A

Vendor Contact Sheet Request for Information Number MPDR

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	CenturyLink
Vendor Address:	118 S 19TH Street Omaha, NE 68102
Contact Person & Title:	Hollie Messinger, Sr. SLED Relationship Manager
E-mail Address:	Hollie.E.Messinger@centurylink.com
Telephone Number (Office):	(402) 998-7303
Telephone Number (Cellular):	(402) 540-2167
Fax Number:	

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	CenturyLink
Vendor Address:	8145 Staple Mills Road Richmond, VA 23228
Contact Person & Title:	Keith Schleicher, Sr Director Data Science
E-mail Address:	Keith.Scheicher@centurylink.com
Telephone Number (Office):	(804) 616-4453
Telephone Number (Cellular):	(804) 241-6637
Fax Number:	

Acronym Glossary

Master Service Agreements (MSA)
EagleForce Health (EFH)
Pharmacy Benefits Manager (PBM)
National Drug Code (NDC)
Anti-Kickback Statute (AKS)
Attestation Center for Program Integrity™ (ACPI™)
personal health information (PHI)
Health Insurance Portability and Accountability Act (HIPAA)
Health Information Technology for Economic and Clinical Health (HITECH)
Health Level 7 (HL7)
Systematic Medical Approach to Reward Transformation (SMART) Registry™
commercial off the shelf (COTS)
Amazon Web Services (AWS)
artificial intelligence (AI)
North Atlantic Treaty Organization (NATO)
Informational Technology (IT)
National Institutes of Health (NIH)
International Classification of Disease (ICD)
medication-assisted therapy (MAT)™
Clinical Genomic Registry (CGR)
personally identifiable information (PII)
preferred drug list (PDL)
Application Program Interface (API)
Prescription Drug Monitoring Program (PDMP)
memoranda of understanding (MOU)

