

Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

Pursuant to the guidance provided in the updated RFP and Q&A document on page 91 related to Sections 60.5.A.1-2, we are providing Attachment C.21.a-1 electronically, on thumb/flash drives in place of a hardcopy of these documents. The files are in a PDF format and do not include embedded documents, hyperlinks or hyperlinks to videos. As requested, we are providing a table of contents to clearly identify what information is included on the thumb/flash drive.

Attachment C.21.a-1 includes the following:

- Attachment C.21.a-1a. MOU to the MASA Between the Plan and IngenioRx
- Attachment C.21.a-1b. Contract Between IngenioRx and CVS



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MEMORANDUM OF UNDERSTANDING RELATED TO THE WELLPOINT, INC. AMENDED AND RESTATED MASTER ADMINISTRATIVE SERVICES AGREEMENT AND INGENIORX, INC. SERVICES

This Memorandum of Understanding (this "MOU") is entered into effective as of May 1, 2019 (the "Effective Date") by the Parties (defined below) to further the implementation of the Wellpoint Master Administrative Services Agreement (the "MASA") and the provision of services thereunder by IngenioRx, Inc. (the "PBM"), a subsidiary of Anthem, Inc. ("Anthem") that provides pharmacy benefit management services to each of the entities listed on Schedule A (each such entity is referred to herein as "Health Plan"). This MOU, which includes the Exhibits attached hereto, does not alter or amend the MASA. The MASA was made and entered into as of January 1, 2004. Additionally, the PBM and Health Plan are sometimes individually referred to in this MOU as a "Party" and collectively as the "Parties." Capitalized terms used but not defined herein shall have the meaning giving to such terms in the MOU.

IngenioRx, Inc. will begin to offer a full suite of pharmacy benefit management services in January 2020; however, this date may be advanced if Anthem's agreement with Express Scripts Incorporated terminates prior to January 2020. The goal is to improve health outcomes, reduce total health care costs, and provide consumers a simplified experience in a highly fragmented and confusing health care system. Initially, the PBM has an agreement with CVS to help administer its PBM services, but may eventually transition to administering its own services. Thereafter, the PBM shall not delegate such services or any part of such services to a third party without amendment or revision to this MOU.

- 1. <u>Service Engagement</u>. The PBM will provide various pharmacy benefit management administrative and support services (the "**Services**"). The following is a non-exhaustive list of pharmacy benefit management Services that is provided for illustrative purposes only. The types of Services that may be provided are:
 - a. General Administration including eligibility determination and claims processing;
 - i. Eligibility Determination
 - 1. PBM shall process the enrollment of eligible individuals and termination of members as directed by Health Plan.
 - ii. Claim Processing
 - 1. PBM shall perform claims administrative services for the Health Plan.
 - b. **Formulary Management** including formulary development committees, formulary management and adoption, formulary changes and formulary exceptions;
 - i. Pharmacy and Therapeutics Process
 - 1. PBM has placed certain prescription drugs on formularies which are developed through a process involving two committees, the Pharmacy and Therapeutics Committee ("P&T") and the Value Assessment Committee ("VAC"). The P&T examines the safety and efficacy of a prescription drug in comparison to similar drugs within a therapeutic class or used to treat a particular condition and creates clinical guidelines to support the prior authorization for PBM drugs and the utilization management of specialty

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pharmacy covered under medical. The VAC examines member impact, provider impact, economics, law and regulations, and market dynamics as it determines tiering and utilization management edit placement of prescription drugs on the formularies in a manner consistent with the clinical determinations of the P&T.

ii. Formulary Management and Adoption

- PBM will furnish and maintain the formularies and shall regularly review and update its formularies. PBM will consider Health Plan's request to include any non-formulary prescription drug on the formulary. Health Plan shall adopt such formularies as part of the design of its plans. Customization of the formularies or use of an alternate formulary must be approved in writing by PBM.
- 2. The formularies will be made available to members on PBM's website, and upon request, may be provided to Health Plan in a mutually acceptable format for Health Plan's distribution to members.

iii. Formulary Changes

1. PBM will notify members of any removal of a covered drug from formularies in accordance with state and federal laws and regulations or as otherwise mutually agreed to in writing by the Parties.

iv. Formulary Exceptions

- 1. In the event a member or provider believes that a prescription drug or supply not included on a formulary is medically necessary to treat the member's individual condition, the member or provider may request a coverage exception. In the coverage exception process, PBM will follow applicable state and federal law and consider a variety of factors which include, but are not limited to, prescription drugs previously tried and failed by the member to treat a particular diagnosis or condition, whether the member is clinically stable on the prescription drug, and/or whether switching to a covered drug would result in a clinically significant adverse reaction or other harm to the member.
- c. Clinical Quality and Cost of Care Management including utilization management, clinical management programs and pilot programs;
 - i. Utilization and Clinical Management Programs
 - 1. PBM will provide a concurrent drug utilization program that assists pharmacies in identifying potential drug interactions, incorrect drug dosage, and inappropriate drug use and misuse. The program utilizes real-time member health and safety protocols designed to monitor and screen each claim against the member's prescription drug profile and is designed to help promote appropriate prescription drug use and help prevent adverse member reactions. PBM shall make available, subject to prescribing providers' system capabilities, electronic access to member

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- eligibility; prescription drug formulary status; member medication history; a listing of formulary alternative prescription drugs; and applicable cost share.
- 2. PBM shall offer additional programs to help promote clinical appropriateness and affordability.

ii. Pilot Programs

1. PBM shall have authority, in its discretion, to institute from time to time other pilot initiatives as part of the PBM's ongoing effort to find innovative ways to make available quality and more affordable healthcare services. A pilot initiative may affect some but not all members under a plan. PBM reserves the right to discontinue a pilot initiative at any time without advance notice to the Health Plan.

d. Member Services;

i. PBM shall make available a toll-free number staffed by adequately trained personnel to address member questions regarding plan design, eligibility, deductible status, cost share requirements, and provide integrated voice responses functionality. Additionally, the PBM shall make available a website that provides up-to-date information on network pharmacies, formularies and benefit design to members and/or individuals who are eligible for coverage under the health plan.

e. Account Management Services;

i. PBM shall make available PBM designated pharmacy account team support which shall include at minimum: (a) a pharmacy account manager, (b) pharmacy program manager and (c) pharmacy service coordinator.

f. Reporting Services;

- i. PBM shall provide data to Health Plan through which the Health Plan may create and download standard reports.
- g. **Drug Channel Management** including network pharmacies, credentialing and network participation requirements, audits, payment from members, home delivery pharmacy programs, specialty pharmacy programs and a pharmacy relationship;
 - i. Network Pharmacy
 - 1. PBM shall arrange for the dispensing of covered drugs to member through one or more networks of pharmacies. If member obtains a covered drug from a pharmacy that is not in the network, the member shall be responsible for the total cost of the covered drug. PBM shall determine, in its sole discretion, the composition of the network which may change from time to time. PBM's network will provide members adequate access to the covered drugs at the network pharmacies. PBM may consider Health Plan's request to add a specific pharmacy to its network and may do so, in its discretion, if the pharmacy meets PBM's network participation requirements and agrees to PBM's standard terms and conditions. Similarly, PBM may, in its discretion, remove a pharmacy from its network

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at Health Plan's request. The Health Plan acknowledges that the availability of prescription drugs is subject to market conditions and that PBM cannot, and does not, assure the availability of any prescription drug from a network pharmacy.

ii. Credentialing and Network Participation Requirements

1. PBM will establish and maintain credentialing criteria, requirements, and processes applicable to network pharmacies that comply with applicable law and regulations. PBM shall use best efforts to ensure that each network pharmacy: (a) is compliant with network participation requirements; and (b) is duly licensed in accordance with all applicable laws and regulations in the state or other jurisdictions in which the network pharmacy dispenses covered drugs and complies with such laws and regulations in the state or other jurisdictions in which the network pharmacy dispenses covered drugs and complies with such laws and regulations.

iii. Audits

PBM and/or its vendors shall perform periodic desktop and onsite audits
of network pharmacies to ensure compliance with billing requirements as
well as other terms and conditions of the network pharmacy agreements.

iv. Payment from Members

1. No network pharmacy shall charge, collect a deposit from, or have any recourse against a member for the covered drugs provided in the event of breach of this MOU by Health Plan or insolvency of Health Plan. However, network pharmacies shall not be prohibited from charging a member the applicable cost share for drugs or services not covered by the terms of the member's plan. This provision shall survive the termination of this MOU for any covered drug provided to a member prior to such termination.

v. Home Delivery Pharmacy Programs

1. PBM shall offer Health Plan a home delivery pharmacy program through which members may receive home delivery prescription services. The home delivery pharmacy shall dispense covered drugs upon receipt from a member of (a) a valid new or refill prescription order and (b) applicable cost share. The covered drug shall be mailed to the member's address set forth in the eligibility file, or as appearing on the face of the prescription, so long as such address is within the United States. Additional fees for express mail, shipping or handling may be charged to members. PBM may suspend such services to a member if member fails to remit cost share due.

vi. Specialty Pharmacy Programs

 PBM shall offer Health Plan a specialty pharmacy program through which members may receive specialty pharmacy drug services. PBM shall provide all necessary information and forms to members to obtain these services via prescription.

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vii. Pharmacy Relationship

- 1. Health Plan acknowledges and agrees that PBM does not exercise control over pharmacists' professional judgment in dispensing covered drugs to members. Nothing in this MOU shall be construed to supersede the dispensing pharmacist's professional judgment with regard to dispensing or refusal to dispense any covered drug to a member. Health Plan agrees that PBM shall not be liable or responsible for the accuracy, efficacy, or timely receipt of covered drugs, prescription orders, or other directions issued by providers to supply covered drugs to a member.
- h. Drug Rebate Management including exclusivity and rebate collection
 - i. PBM and/or its vendor has negotiated programs with manufacturers under which drug rebates for certain prescription drugs dispensed to members are paid (the "Drug Rebate Programs"). PBM has entered into such Drug Rebate Programs on its behalf and not on behalf of Health Plan, and therefore retains all right, title, and interest to any and all actual drug rebates it receives from manufacturers and/or its vendor. Such drug rebate programs are not based solely on the prescription drug utilization of Health Plan, but rather are based on the prescription drug utilization of all individuals enrolled in PBM managed programs. The drug rebates are condition on certain prescription drugs being included on the formulary that PBM requires Health Plan to adopt as part of its plans. The estimated or actual value of rebates attributable to each Health Plan will be reflected in the state and line of business specific pricing schedules referred to in Paragraph 2.a.
 - ii. Notwithstanding the foregoing, drug rebates shall not be earned on claims paid entirely by a member, 340B claims, or claims for which PBM has not been paid.
 - iii. Health Plan acknowledges and agrees that drug rebate amounts are subject to change for reasons including but not limited to:
 - 1. Drug rebate eligibility is modified under an agreement between PBM and/or its vendor and a manufacturer;
 - 2. Laws and regulations affecting the distribution or the amount of drug rebates available or payable under such laws and regulations; or
 - 3. Any action(s) or inaction(s) by manufacturer that impacts the availability or amount of drug rebate earned, which includes, but is not limited to, manufacturer's discontinuation of the covered drugs.
 - iv. In the event that any change set forth in subparagraphs (h) (iii) (1) (3) above occurs, PBM shall provide written notice to Health Plan of such change as soon as reasonably practicable. Either Party shall have the right to request that the other Party enter into good faith negotiations with such Party to agree upon reasonable terms for maintaining the economic intent of this MOU.
 - 1. Exclusivity
 - a. During the term of this MOU, Health Plan agrees that it will not contract, directly or indirectly through a third party, with a

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manufacturer or any other third party for rebates, discounts, or other financial incentives on claims that are eligible for drug rebates under this MOU without the written consent of PBM. In the event that PBM determines such violation of this paragraph, Health Plan shall be deemed ineligible to earn drug rebates and Health Plan shall be required to reimburse PBM for any drug rebates that were previously earned. Additionally, PBM may renegotiate the guarantees and/or any pricing terms of this MOU.

2. Rebate Collection

- a. The PBM will use reasonable efforts to collect drug rebates from the manufacturer. The PBM shall not be required to institute litigation to collect drug rebates from manufacturers. If PBM or its designee does elect to bring suit to recover drug rebates from manufacturers, PBM shall be entitled to deduct all reasonable attorney's fees and other expenses incurred in such litigation prior to payment of the drug rebates to Health Plan. Neither Party shall be responsible to the other Party, its affiliates, directors, employees, agents, successors, or permitted assigns for any claim arising from: (i) any failure by a manufacturer to pay any drug rebates; (ii) any breach of an agreement relating to the transactions contemplated by or otherwise relating to this MOU by any manufacturer; or (iii) any negligence or misconduct of any manufacturer.
- 2. <u>Compensation for Services Rendered.</u> Subject to any restrictions of applicable law, each Health Plan receiving any of the foregoing Services from the PBM shall pay the PBM reasonable compensation in accordance with the MASA.
 - a. The state and line of business specific schedules that are part of the agreement between CVS and PBM detail the specific Services provided by CVS and the pricing for those Services. The pricing set forth in those schedules shall be billed to the appropriate Health Plan at cost and without markup.
 - b. Services provided by the PBM that are not listed on the schedules identified in 2.a. shall be reimbursed through cost based allocation in accordance with the MASA.
- 3. <u>Term</u>. The term of this MOU will commence on May 1, 2019 and shall continue in accordance with the MASA and the applicable attachment thereto. Either Party may terminate this MOU, with or without cause, upon provision of 90 days prior written notice to the other Party.
- 4. <u>Conditions</u>. The PBM and Health Plan desire that PBM be the exclusive provider of PBM Services for Health Plan's covered plans. Health Plan's obligation under the MOU will be subject to the customary conditions, including:
 - a. The receipt of any regulatory approvals and third-party consents, and on terms satisfactory to the Parties.
- 5. <u>Licensing</u>. PBM shall maintain necessary licenses to perform the Services under this MOU. PBM represents and warrants that it, its approved subcontractors, and their respective personnel

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- have, and will continue to have at all times during the term of this MOU, in good standing, all licenses, permits, certifications, registrations, and other regulatory approvals required by law necessary for the performance of PBM's obligations under this MOU.
- 6. <u>Subcontractors</u>. PBM may fulfill some of its duties under this MOU through subcontractors. PBM shall provide Health Plan with 30 days prior notice of any subcontractors that PBM may contract to perform services under this MOU. PBM shall be solely responsible to pay the subcontractors for any services, and shall require the subcontractors to abide by the conditions of this MOU, including but not limited to, licensing, accreditation and compliance with both federal and state laws.
- 7. <u>Coordination of Benefits/Subrogation</u>. PBM agrees to cooperate with Health Plan regarding subrogation and coordination of benefits, as set for in the provider's manual.
- 8. <u>Confidentiality</u>. This MOU is confidential to the Parties and their representatives.
- 9. <u>Proprietary Information</u>. All non-public information and material provided by either Party in contemplation or connection with this MOU remains proprietary to the disclosing party. Neither Party shall disclose any proprietary information to the other, or use the information or material except:
 - a. As set forth in this MOU;
 - b. As may be required to perform obligations hereunder;
 - c. As required to deliver health services or administer services to Health Plan and its designees;
 - d. Upon the express written consent of the Parties; or
 - e. As required by law or regulation.
- 10. Examinations by State Regulators. Notwithstanding anything that may be contrary, PBM shall permit state regulators to examine the records and operations of its pharmacy benefit management services at the locations where PBM maintains its records regarding the services provided to Health Plans domiciled in the jurisdictions of such state regulators. PBM shall ensure that its staff cooperates fully with the staff of the relevant state regulator during any examination.
- 11. <u>No Third Party Beneficiaries</u>. Except as specifically set forth or referred to herein, nothing herein is intended or shall be construed to confer upon any person or entity other than the Parties and their successors or assigns, any rights or remedies under or by reason of this MOU.
- 12. <u>Invoices</u>. Invoices or ledger entries for Services rendered to Health Plan will be rendered or made available by PBM to the Health Plan in accordance with the MASA.
- 13. Execution of Memorandum of Understanding. This MOU may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one agreement. The headings of the various Paragraphs of this MOU have been inserted for reference only and shall not be deemed to be a part of this MOU.
- 14. <u>Joinder of Affiliates</u>. After the receipt of all necessary regulatory approvals and with the consent of Anthem, any direct or indirect subsidiary of Anthem may join as a Health Plan to this MOU by executing a signature page to this MOU. Approval of the other Health Plans shall not be required.

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INGENIORX, INC., an Indiana corporation

By: Slova The Carty
Name: Gloria McCarthy
Title: President - IngenioRx

Anthem, Inc. and the entities listed on Schedule A

By: _____

Name: Kathy Kiefer Title: Corporate Secretary

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| an | Indiana o | orpor | ation |

By: _____

Name: Gloria McCarthy Title: President - IngenioRx

Anthem, Inc. and the entities listed on Schedule A

Name: Kathy Kiefer

Title: Corporate Secretary

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Schedule A - Health Plan Parties

Anthem Blue Cross Life and Health Insurance Company

Anthem Health Insurance Company of Nevada

Anthem Health Plans, Inc.

Anthem Health Plans of Kentucky, Inc.

Anthem Health Plans of Maine, Inc.

Anthem Health Plans of New Hampshire, Inc.

Anthem Health Plans of Virginia, Inc.

Anthem Insurance Companies, Inc.

Anthem Kentucky Managed Care Plan, Inc.

Anthem Life & Disability Insurance Company

Anthem Life Insurance Company

Amerigroup District of Columbia, Inc.

Amerigroup Iowa, Inc.

Amerigroup Maryland, Inc.

Amerigroup New Jersey, Inc.

Amerigroup Community Care of New Mexico, Inc.

AMERIGROUP Ohio, Inc.

Amerigroup Oklahoma, Inc.

Amerigroup Partnership Plan, LLC

Amerigroup Tennessee, Inc.

Amerigroup Texas, Inc.

Amerigroup Washington, Inc.

Amerigroup Insurance Company

AMGP Georgia Managed Care Company, Inc.

Blue Cross and Blue Shield of Georgia, Inc.

Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.

Blue Cross Blue Shield of Wisconsin

Better Health, Inc.

Blue Cross of California

Blue Cross of California Partnership Plan, Inc.

CareMore Health Plan

CareMore Health Plan of Arizona, Inc.

CareMore Health Plan of Nevada

Community Insurance Company

Community Care Health Plan of Louisiana, Inc.

Community Care Heath Plan of Nevada, Inc. d/b/a Anthem Blue Cross and Blue Shield Healthcare Solutions

Compcare Health Services Insurance Corporation

Empire HealthChoice Assurance, Inc.

Empire HealthChoice HMO, Inc.

Greater Georgia Life Insurance Company, Inc.

Golden West Health Plan, Inc.

HealthLink HMO, Inc.

HealthKeepers, Inc.

Healthy Alliance Life Insurance Company

HealthPlus HP, LLC d/b/a Empire BlueCross BlueShield HealthPlus

HMO Colorado, Inc.

HMO Missouri, Inc.

Matthew Thornton Health Plan, Inc.

Rocky Mountain Hospital and Medical Service, Inc.

Simply Healthcare Plans, Inc.

Simply Healthcare Plans, Inc. d/b/a Clear Health Alliance

UniCare Health Plan of Kansas, Inc.

UniCare Health Plan of West Virginia, Inc.

UniCare Life & Health Insurance Company

WellPoint Insurance Services, Inc.

Wisconsin Collaborative Insurance Company

Exhibit I Medicare Part D Regulatory

Effective January 1, 2020, the following Medicare Part D terms and conditions shall be incorporated into the attached Agreement between Health Plan and PBM. These provisions shall only apply to services provided by PBM to or for Health Plan's Medicare Part D plans, including those plans for members dually eligible for Medicare and Medicaid in accordance with and pursuant title XVIII of the Social Security Act (Act) (specifically, but not limited to, Social Security Act Parts C and Part D), and any subsequent amendments or relevant provision in the Act and applicable regulations. In the event that there is a conflict between the attached agreement and these Medicare Part D terms and conditions, the Medicare Part D terms and conditions shall control, but only as they relate to services provided to Covered Individuals enrolled in Health Plan's Medicare Part D plans.

A. Definitions:

- 1. **Downstream Entity**: Any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Part D benefit, below the level of the arrangement between Health Plan and PBM, a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
- 2. **First Tier Entity**: Any party that enters into a written agreement, acceptable to CMS, with Health Plan to provide administrative services or health care services for a Medicare eligible individual under the MA program.

B. Terms:

- 1. Federal Funds. PBM acknowledges that payments PBM receives from the Health Plan to provide services to Medicare Part D enrollees are, in whole or part, from federal funds. Therefore, PBM and any of its subcontractors may be subject to certain laws that are applicable to individuals and entities receiving Federal funds, including but not limited to, 42 C.F.R. 423.100, 42 C.F.R. Part 422, Title VI of the Civil Rights Act of 1964 as implemented by 45 CFR part 84; the Age Discrimination Act of 1975 as implemented by 45 CFR part 91; the Americans With Disabilities Act; the Rehabilitation Act of 1973 and other regulations applicable to recipients of federal funds.
- 2. Confidential Information. PBM recognizes that in the performance of its obligations under this Agreement it may be party to the Health Plan's proprietary, confidential, or privileged information, including, but not limited to, information concerning the Health Plan's members. PBM agrees that, among other items of information, the identity of, and all other information regarding or relating to any of the Health Plan's customers is confidential. PBM agrees to treat such information as confidential and proprietary information of the Health Plan, and all such information shall be used by PBM only as authorized and directed by the Health Plan pursuant to this Agreement, and, unless required by law, shall not be released to any other person or entity under any circumstances without express written approval of the Health Plan. During and after the term of this Agreement, PBM shall not disclose or use any of the information described in this Section for a purpose unrelated to the terms and obligations of this Agreement. Further, PBM agrees to abide by all Federal and State laws regarding confidentiality and disclosure of Medicare Part D enrollee information. In addition, PBM agrees to abide by the confidentiality requirements established by the Health Plan and CMS for the Medicare Part D program.

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- **2.1** To the extent applicable, PBM will comply with the confidentiality and enrollee record accuracy requirements, including: (1) abiding by all Federal and State laws regarding confidentiality and disclosure of medical records, or other health and enrollment information, (2) ensuring that medical information is released only in accordance with applicable Federal and State law or pursuant to court orders or subpoenas, (3) maintaining the records and information in an accurate and timely manner, and (4) ensuring timely access by enrollees to the records and information that pertain to them. [42 C.F.R. §§422.504(a) (13) and 422.118.]
- 3. Inspection of Books and Records. In accordance with, but not limited to, 42 C.F.R. 422.504(i) and/or 42 C.F.R. 423.505(i), PBM acknowledges that Health Plan, Health and Human Services department (HHS), the Comptroller General, or their designees have the right to timely access to inspect, evaluate and audit any books, contracts, medical records, patient care documentation, and other records of PBM, or its first tier, downstream and related entities, including but not limited to subcontractors or transferees involving transactions related to Health Plan's Medicare Advantage contract through ten (10) years from the final date of the contract period or from the date of the completion of any audit, or for such longer period provided for in 42 CFR §422.504(e)(4) or other applicable law, whichever is later. For the purposes specified in this provision, PBM agrees to make available PBM's premises, physical facilities and equipment, records relating to Health Plan's Covered Individuals, including access to PBM's computer and electronic systems and any additional relevant information that CMS may require. PBM acknowledges that failure to allow HHS, the Comptroller General or their designees the right to timely access under this section can subject Facility to a \$15,000 penalty for each day of failure to comply.
- **4. Independent Status**. PBM is an independent contractor and nothing contained in this Agreement shall be construed or implied to create an agency, partnership, joint venture, or employer and employee relationship between PBM and the Health Plan. At no time shall either party make commitments or incur any charges or expenses for or in the name of the other party except as otherwise permitted by this Agreement.
- 5. Subcontractors. In accordance with, but not limited to, 42 C.F.R. 422.504(i) (3) (ii) and/or 42 C.F.R. 423.505(i) (3), PBM agrees that if PBM enters into subcontracts to perform services under the terms of the Agreement, PBM's subcontracts shall include an agreement by the subcontractor to comply with all of the PBM obligations in this Medicare Part D Regulatory Exhibit and applicable terms in the attached Agreement. In addition, PBM will insure that such subcontractors understand that Health Plan retains the necessary control and oversight over PBM and all downstream subcontractors.
- 6. Federal and State Laws. Consistent with, but not limited to, 42 C.F.R. 422.504(i)(4) and 422.504(i)(3)(iii) and/or 423.505(i)(4) and 423.505(i)(3)(iii) PBM agrees to comply, and to require any of its subcontractors to comply, with all applicable Federal and State laws, regulations, CMS instructions, and policies relevant to the activities to be performed under the Agreement, including but not limited to, the Medicare Marketing Guidelines for Medicare Managed Care Clients, and any requirements for CMS prior approval of materials. Further, PBM agrees that any services provided by the PBM or its subcontractors to or on behalf of Health Plan's Medicare Part D enrollees will be consistent with and will comply with the Health Plan's Medicare Part D contractual obligations.

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- 7. Compliance Program. The Health Plan maintains an effective Compliance Program and Standards of Business Conduct, and requires its employees to act in accordance therewith. The Health Plan will provide a copy of its then current Standards of Business Conduct to PBM upon request. Consistent with the preceding and to the extent applicable, Health Plan and its subcontractors may be required to monitor for Fraud, Waste and Abuse consistent with CMS guidance. To the extent applicable, PBM acknowledges that certain CMS guidance on Fraud, Waste and Abuse may be implicated by the Agreement and agrees to take appropriate actions to identify and/or monitor for such activities, including but not limited to producing PBM's plan to monitor for Fraud, Waste and Abuse.
 - **7.1 Validation of Compliance**. PBM agrees to provide documentation at least annually, as required by Health Plan, demonstrating compliance with the CMS guidance as outlined in part in this Exhibit. In addition, the required monitoring form is attached hereto as Attachment 1. The parties acknowledge that Attachment 1 may be amended by Health Plan, from time to time, on an annual basis or as needed to comply with CMS oversight and monitoring requirements.
- 8. Hold Harmless. In accordance with, but not limited to, 42 C.F.R. 422.504(i) and 422.504(g)(1) and (2) and/or 423.505(i) and 423.505(g), PBM agrees that in no event, including but not limited to non-payment by Plan, insolvency of Plan or breach of the Agreement, shall PBM bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against a Medicare Part D enrollee for covered services provided pursuant to the Agreement. This provision does not prohibit the collection of supplemental charges or Co-payments made in accordance with the terms of the Medicare Part D enrollee's benefits.
 - 8.1 **Dual Eligible Cost Sharing.** PBM further agrees that for those individuals who are enrolled in Medicare Part D and who are eligible for some form of Medicaid benefit (Dual Eligible enrollees), that PBM will not bill the enrollee for cost sharing that is not the Dual Eligible enrollee's responsibility and will ensure that such Dual Eligible enrollees will not be held liable for Medicare Parts A and B cost sharing when the State is liable for the cost sharing. In addition, PBM agrees to accept the reimbursement by Health Plan as payment in full, or, if applicable, to bill the appropriate State source.
- 9. Ineligible Persons. PBM warrants and represents that at the time of entering into this Agreement and monthly thereafter when providing services to or for the benefit of Medicare Part D members under this Agreement, neither he/she/it nor any of his/her/its employees, contractors, subcontractors or agents are ineligible persons identified on the General Services Administrations' List of Parties Excluded from Federal Programs (available through the internet at https://www.epls.gov/) and the HHS/OIG List of Excluded Individuals/Entities (available through the internet at https://exclusions.oig.hhs.gov/). PBM agrees to sign a certification consistent with the meaning and requirements of this provision as required by Health Plan.

In the event PBM or any employees, subcontractors or agents thereof becomes an ineligible person after entering into this Agreement or otherwise fails to disclose his/her/its ineligible person status, PBM shall have an obligation to (1) immediately notify the Health Plan of such ineligible person status and (2) immediately remove such individual from responsibility for, or involvement with, the Health Plan's business operations related to this Medicare Part D attachment.

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The Health Plan retains the right to provide notice of immediate termination of the Agreement to PBM in the event it receives notice of PBM's ineligible person status.

- **10. Conflict of Interest.** To the extent required by CMS or Health Plan, PBM agrees to certify that it will require its managers, officers and directors responsible for the administration or delivery of Medicare Part D benefits to sign a conflict of interest statement, attestation, or certification at the time of hire and annually thereafter certifying that the manager, officer or director is free from any conflict of interest in administering or delivering Medicare Part D benefits.
- **11. Illegal Remunerations**. PBM specifically represents and warrants that activities to be performed under the Agreement are not considered illegal remunerations (including kickbacks, bribes or rebates) as defined in § 1128B(b) of the Social Security Act.
- 12. Termination-Regulatory Issues. In accordance with, but not limited to, 42 C.F.R. 422.504(i)(5) and/or 423.505(i)(5), if during the term of the Agreement, the Health Plan concludes that it is necessary to cancel any of the activities to be performed under this Agreement in order to comply with Federal or State laws, regulations, policies, or for any other purpose to comply with CMS the Health Plan may, at its discretion, cancel the activity and be relieved of any related obligations under the terms of the Agreement. If the Health Plan or PBM concludes that it is necessary to reorganize or restructure any of the activities to be performed under this Agreement in order to comply with Federal or State laws, regulations, or policies, the Health Plan or PBM may request to renegotiate such terms.
- 13. Oversight Responsibility. PBM acknowledges that the Health Plan shall oversee and monitor PBM's and all of PBM's subcontractors' providing Services under this Agreement. Accordingly, Health Plan will regularly review the performance of PBM and, if applicable, PBM's subcontractors, as part of its normal operations to confirm ongoing compliance and to ensure any identified corrective actions are undertaken and effective. PBM further acknowledges that the Health Plan is ultimately responsible to CMS for the performance of such services and that the Health Plan shall oversee and is accountable to CMS for the functions and responsibilities described in the Medicare Part D regulatory standards and ultimately responsible to CMS for the performance of all services.
- **14. Revocation**. PBM agrees that the Health Plan has the right to revoke this agreement if CMS or the Health Plan determines that PBM or any of its independent contractors or subcontractors has not performed the services satisfactorily and/or if requisite reporting and disclosure requirements are not otherwise fully met in a timely manner. Such revocation shall be consistent with the termination provisions of the Agreement.
- **15. Approval of Materials.** Any printed materials, including but not limited to letters to the Health Plan's members, brochures, advertisements, telemarketing scripts, packaging prepared or produced by PBM or any of its subcontractors pursuant to this Agreement must be submitted to the Health Plan for review and approval at each planning stage (*i.e.*, creative, copy, mechanicals, blue lines, etc.) to assure compliance with Federal, state, and Blue Cross/Blue Shield Association guidelines. The Health Plan agrees its approval will not be unreasonably withheld or delayed.
- **16.** Medicare Prescription Drug Plan Compliance Training, Education and Communications. In accordance with, but not limited to 42 C.F.R. 422.503(b)(4)(vi)(C)&(D) and 42 C.F.R. 423.504(b)(4)(vi)(C)&(D) PBM agrees and certifies that it, as well as its employees, subcontractors,

downstream entities, related entities and agents who provide services to or for Health Plan's Medicare Part D Covered Individuals or to or for the Health Plan itself shall participate in CMS required fraud waste and abuse training and general compliance training, education and/or communications annually or as otherwise required by applicable law, and must be made a part of the orientation for a new employee, new first tier, or downstream entity and for all new appointments of a chief executive, manager, or governing body member. PBM or its subcontractors or Downstream Entities can complete the CMS training module located on the CMS Medicare Learning Network ("MLN") or incorporate the exact content of the CMS training into Providers existing compliance training and/or systems. If necessary and upon request, Health Plan or its designee can make such compliance training, education and lines of communication available to PBM in either electronic, paper or other reasonable medium. PBM shall be responsible for documenting applicable employee's, subcontractor's, downstream entity's, related entity's and/or agent's attendance and completion of such training on an annual basis. PBM shall provide such documentation to Health Plan annually and as required to support a Health Plan or CMS audit. In addition, the training requirement set forth herein is not required for providers or suppliers who have met the fraud, waste and abuse certification requirements through enrollment into the Medicare program, as those providers and/or suppliers are deemed to have met that portion of the fraud waste and abuse training required by CMS.

- **17. Audit.** PBM agrees to comply with any and all requests for Compliance documentation, as set forth in section 7 above, in order to support a CMS audit request. PBM must provide all requested documentation demonstrating compliance with all CMS regulations for first tier, downstream and/or related entities.
- **18. Delegation of Provider Selection**. To the extent that Health Plan has delegated selection of the providers, contractors, or subcontractor to PBM, Health Plan retains the right to approve, suspend, or terminate any such arrangement.

Exhibit II Medicaid Compliance and State Requirements

Exhibit II- G

STATE SPECIFIC REGULATORY ADDENDUM – KENTUCKY MEDICAID PLANS

The following terms and provisions are applicable to the extent such Services are delegated by Health Plan to PBM for Kentucky Medicaid Plans, in support of the provision of Services under the provision of Services under the Kentucky Medicaid Contract.

- Defined Terms. For purposes of this Exhibit II- G, the following terms shall have the meanings set forth below with respect to Services furnished under the Kentucky Medicaid Program:
- "Agency" means a federal, Commonwealth or local agency, administration, board or other governing body responsible for the governance or administration of a Program. With respect to the operation of the Programs, Agency means, without limitation, the Kentucky Department of Medicaid Services, the Cabinet for Health and Family Services, the Kentucky Cabinet for Finance and Administration, and CMS.
 - 1.2 "Commonwealth" means the Commonwealth of Kentucky.
- 1.3 "Program" shall mean the Kentucky Plan for Medical Assistance in accordance with the requirements of Title XIX of the Social Security Act of 1935, as amended (the "Act"), and the statutes, laws, and regulations of Kentucky; and the Kentucky Children's Health Insurance Program (KCHIP) in accordance with the requirements of the Title XXI of the Social Security Act.
- "PBM Owned Pharmacies" mean pharmacies wholly or partially owned and/or operated, directly or indirectly, by PBM or an Approved Subcontractor.
- "PBM Contracted Pharmacies" means all pharmacies contracted with PBM and/or its Approved Subcontractors to provide covered services.
- "Approved Subcontractor(s)" mean the subcontractors and vendors of PBM that provide or assist in the performance of services under this MOU.
- Monitoring. Health Plan shall monitor the quality of Services delivered to Medicaid Members by PBM hereunder. PBM shall be subject to and cooperate with Health Plan's formal review schedule, which shall be consistent with industry standards and be no less than annually. Health Plan may request the initiation of corrective action, revoke delegation of certain or all Services related to the Program, or invoke any other remedies set forth in the Agreement when there has been a failure by PBM to provide Services in accordance with these standards. PBM shall comply with corrective action plans initiated by Health Plan. In addition, PBM shall have a process to identify and notify Health Plan of deficiencies or areas of improvement, and any necessary corrective action.
- 3. Accreditations. To the extent PBM maintains National Committee for Quality Assurance (NCQA)/URAC or other national accreditation, PBM shall provide Health Plan with a copy of the current certificates of accreditation together with a copy of the survey report.
- 4. Compliance with Law. Without limiting PBM's obligations elsewhere in the MOU, PBM shall and shall require Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies to, comply with all applicable Law, including without limitation, the following laws: (i) Rules and regulations prescribed by the United States Department of Labor in accordance with 41 C.F.R. Parts 60-741; (ii) Regulations of the United States Department of Labor recited in 20 C.F.R. Part 741, (iii) Section 504 of the Federal Rehabilitation Act of 1973 (Public Law 93-112); and (iv) KRS 205.8451-8483.
- Encounter Data. PBM shall require PBM Contracted Pharmacies and PBM Owned Pharmacies to provide encounter data to PBM in an accurate and timely fashion for Services rendered to Medicaid

Members consistent with the terms of this MOU and all applicable state and federal Laws. PBM shall have a computer and data processing system sufficient to accurately produce the data, reports and encounter files set in formats and timelines required by this MOU and as directed by Health Plan. The system shall be capable of following or tracing an encounter within its system using a unique encounter identification number for each encounter. At a minimum, PBM shall electronically provide encounter files to Health Plan within sufficient time for Health Plan to provide them to the Agency, on a weekly schedule. Encounter files must follow the format, data elements and method of transmission specified by the Agency. All changes to edits and processing requirements due to federal or state Law changes shall be provided to PBM in writing no less than sixty (60) Business Days prior to implementation, whenever possible. Other edits and processing requirements shall be provided to PBM in writing no less than thirty (30) Business Days prior to implementation. PBM shall submit electronic test data files as required by the Agency in the format referenced in this MOU and as specified by the Agency. The electronic test files are subject to Agency review and approval before production of data. The Agency will process the encounter data through defined edit and audit requirements and reject encounter data that does not meet its requirements. Threshold edits, those which will enable the encounter file to be accepted, and informational editing, those which enable the encounter to be processed, shall apply. The Agency reserves the right to change the number of, and the types of edits used for threshold processing based on its review of PBM's monthly transmissions. PBM shall be given thirty (30) Business Days' prior notice of the addition/deletion of any of the edits used for threshold editing.

- Contents and Format. The submission is to include all adjudicated (paid and denied) 5.1 Claims, corrected Claims and adjusted Claims processed by PBM. PBM shall submit all claims within thirty (30) days of adjudication. Encounter data must be submitted in the format defined by Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010 transaction 837 and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version 2.2. PBM is required to use procedure codes, diagnosis codes, provider numbers and other codes as directed by Health Plan. PBM must also use appropriate National Provider Identifier (NPI)/Provider numbers for all encounters. Encounter file transmissions that exceed a five percent (5%) threshold error rate (total claims/documents in error equal to or exceed five percent (5%) of claims/documents records submitted) will be subject to penalties as provided in the MOU. Encounter file transmissions with a threshold error rate not exceeding five percent (5%) will be accepted and processed by the Agency. Only those erred encounters will be returned to PBM for correction and resubmission. Denied claims submitted for encounter processing will not be held to normal edit requirements and rejections of denied claims will not count towards the minimum five percent (5%) rejection.
- Encounter Corrections. PBM shall have capacity to track all Erred encounter records and provide a report detailing transmission reconciliation of each failed transaction or file within thirty (30) calendar days of the transaction or file error. Encounter corrections (encounter returned to PBM for correction, i.e., incorrect procedure code, blank value for diagnosis codes) will be transmitted to PBM electronically for correction and resubmission. Corrected encounter record, which is not resubmitted within thirty (30) days of the date the record is returned, may subject PBM to penalties.
- Annual Validity Study. PBM acknowledges the Agency will conduct an annual validity study to determine the completeness, accuracy and timeliness of the encounter data submitted. Completeness will be determined by assessing whether the encounter data transmitted includes each Service that was provided. Accuracy will be determined by evaluating whether or not the values in each field of the encounter accurately represent the Service that was provided. Timeliness will be determined by assuring that the encounter was transmitted to the Agency the month after adjudication. PBM agrees to fully cooperate with Health Plan in providing Agency with all information necessary to complete its validity study, and will provide to Health Plan in sufficient time for Health Plan to provide to the Agency a corrective action plan within sixty (60) days if deficiencies are found.
- PBM shall use required codes for reporting encounter data in accordance with guidelines and versions of all code sets as defined by the Agency. PBM must also use appropriate NPI/Provider numbers for encounters as directed by the Agency.

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- PBM shall submit corresponding data in all data fields on each encounter file submitted to the Agency. Claims shall be submitted with a current and valid date in the format identified by the applicable encounter file submission guidelines.
- Encounters submitted without dates, even those that have previously been allowed to be submitted blank shall be populated with a valid date or the encounter shall threshold. A complete list of field requirements at both the detail and the header levels is provided by the Agency.
- All subcontracts with pharmacies or other vendors of service must have provisions requiring that an encounter is reported/submitted in an accurate and timely fashion.
 - 5.8 PBM shall report the reconciliation status of failed transactions on a monthly basis.
- 5.9 PBM shall submit encounter data after the MOU ends for services rendered during the MOU period for a sufficient time as determined by the Agency to ensure timely filing and complete data.
- Financial Incentives. No provision in this MOU shall, or shall be construed to, create any financial incentive for PBM to withhold Medically Necessary services to Medicaid Members under the Program.
- Indemnification. In no event shall the Commonwealth of Kentucky, the Agency, or Medicaid Member be liable for the payment of any debt or fulfillment of any obligation of PBM or any Approved Subcontractors, PBM Contracted Pharmacies, or PBM Owned Pharmacies to any subcontractor, supplier, out-of-network provider or any other party, for any reason whatsoever, including the insolvency of the Medicaid Plan, Health Plan, PBM, any Approved Subcontractors, PBM Contracted Pharmacies, and/or PBM Owned Pharmacies. PBM agrees that all subcontracts shall contain such a hold harmless provision.
- PBM shall indemnify, defend, save and hold harmless the Commonwealth, the Agency, its officers, agents, and employees (collectively, the "Indemnified Parties") from all claims, demands, liabilities, suits, judgments, or damages, including court costs and reasonable attorney fees made or asserted against or assessed to the Indemnified Parties, arising out of or connected in any way with this MOU or the performance or nonperformance by PBM, its officers, agents, employees, and suppliers, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies, including without limitation any claim attributable to:
- 7.1.1 The improper performance of any service, or improper provision of any materials or supplies, irrespective of whether the Agency knew or should have known such service, supplies or materials were improper or defective;
- The erroneous or negligent acts or omissions, including without limitation, disregard of federal or Commonwealth law or regulations, irrespective of whether the Agency knew or should have known of such erroneous or negligent acts;
- The publication, translation, reproduction, delivery, collection, data processing, use, or disposition of any information to which access is obtained pursuant to this MOU in a manner not authorized by this MOU or by federal or Commonwealth law or regulations, irrespective of whether the Agency knew or should have known of such publication, translation, reproduction, delivery, collection, data processing, use, or disposition; or
- Any failure to observe federal or Commonwealth law or regulations, including, but not limited to, insurance and labor laws, irrespective of whether the Agency knew or should have known of such failure.
- PBM shall and shall require Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies to indemnify, defend and hold harmless the Commonwealth of Kentucky, its officers, agents and employees from any and all liability whatsoever arising in connection with the Program

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KENTUCKY
This document contains confidential and proprietary information, including trade secrets, and commercial and financial information, including trade secrets, and commercial and financial information, including trade secrets, and commercial and financial information, for the secret of leftermation Act (FOIA pursuant to 5 USC Section 552(b))4 any and all of which are protected from disclosure under the Freedom of Information Act (FOIA, pursuant to 5 USC Section 552(b)(4) and 45 CFR Part 5), and any and all state equivalents.

or this MOU for the payment of any debt or the fulfillment of any obligation of PBM, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies.

- PBM shall and shall require Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies to indemnify, defend and hold harmless Medicaid Members under from any liability whatsoever arising in connection with the Program or this MOU for the payment of any debt of or the fulfillment of any obligation of PBM, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies, except as otherwise provided in this MOU.
- PBM, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies further covenant and agree that in the event of a breach or termination of this MOU by PBM, or insolvency of Health Plan, PBM shall provide all services and fulfill all of its obligations pursuant to this Exhibit II- G for the remainder of any month for which Agency has made payments to Health Plan, and shall fulfill all of its obligations respecting the transfer of Medicaid Members to other pharmacies, including record maintenance, access and reporting requirements all such covenants, agreements, and obligations of which shall survive the termination of the Medicaid Contract and this Exhibit II- G.

8. Nondiscrimination.

- PBM will not discriminate against any employee or applicant for employment because of race, religion, color, national origin, sex, sexual orientation, gender identity or age. PBM further agrees to comply with the provision of the Americans with Disabilities Act of 1990 (Public Law 101- 336), 42 U.S.C. § 12101, and applicable federal regulations relating thereto prohibiting discrimination against otherwise qualified disabled individuals under any program or activity. PBM agrees to provide, upon request, needed reasonable accommodations. PBM will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. PBM agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- PBM will, in all solicitations or advertisements for employees placed by or on behalf of PBM, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability.
- PBM will send to each labor union or representative of workers with which PBM has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the PBM's commitments under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment. PBM will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.
- PBM will comply with and will furnish all information and reports required by all provisions of Executive Order No. 11246 of September 24, 1965, as amended, and of the rules, regulations, and relevant orders of the Secretary of Labor, and will permit access to PBM's books, records, and accounts by the Agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- PBM shall report to Health Plan any violations of this Section within five (5) business days, together with a suggestion resolution of the alleged violation. In the event of the PBM's noncompliance with the nondiscrimination clauses of this MOU or with any of such rules, regulations, or orders, this MOU may be cancelled, terminated or suspended in whole or in part and the PBM may be declared ineligible for further government contracts or federally assisted contracts in accordance with procedures authorized in

Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in or as otherwise provided by law.

- 8.6 PBM will include the provisions of Section 202 of Executive Order 11246 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, as amended, so that such provisions will be binding upon each subcontractor or vendor.
- Third Party Beneficiary. The Commonwealth is the intended third party beneficiary of contracts between the Agency and Kentucky Medicaid Plans and any subcontracts or provider agreements entered into by Health Plan and, as such, the Commonwealth is entitled to the remedies afforded to third party beneficiaries under the law.
- 10. Records. Without limiting PBM's obligations elsewhere in the MOU:
- PBM shall maintain medical, financial and administrative records concerning services provided to Medicaid Members under the Program in accordance with industry standards and Law, including, without limitation, any applicable law regarding confidentiality of Medicaid Member information. All records shall be maintained and available for review by authorized federal and state personnel during the entire term of the MOU and for a period of five (5) years after termination of the MOU, except that when an audit has been conducted, or audit findings are unresolved. In such case records shall be kept for a period of five (5) years in accordance with 907 KAR 1:672, or as amended or until all issues are finally resolved, whichever is later.
- PBM shall have available medical records for each clinical encounter. PBM shall permit Health Plan or its designated agent to review records directly related to services provided to Medicaid Members under the Program in accordance with this MOU.
- The rights and obligations of the parties under this section shall survive the termination of this MOU. For purposes of auditing, Health Plan, the Agency, the Office of the Inspector General and other authorized Commonwealth and agents thereof, shall have access to medical records of Medicaid Members under the Program.

11. Pharmacy Maintenance of Medical Records.

- PBM shall require PBM Contracted Pharmacies and PBM Owned Pharmacies to maintain Medicaid Members' medical records on paper or in an electronic format and to maintain such records so that they are timely, legible, current, detailed and organized to permit effective and confidential patient care and quality review. Complete medical records include, but are not limited to, prescription files, provider specialist reports, consultant and other health care professionals' findings, and other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided under the MOU. The medical record shall be signed by the provider of service.
- The Medicaid Member's medical record is the property of the pharmacy who generates the record. However, upon request, Participating Pharmacies shall provide each Medicaid Member or his/her representative with one (1) free copy of his/her medical record and may charge for additional copies. PBM shall require Participating Pharmacies to preserve and maintain Medicaid Members' medical records for a minimum of five (5) years unless federal requirements mandate a longer retention period (i.e., immunization and tuberculosis records are required to be kept for a person's lifetime).
- Confidentiality. PBM agrees to abide by the rules and regulations regarding the confidentiality of protected health information as defined and mandated by HIPAA (42 U.S.C. § 1320d) and set forth in federal regulations at 45 C.F.R. Parts 160 and 164. PBM is required to abide by the same statutes and regulations regarding confidentiality of protected health information as is Health Plan. The parties agree that all information, records, and data collected in connection with this MOU, including Medical Records,

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shall be protected from unauthorized disclosure as provided in 42 C.F.R. Section 431, Subpart F, KRS 194.060A, KRS 214.185, KRS 434.840 to 434.860, and any applicable state and federal laws. PBM acknowledges that HIPAA Regulations do not bar disclosure of protected health information (PHI) to health oversight agencies, including, but not limited to, OIG, MFCU, DHHS and DOJ.

- 13. Access to Premises. Upon reasonable notice, and for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later, PBM shall provide duly authorized agents or representatives of the Commonwealth or federal government or the independent external quality review organization required by Section 1902 (a)(30)(c) of the Social Security Act, 42 U.S.C. Section 1396a(a)(30), access to PBM's premises and equipment to inspect, audit, investigate, monitor or otherwise evaluate the performance of PBM. PBM shall forthwith produce all records, documents or other data requested as part of such review, investigation or audit. In the event right of access is requested under this section, PBM shall provide and make available staff to assist in the audit or inspection effort and provide adequate space to reasonably accommodate the Commonwealth, federal, or external quality review personnel conducting the audit, investigation, or inspection effort. If requests, PBM shall provide computer access with log-in credentials in order to access PBM's claims and customer service systems on a readonly basis. PBM shall provide access to a locked space and office security credentials for use during business hours. All access under this Section shall comply with HIPAA's minimum necessary standards and any other applicable Commonwealth or federal law, and shall be conducted in a manner as will not unduly interfere with the performance of PBM's activities. All information obtained will be accorded confidential treatment as provided under applicable laws, rules and regulations.
- 14. Assignment. This MOU may not be assigned or further subcontracted by PBM without the prior written consent of Health Plan and Agency. This prohibition only applies to the MOU with respect to this Exhibit II G.

15. Additional Requirements.

- PBM shall encourage PBM Contracted Pharmacies and PBM Owned Pharmacies to participate in the Kentucky Health Information Exchange and shall require such participation if Agency mandates such participation.
- If requested by Health Plan, PBM shall participate in Quality Assessment/Performance Improvement (QAPI) activities (including submission of complete encounter records as required herein).
- PBM shall comply with the prompt pay statute, codified within KRS 304.17A-700-730, as may be amended, and KRS 205.593, and KRS 304.14-135 and KRS 304.99-123, as may be amended.
- In the delivery and/or provision of any Information Technology hardware, software, systems, and/or services as a part of the Services provided under this Exhibit II- G, PBM shall prevent unauthorized access to "Identity Information" of Commonwealth citizens, clients, constituents and employees. "Identity Information" includes, but is not limited to, an individual's first name or initial and last name in combination with any of the following information: (1) Social Security Number; (2) Driver's License Number; (3) System Access ID's and associated passwords; and (4) Account Information -such account number(s), credit/debit/ProCard number(s), and/or passwords and/or security codes.
- PBM represents that it (i) is aware of the requirements and penalties outlined in KRS 45A.485, (ii) has properly disclosed all information required by KRS 45A.485, and (iii) will continue to comply with the requirements of KRS 45A.485 for the duration of this Exhibit II- G.
- Marketing. PBM shall not engage in, and shall require Participating Pharmacies to not engage in, any marketing activities related to the Kentucky Medicaid Program. To the extent Health Plan delegates any marketing activities to PBM, PBM shall comply with all Laws and requirements as instructed by Health Plan.

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- Release for Ethical Reasons. PBM shall not require any PBM Contracted Pharmacy or PBM Owned Pharmacy to perform any treatment or procedure that is contrary to such pharmacy's conscience, religious beliefs, or ethical principles in accordance with 42 C.F.R. § 438.102.
- Ownership or Controlling Interest/Fraud and Abuse. PBM shall require in its pharmacy agreements that no PBM Contracted Pharmacy or PBM Owned Pharmacy, nor any individual who has a direct or indirect ownership or controlling interest of five percent (5%) or more of such pharmacies, nor any officer, director, agent or managing employee (i.e., general manager, business manager, administrator, director or like individual who exercises operational or managerial control over such pharmacies or who directly or indirectly conducts the day-to-day operation of the pharmacy) is an entity or individual (1) who has been convicted of any offense under Section 1128(a) of the Social Security Act (42 U.S.C. § 1320a-7(a)) or of any offense related to fraud or obstruction of an investigation or a controlled substance described in Section 1128(b)(1)-(3) of the Social Security Act (42 U.S.C. § 1320a-7(b)(1)-(3)); or (2) against whom a civil monetary penalty has been assessed under Section 1128A or 1129 of the Social Security Act (42 U.S.C. § 1320a-7a; 42 U.S.C. § 1320a-8); or (3) who has been excluded from participation in a program under Title XVIII, 1902(a)(39) and (41) of the Social Security Act, Section 4724 of the BBA or under a Commonwealth health care program. PBM shall certify its compliance with 42 C.F.R. § 438.610(a) and (b) and have processes and/or procedures in place to ensure ongoing compliance throughout the life of this MOU.

19. Program Integrity - Compliance with Federal Law.

- PBM is prohibited from paying for an item or service (other than an emergency item or service, not including items or services furnished in an emergency room of a hospital):
- 19.1.1 Furnished by any individual or entity during any period when the individual or entity is excluded from participation under Title V, XVIII, or XX of the Social Security Act or sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act;
- 19.1.2 Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or pursuant to section 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person);
- 19.1.3 Furnished by an individual or entity to whom Agency has suspended payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless Agency determines there is good cause not to suspend such payments.
- Audit by Agency or its Designee. If the Agency performs or contracts with an entity that performs audits of Claims and identifies an overpayment, PBM shall remit the amount or balance of the overpayment within ninety (90) calendar days of notification by the Agency to Health Plan unless otherwise notified in writing by Health Plan.
- 20. Remedies. PBM acknowledges and agrees that Agency has the right to invoke against PBM any remedy set forth in the Medicaid Contract between Agency and Kentucky Medicaid Plans, including the right to require termination of this Services under Exhibit II- G for each and every reason for which it may invoke such a remedy against Health Plan or require the termination of the Medicaid Contract.
- Disclosure of Subcontractors. Without limiting PBM's obligations elsewhere in the MOU, PBM shall promptly inform Health Plan of any subcontractors that have any transaction or series of transactions in performance of any obligations under this MOU, which in one (1) fiscal year exceeds the lesser of twentyfive thousand dollars (\$25,000) or five percent (5%) of PBM's operating expense related to the Program.

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- Performance Standards. In addition to the performance standards set forth in the MOU, including this Exhibit II- G, PBM shall comply with all performance standards required by the Agency applicable to PBM and/or the Services PBM is responsible for providing to Health Plan in connection with Kentucky Medicaid Plans as set forth in this Exhibit II- G and as otherwise provided by Health Plan to PBM in writing ("Agency Performance Standards").
- Delegated Services. Without limiting PBM's obligations elsewhere in the MOU, PBM shall administer and provide Services in accordance with this MOU and applicable Law, including but not limited to, that all claims adjudicated as payable shall be for eligible Medicaid Members, to Participating Pharmacies, for Covered Drugs, and in accordance with the payment rules and other policies, regulations, and statutes of the Agency. PBM shall:
 - Ensure the POS system satisfies the functional and informational requirements by: 23.1
- 23.1.1 Supporting the POS function for Claims submissions by Participating Pharmacies twenty-four (24) hours per day, three hundred and sixty-six (366) days per year (except for scheduled and approved downtime).
- 23.1.2 Providing the ability to apply an ICN to each Claim and its supporting documentation, regardless of submission format. This unique number is used to cross reference the ICN for tracking, Claims, research, reconciliation, or audit purposes.
- 23.1.3 Ensuring appropriate HIPAA safeguards are in place to protect the confidentiality of client information.
- 23.1.4 Ensuring the system is capable of adding, changing, or removing Claim adjudication processing rules to accommodate state and federal required changes to the Program within sixty (60) days, unless otherwise approved.
- Process, adjudicate, and pay Claims for Medicaid Members, including voids and full or partial adjustments, via an online, real-time POS system by:
- 23.2.1 Using the specified current National Council for Prescription 127 Drug Program (NCPDP) format. Required updates to this format shall be at no cost to Health Plan;
- 23.2.2 Identifying and denying claims that contain invalid pharmacy numbers including where the Taxonomy/NPI or pharmacy number is missing or is invalid. Claims containing errors shall be returned to the originating pharmacy;
- 23.2.3 Identifying pharmacies on all Claims by their specific NPI; Drug Enforcement Administration (DEA) numbers, Taxonomy, or any other identifying number as required by the Agency, or HIPPA shall be captured by the pharmacy files;
- 23.2.4 Utilizing a system that has the functionality to process Claims requiring International Classification of Diseases Ninth Revision (ICD-9) and International Classification of Diseases Tenth Revision (ICD-10) codes when available; and
- 23.2.5 Validating Claims to identify any liable third party (e.g., Medicare), and ensure that Medicaid is the payer of last resort.
- PBM shall maintain, through an online system an accounts receivable (A/R) process that includes records for Health Plan to systematically track adjustments, recoupments, manual payments, and other required identifying A/R and Claim information;

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- PBM shall provide Claims payment services, including paying ninety-five percent (95%) of all clean Claims submitted by Participating Pharmacies and non-participating pharmacies within twentyone (21) calendar days of receipt and one hundred percent (100%) of all Claims in thirty (30) calendar days.
- 23.4.1 The term "pay" means either send the pharmacy cash or cash equivalent in full satisfaction of the clean claim, or give the pharmacy a credit against any outstanding balance owed by that pharmacy to PBM.
- 23.4.2 The term "clean claim" means a properly completed paper or electronic claim submitted in compliance with NCPDP standards and approved for payment.
- 23.4.3 Resubmission of a claim with further information and/or documentation shall constitute a new claim for purposes of establishing the time frame for claims processing.
- 23.4.4 PBM shall pay the claim or advise the pharmacy that the claim submitted is denied and specify all reasons for the denial.
- PBM shall also provide the ability to process Claims on batch electronic media and paper Claims submitted directly for processing. Paper claims may include, but are not limited to, those submitted in situations when a Medicaid Member has to visit an out-of-network pharmacy in an emergency. Paper claims shall be submitted on the NCPDP UCF version D.0.
- 23.5.1 PBM shall process and adjudicate paper claims within ten (10) calendar days of receipt.
 - 23.5.2 PBM shall assign ICNs to all batch claims within twenty-four (24) hours of receipt.
 - 23.5.3 PBM shall maintain electronic backup of batch claims for the duration of the MOU.
- 23.5.4 Electronic batch claims shall be adjudicated through the same processing logic as the POS claims.
- Claims (837) and Remittance Advices (R/A) (835) shall use the American National 23.6 Standards Institute (ANSI) X12 Electronic Data Interface (EDI) standard required for HIPAA compliance.
- PBM shall notify Health Plan in sufficient time for Health Plan to notify the Agency in writing no later than one (1) calendar day from discovery of any POS processing and/or claims adjudication issue that is or has the potential to significantly impact processing time for claims submissions, claims adjudication, and/or continuity of Medicaid Member drug therapy. A significant impact means for this purpose a threshold of one hundred (100) or more Medicaid Members impacted by the issue. Notification shall be followed by a written explanation of the root cause and corrective action.
- PBM shall establish a unique Medicaid-specific Processor Identification (BIN)/Issuer Identification Number (IIN), Processor Control Number (PCN), and Group Number combination for POS pharmacy claims processing, to ensure Medicaid claims are not the same as commercial and/or Medicare Part D business lines.
- 23.9 PBM shall develop, maintain and distribute to pharmacies a procedure and billing manual that lists detailed billing instructions.

24. Formulary Communications, other Pharmacy Communications, and Pharmacy Manual.

Health Plan shall maintain a preferred drug list and PBM shall make information available to Participating Pharmacies and Medicaid Members, including the co-pay tiers or other information as necessary. PBM shall provide information to Participating Pharmacies regarding the Preferred Drug List

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- (PDL) for Medicaid Members under the Program via posting on the web and other relevant means of communication. This list may be updated by Health Plan and shall reflect changes in the status of a drug or to the addition of new drugs, as required.
- PBM shall provide all Participating Pharmacy educational communications and materials related to Kentucky Medicaid Members including but not limited to: Participating Pharmacy letters; Participating Pharmacy bulletins; PDL drug changes and distribution; POS messaging; Training sessions, webinars, quarterly newsletters, and other training activities as requested by Health Plan; Claim resolution; Website postings of the PDL; and Billing instruction.
- PBM shall prepare and issue a Pharmacy Manual to all network pharmacies. For newly contracted providers, PBM shall issue copies of the Pharmacy Manual within five (5) working days from inclusion of the pharmacy in the network or provide online access to the Pharmacy Manual and any changes or updates. All Pharmacy Manuals shall be available in hard copy format and/or online.
- The Pharmacy Manual is subject to Agency approval, including any Pharmacy Manual provided by a subcontractor for direct services, and any updates to the Pharmacy Manual, prior to publication and distribution to pharmacies.
- The Pharmacy Manual and updates shall serve as a source of information to pharmacies regarding Covered Services, PBM's Policies and Procedures, pharmacy credentialing and recredentialing, including Medicaid Member grievances and appeals, claims submission requirements, reporting fraud and abuse, prior authorization procedures, Medicaid laws and regulations, telephone access, the QAPI program, standards for preventive health services and other requirements identified by PBM.
- PBM shall prepare and issue provider communications as necessary to inform pharmacies about PBM's policies, initiatives or other information. Provider communications may be subject to Agency approval prior to distribution if it changes or amends the way business is conducted with the pharmacy. An example of a pharmacy communication requiring approval is notification of a rate change.
- 25. Rebate Administration. Pursuant to the Affordable Care Act and 42 C.F.R. § 438.3(s), CMS requires states to collect CMS level rebates on all Medicaid MCO utilization. In order for the Agency to comply with this requirement PBM shall be required to report timely drug utilization data that is necessary for the Agency to bill manufacturers for rebates in accordance with section 1927(b)(1)(A) of the Social Security Act no later than forty-five (45) calendar days or as required by the Agency after the end of each quarterly rebate period. Therefore, Covered Drugs Claims for Medicaid Members, including diabetic testing supplies, insulin, and those drug products administered by pharmacies in an office/clinical or other noninstitutional setting, are subject to the same manufacturer rebate requirements as Kentucky Medicaid FFS outpatient drugs. Such utilization information must include, at a minimum, information on the total number of units of each dosage form, strength, date of service (date of dispense), paid date (actual date claim was paid) and package size by NDC of each Covered Drug Claim. PBM shall submit to Health Plan for submission to the Agency this NDC level information on drugs, biologics, and other products, including, but not limited to drug codes (e.g., J-Code/Q-Code/A-Code), units and conversions consistent with federal and Agency requirements. The Agency or its designated contractor shall provide this Claims level detail to manufacturers to assist in dispute resolutions. However, since the Agency is not the POS Claims processor, resolutions of unit disputes are dependent upon cooperation of PBM. PBM shall assist Agency in resolving drug rebate disputes with the manufacturer as requested. If at any time during this MOU, requirements are revised to align with state or federal laws, regulations or guidance, PBM shall make all changes necessary to remain in compliance.
- 340B Transactions. PBM shall submit all drug encounters including physician administered drugs, with the exception of in-patient hospital drug encounters, to Health Plan for submission to the Agency pursuant to the requirements of this MOU. PBM shall maintain the systems capability and methodology to appropriately identify 340B claims in real time, prospectively, and retrospectively to avoid duplicate discounts and to support all Agency based efforts and initiatives for 340B claim identification at a claim level of detail, including the utilization of the NCPDP fields designed for this purpose. PBM shall require PBM

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Contracted Pharmacies and PBM Owned Pharmacies, and any Approved Subcontractors to identify 340B purchased drugs on Claims in accordance with Agency requirements. PBM may receive notice of billing guide changes as necessary and with implementation deadlines with which PBM shall comply.

27. Emergency Supplies. In the event the prescription is for a non-preferred drug and Participating Pharmacy cannot reach the physician or PBM for approval and the pharmacist deems it necessary, a seventy-two (72) hour emergency supply shall be provided. If the physician prescribed an amount of the medicine that is less than a seventy-two (72) hour supply but is packaged so that it must be dispensed intact, Participating Pharmacy may dispense the packaged drug and the PBM shall pay for it even if it exceeds a seventy-two (72) hour supply. PBM shall instruct Participating Pharmacies on how to perform the override in the NCPDP environment of the POS Claims processing system. Except for those Medicaid Members diagnosed with conditions listed in 907 KAR 1:019, Kentucky Medicaid Members may be limited to three (3) brand prescriptions and four (4) total prescriptions, based upon their diagnoses and/or medical condition.

28. Pharmacy Call Center.

- 28.1 In addition to all other pharmacy Services required herein, PBM shall operate a toll-free provider call center twenty-four (24) hours a day, three hundred sixty-six (366) days per year for access by pharmacies. The call center shall provide access to registered pharmacists during all hours of operation to respond to pharmacy related questions.
- 28.2 The pharmacy call center shall include management call tracking and reporting capability. The management tracking system shall retain information taken on each call and be retrievable using personal information for the individual from whom the call was received and made available to the Agency upon request. Agency may monitor the call center through review of statistical reports, telephone calls, or onsite visits.
 - 28.3 Call Center capabilities shall include:
- 28.3.1 Producing an electronic record to document all calls, including, but not limited to, PA requests and claims processing;
- 28.3.2 Providing a complete record of communication to the call line from pharmacies and other parties;
- 28.3.3 Providing an escalation procedure whereby a caller not satisfied with the response received may pursue a resolution; and
 - 28.3.4 Ensuring compliance with HIPAA confidentiality requirements.
- 28.4 PBM shall provide a quality assurance program to sample calls and make follow-up calls to monitor caller satisfaction.
- 29. Maximum Allowable Cost. If delegated to PBM, PBM shall establish, subject to approval by Health Plan, and maintain a generic drug Maximum Allowable Cost (MAC) program in order to promote generic utilization and cost containment. PBM shall update MAC and other pricing benchmarks on a schedule at least as consistent as is required by CMS for Medicare Part D plans found at 42 C.F.R. § 423.505(b)(21) or state law. PBM agrees and shall include in its PBM Contracted Pharmacy and PBM Owned Pharmacy contracts that the MAC program requirements herein shall apply and PBM shall comply with all maximum allowable cost laws and administrative regulations promulgated by DOI or the Agency.

30. Participating Pharmacy Network.

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- Licensing and Eligibility. PBM shall require each of PBM Contracted Pharmacy and PBM Owned Pharmacy providing Services to Medicaid Members to be validly licensed to provide services in the Commonwealth, have a valid Drug Enforcement Agency ("DEA") registration number, NPI and taxonomy, if applicable, and be a Medicaid enrolled provider.
- Pharmacy Program Capacity Demonstration. PBM shall assure that Covered Drugs are as accessible to Medicaid Members (in terms of timeliness, amount, duration, and scope) as the same Covered Drugs are available to commercial insurance Medicaid Members in the Medicaid region; and that no incentive is provided, monetary or otherwise, to pharmacies for the withholding from Medicaid Members of medically necessary services. PBM shall make available and accessible facilities, service locations, and personnel sufficient to provide covered services consistent with the requirements specified in this section. PBM shall provide the following: Access for pharmacy services shall not exceed thirty (30) miles or thirty (30) minutes from the Medicaid Member's residence.

30.3 Network Enrollment.

- 30.3.1 In accordance with 42 C.F.R. § 438.206(b)(1)(i)-(v), when establishing and maintaining its network of pharmacies, PBM shall consider the anticipated Medicaid enrollment; the expected utilization of services, given the characteristics and health care needs of the specific Medicaid populations enrolled with PBM; the numbers and types (their training, experience, and specialization) of pharmacies required to provide the necessary Medicaid services; the numbers of network pharmacies who are not accepting new Medicaid patients; and the geographic location of pharmacies and their Medicaid Members, considering distance, travel time, the means of transportation ordinarily used by their Medicaid Members, and whether the location provides physical access for their Medicaid Members with disabilities. PBM shall maintain written agreements with its network of pharmacies.
- 30.3.2 All pharmacies in PBM's network shall be enrolled in the Kentucky Medicaid Program. PBM may enroll pharmacies in its network who do not provide services to the fee-for-service (FFS) population. Pharmacies shall meet mutually agreed upon credentialing standards and be eligible to enroll with the Kentucky Medicaid Program. A pharmacy joining PBM's network shall meet the Medicaid provider enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for FFS providers of the appropriate provider type. Federal Financial Participation is not available for amounts expended for providers excluded by Medicare, Medicaid, or SCHIP, except for Emergency Medical Services.
- 30.3.3 PBM shall enroll in its Participating Pharmacy network those pharmacies throughout the pharmacy community that are willing and able to meet the terms and conditions for participation established by PBM. PBM shall comply with the any willing provider statute as described in 907 KAR 1:672 or as amended and KRS 304.17A-270. PBM shall not require a pharmacy to enroll exclusively with its network to provide Services under this Exhibit II- G, as such would violate the requirement of 42 C.F.R. Part 438 to provide Medicaid Members with continuity of care and choice.
- 30.3.4 Enrollment forms shall include those used by the Kentucky Medicaid Program as pertains to the provider type. PBM shall use such enrollment forms as required by the Agency.
- 30.3.5 PBM shall have written policies and procedures regarding the selection and retention of PBM's Participating Pharmacy network. The policies and procedures regarding selection and retention must not discriminate against pharmacies who service high-risk populations or who specialize in conditions that require costly treatment or based upon that pharmacy's licensure or certification.
- 30.3.6 PBM must offer participation agreements with currently enrolled Medicaid providers who have received electronic health record incentive funds and who are willing to meet the terms and conditions for participation established by PBM.

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- 30.3.7 If PBM declines to include individuals or groups of pharmacies in its network, it shall give affected pharmacies written notice of the reason for its decision.
- 30.3.8 A pharmacy cannot enroll or continue participation in PBM's network if: (i) the pharmacy has active sanctions imposed by Medicare or Medicaid or SCHIP, (ii) required licenses and certifications are not current, (iii) money is owed to the Program, (iv) the Office of the Attorney General has an active fraud investigation involving the pharmacy, or (v) the pharmacy otherwise fails to satisfactorily complete the credentialing process.
- 30.3.9 Enrolling New Pharmacies and Pharmacies Not Participating in Medicaid. A pharmacy is not required to participate in the Kentucky Medicaid Fee-for-Service Program as a condition of participation with PBM's network but must be enrolled in the Kentucky Medicaid Program. If a potential pharmacy has not had a Medicaid number assigned, the pharmacy shall apply for enrollment with the Agency and meet the Medicaid pharmacy enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for FFS providers of the appropriate provider type. All documentation regarding a pharmacy's qualifications and services provided shall be available for review by the Agency or its agents at PBM's offices during business hours upon reasonable advance notice.
- Approval of Pharmacies. PBM understands and agrees that Health Plan retains the right to approve, suspend, or terminate any pharmacy selected by PBM to participate in the network. PBM's Participating Pharmacy agreement shall provide such rights to Health Plan.
 - Termination of PBM Contracted Pharmacy and PBM Owned Pharmacy.
- 30.5.1 PBM agrees that its agreements with PBM Contracted Pharmacies and PBM Owned Pharmacies shall require PBM to terminate the pharmacies' participation in the network for the following reasons:
 - PBM Contracted Pharmacy and PBM Owned Pharmacy engages in an activity that violates any law or regulation and results in suspension, termination, or exclusion from the Medicare or Medicaid program;
 - PBM Contracted Pharmacy and PBM Owned Pharmacy has a license, certification, or accreditation terminated, revoked or suspended;
 - Engages in behavior that is a danger to the health, safety or welfare of Medicaid Members; or
 - Immediately upon receipt of notice from Health Plan that the PBM Contracted Pharmacy and PBM Owned Pharmacy has been suspended, terminated, or excluded by the Program.
- 30.5.2 PBM shall terminate a pharmacy from the network effective upon receipt of notice that a pharmacy has been suspended, terminated, and/or excluded by the Kentucky Medicaid program.
- 30.5.3 PBM shall immediately notify Health Plan of its termination of a PBM Contracted Pharmacy and PBM Owned Pharmacy from the network when such termination is for any of the reasons referenced in this section or for the following reasons: (i) adverse Medicare action; (ii) adverse action on professional license; (iii) deceased; (iv) professional license surrender; or (v) other state Medicaid adverse action. The notification should contain the reason, a brief description of the pharmacy's actions and/or applicable information leading to termination, the NPI, Medicaid ID, Entity Name, Provider Type (two digit) and complete mailing address. PBM shall send the email notification to the Division of Program Integrity, Pharmacy Enrollment Branch Manager and any applicable designee(s). In accordance with the MOU, Medicaid Members who have received a service from the terminated pharmacy within the previous six (6) months shall be notified by mail within thirty (30) days.

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- 30.5.4. PBM will report all terminations monthly in a format and manner for Health Plan to submit via the Provider Termination Report. PBM shall indicate in its report the reason or reasons for which the pharmacy ceased participation.
- 30.5.5 PBM shall notify any Medicaid Member of a Participating Pharmacy's termination provided such Medicaid Member has received a service from the terminated Participating Pharmacy within the previous six (6) months. Such notice shall be mailed within thirty (30) days of such termination action.
- 30.5.6 In the event a Participating Pharmacy terminates participation with PBM, PBM shall immediately notify Health Plan.
- 30.5.7 PBM may terminate from participation in its network any PBM Contracted Pharmacy and PBM Owned Pharmacy who materially breaches the pharmacy agreement and fails to timely and adequately cure such breach in accordance with the terms of the pharmacy agreement.
 - Specialty Pharmacy and Pharmacy Drugs. 30.6
- 30.6.1 PBM shall comply with industry standards for the management of specialty pharmacy drugs. Characteristics of specialty drugs may include the following:
 - 30.6.1.1 Drugs that are used to treat and diagnose rare and complex diseases;
 - 30.6.1.2 Drugs that require close clinical monitoring and management;
 - 30.6.1.3 Drugs that frequently require special handling;
 - 30.6.1.4 Drugs of a high dollar amount for a standard dosage; or
 - 30.6.1.5 Drugs that may have limited access or distribution.
- 30.6.2 PBM may establish a specialty pharmacy network, subject to any willing provider specifications outlined in federal and/or state laws or regulations, and subject to the requirements and restrictions elsewhere in the MOU. PBM's criteria for network participation shall be readily available.
- Adequacy. PBM shall submit information in accordance with the "MCO Provider Network 30.7 File Layout" requirements as provided by the Agency that demonstrate that PBM has an adequate network that meets the Agency's standards. PBM shall notify Health Plan, in writing, for Health Plan to notify the Agency of any anticipated network changes that may impact network standards as defined herein. PBM shall update this information with Health Plan to reflect changes in PBM's pharmacy network monthly.
 - 30.8 Expansion and/or Changes in the Network.
- 30.8.1 If at any time, PBM, Health Plan, or the Agency determines that the pharmacy network is not adequate to comply with the access standards specified above for ninety-five (95%) of Medicaid Members, PBM or Health Plan shall notify the other of this situation and within fifteen (15) Business Days PBM shall submit a corrective action plan to remedy the deficiency. Pharmacies in PBM's pharmacy network who will not accept Medicaid Members shall not be included in the assessment as to whether PBM's pharmacy network is adequate to comply with access standards. The corrective action plan shall describe the deficiency in detail, including the geographic location where the problem exists, and identify specific action steps to be taken by PBM and timeframes to correct the deficiency.
- 30.8.2 In addition to expanding the service delivery network to remedy access problems, PBM shall also make reasonable efforts to recruit additional pharmacies based on Medicaid Member requests. When Medicaid Members ask to receive services from a pharmacy not currently enrolled in the

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network, PBM shall contact that pharmacy to determine an interest in enrolling and willingness to meet PBM's terms and conditions.

PBM shall submit to Health Plan, for Health Plan's submission to the Agency, any additions or changes to the PBM Participating Pharmacy network in a timely manner, and on a monthly basis, in the format specified by Health Plan. PBM understands and agrees that encounter records containing provider numbers that are not on the Medicaid master Provider File will not be accepted by CMS. In addition to timely providing changes to the Participating Pharmacy network to Health Plan for Health Plan's monthly communications to the Agency, PBM shall ensure that all changes to the Participating Pharmacy network are communicated to Medicaid Members within ten (10) Business Days of such change. Health Plan shall provide direction to PBM regarding whether PBM shall modify Health Plan's provider directory file on its website, and PBM shall comply with such direction. Correcting the provider directory file such that Health Plan can update its website within ten (10) Business Days of such pharmacy changes shall be deemed in compliance with this provision. PBM shall update a paper provider directory at least monthly.

- In accordance with 42 C.F.R. § 438.10(h), the provider directory shall include the following:
 - 30.9.1 Pharmacy's name as well as any group affiliation;
 - 30.9.2 Street address;
 - 30.9.3 Telephone number(s);
 - 30.9.4 Website URL, as appropriate;
 - 30.9.5 Specialty, as appropriate;
 - 30.9.6 Whether the pharmacy will accept new Medicaid Members;
- 30.9.7 Pharmacy's cultural and linguistic capabilities including languages offered by the pharmacy or a skilled medical interpreter at the pharmacy's office, and whether the pharmacy has completed cultural competence training; and
- 30.9.8 Whether the pharmacy's office/facility has accommodations for people with physical disabilities including offices, exam rooms and equipment.
- 30.10 <u>Cultural Consideration and Competency</u>. PBM shall participate in Health Plan's effort to promote the delivery of services in a culturally competent manner to all Medicaid Members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity. PBM shall address the special health care needs of Medicaid Members needing culturally sensitive services. PBM shall incorporate in policies, administration and service practice the values of: recognizing the Medicaid Member's beliefs; addressing cultural differences in a competent manner; fostering in staff and pharmacies' attitudes and interpersonal communication styles which respect Medicaid Member's cultural background.
- 30.11 Pharmacy Electronic Transmission of Data. PBM shall transmit to Health Plan any additions or changes to PBM's pharmacy network as specified in the "MCO Provider Network File Layout" requirements as provided by the Agency. Encounter record containing pharmacy numbers that are not on the Medicaid master pharmacy file will not be accepted.

31. **Pharmacy Payment Provisions.**

Claims Payments. PBM shall accept only the uniform claim forms submitted from 31.1 pharmacies that have been approved by the Agency and completed according to Agency guidelines. PBM

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shall accept claims submitted directly to PBM by the pharmacy. PBM shall ensure that payments are made to the appropriate pharmacy.

- Notice to Pharmacies on Change of Reimbursement. PBM shall give at least thirty (30) days' written notice to pharmacies prior to any change in payment structure or reimbursement amount. The written notice must contain clear and detailed information about the change. The changes shall not be retroactive.
- Pharmacy Benefits. This section serves to clarify additional requirements specifically related to 32. PBM's administration of pharmacy benefits on behalf of the Medicaid Plan.

32.1 Pharmacy General Requirements.

- 32.1.1 PBM shall administer pharmacy benefits in accordance with the MOU and this Addendum, requirements specified in the contract between the Agency and Medicaid Plan, and in accordance with all applicable state and federal Laws.
- 32.1.2 Without limiting PBM's obligations elsewhere in the MOU, at a minimum, PBM shall provide the following:
- 32.1.2.1 State-of-the-art, online and real-time rules-based point-of-sale (POS) claims processing services with prospective drug utilization review (ProDUR) and edits;
- 32.1.2.2 An accounts receivable (A/R) process that includes records for the Agency to systematically track adjustments, recoupments, manual payments, and other required identifying A/R and claim information;
- 32.1.2.3 Retrospective drug utilization review (RetroDUR) services upon Health Plan's election;
 - 32.1.2.4 Pharmacy provider relations and education and call center services;
- 32.1.2.5 Seamless interfaces with the information systems of Health Plan and the Agency, and as needed, any related vendors.
 - 32.1.2.6 Claims payment services;
- 32.1.2.7 Reporting and analysis to assist in monitoring and managing the pharmacy program and ensuring compliance with all federal and state requirements;
- 32.1.2.8 Assisting the Agency by cooperating and providing support during internal and external audits, including CMS certification or reviews, or transitions or upgrades of any MMIS/MEMS systems; and
- 32.1.2.9 Pursuant to Section 1903(i) of the Social Security Act, all handwritten or computer generated/printed Medicaid prescriptions for Claims shall require one or more approved industryrecognized tamper-resistant features to prevent all three (3) of the following: (i) copying of a completed or blank prescription form; (ii) erasure or modification of information written on the prescription pad by the prescriber; and (iii) use of counterfeit prescription forms. This requirement does not pertain to prescriptions received by fax, telephone, or electronically.

32.2 Reimbursement Rates and Dispensing Fees.

32.2.1 The Agency shall set, create, or approve, and may change at any time for any reason, reimbursement rates between PBM and a pharmacy, or an entity which contracts on behalf of a

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pharmacy. Reimbursement rates shall include dispensing fees which take into account applicable CMS guidance. PBM shall notify Health Plan in sufficient time for Health Plan to notify the Agency no less than thirty (30) calendar days in advance of any proposed change of over five percent (5%) in the reimbursement rates for a pharmacy licensed in the state in connection with this Addendum. The Agency may disallow such a change. If the Agency disallows the proposed change, PBM shall to reprocess all affected claims without undue delay at the old reimbursement rate.

32.2.2 Pursuant to 18 RS HB 200, Medicaid Benefits, section (16), PBM shall comply with all dispensing fee requirements set by this MOU. To the extent required by Law, PBM shall pay an additional dispensing fee of two dollars (\$2.00) without reduction of any kind or for any reason. This additional dispensing fee amount shall be in addition to the dispensing fee remitted to pharmacies for POS/retail claims as calculated or determined by contractual provisions negotiated directly with the dispensing pharmacy or any entity who contracts on behalf of the dispensing pharmacy.

33. Pharmacy Required Functions.

- 33.1 PBM shall perform the following services and tasks:
- 33.1.1 Enrolling, credentialing and recredentialing and performance review of pharmacy providers;
 - 33.1.2 Assisting pharmacies with Medicaid Member Enrollment status questions;
 - 33.1.3 Assisting pharmacies with prior authorization and referral procedures;
 - 33.1.4 Assisting pharmacies with Claims submissions and payments;
- 33.1.5 Explaining to pharmacies their rights and responsibilities as a member of PBM's network;
- 33.1.6 Handling, recording and tracking pharmacy provider grievances and appeals properly and timely;
 - 33.1.7 Developing, distributing and maintaining a pharmacy manual;
 - 33.1.8 Developing, conducting, and assuring pharmacy orientation/training;
- 33.1.9 Explaining to pharmacies the extent of Medicaid benefit coverage including EPSDT preventive health screening services and EPSDT Special Services;
- 33.1.10 Communicating Medicaid policies and procedures, including state and federal mandates and any new policies and procedures;
- 33.1.11 Assisting pharmacies in coordination of care for child and adult members with complex and/or chronic conditions;
 - 33.1.12 Coordinating workshops relating to PBM's policies and procedures;
- 33.1.13 Providing necessary technical support to pharmacies who experience unique problems with certain Medicaid Members in their provision of services;
 - 33.1.14 Annually addressing fraud, waste and abuse with pharmacies;
- $33.1.15\,\mathrm{Consulting}$ with a requesting pharmacy on authorization decisions, when appropriate; and

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33.1.16 Ensuring no punitive action is taken against a pharmacy who either requests an expedited resolution or supports a Medicaid Member's appeal.

33.2 PBM shall:

- 33.2.1 Establish and operate an interactive website which allows Medicaid pharmacies to file grievances, appeals, and supporting documentation electronically in an encrypted format which complies with federal and State Law and allows a Medicaid pharmacy to review the current status of a matter relating to a grievance or an appeal filed concerning a submitted claim.
- 33.2.2 Upon the request of a Medicaid pharmacy, provide at no cost to the pharmacy, all documents, records, and other information relevant to an adverse payment or coverage determination, PBM shall inform a Medicaid pharmacy of the determination with sufficient detail of the reason(s) therefore and the pharmacy's right to request and receive at no cost to the pharmacy, all documents, records, and other information related to the determination.
- 33.2.3 Provide to each Medicaid pharmacy the opportunity for an in-person meeting with a representative of PBM on any clean Claim that remains unpaid in violation of KRS 304.17A-700 to 304.17A-730; and on any Claim that remains unpaid for forty-five (45) days or more after the date on which the Claim is received by PBM and that individually, or in the aggregate, exceeds \$2,500.00.
- 33.2.4 Reprocess claims that are incorrectly paid or denied in error, in compliance with KRS 304.17A-708. PBM shall not require a Medicaid pharmacy to rebill or resubmit such a Claim in order to obtain correct payment, and no Claim shall be denied for timely filing if the claim was timely submitted.
- Without limiting the general requirements in this section, PBM shall operate a provider call center that meets standards as determined by the Agency. Pharmacy provider call center services shall be staffed, at a minimum, Monday through Friday 8:00 am to 6:00 pm Eastern Time. PBM staff members shall be available to speak with providers any time during open hours.
- Drug Utilization Review (DUR) Program. PBM shall operate a drug utilization review (DUR) 33.4 program that complies with the requirements described in Section 1927(g) of the Social Security Act and 42 C.F.R. Part 456, Subpart K, and as required by the Agency, as if such requirements applied directly to PBM instead of the Agency. PBM's DUR program shall satisfy the minimum requirements for prospective and retrospective DUR as described in Section 1927(q) of the Social Security Act, amended by the OBRA of 1990, and as followed herein.
- 33.4.1 DUR standards shall ensure that pharmacies screen for allergies, idiosyncrasies, chronic conditions that may relate to drug utilization, potential drug therapy problems, and provide counseling to the Medicaid Member in accordance with existing pharmacy laws and federal regulations.
- 33.4.2 DUR standards shall also encourage proper drug utilization by ensuring maximum compliance, minimizing potential fraud, waste and abuse, and taking into consideration both the quality and cost of the pharmacy benefit.
- 33.4.3 PBM shall include review of mental health/substance use and narcotic drugs in its DUR program.
- 33.4.4 A DUR program shall include current clinical standards for each category of DUR, i.e. therapeutic duplication, drug-drug interaction, disease-drug interactions, maximum daily dosage, and therapy duration.
- 33.4.5 If at any time during this MOU DUR requirements are revised to align with state or federal Laws, regulations or guidance, or Agency policy, PBM shall make all necessary changes to remain in compliance.

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- 33.4.6 PBM shall provide a detailed description of its drug utilization review program activities to Health Plan to provide to the Agency on an annual basis. The actual date shall be determined by the Agency. PBM shall provide such information to Health Plan within sufficient time for Health Plan to provide all data necessary for appropriate CMS Annual DUR Report submissions including, but not limited to, completing PBM's portion of the actual annual report template furnished by CMS and within the requested timeframe.
- Interfaces Maintained. Federal regulations require the Agency to maintain appropriate controls over POS eligibility contractors who perform both switching services and billing services. Switch and billing agent functions, if provided by the same company, shall be maintained as separate and distinct operations. If the contractor serving as the POS contractor also provides services as the pharmacies' agent, an organizational firewall shall be in place to separate these functions.

34. Pharmacy Approvals.

- Pharmacy Information Materials and Document Approval. PBM shall submit to Health Plan, for the purpose of obtaining Agency approval, all written materials in accordance with this Addendum. Any materials or communications conveying pharmacy related information to the Medicaid Member or pharmacy shall be subject to these requirements.
 - 34.2 Pharmacy Contract and Fee Approval.
- 34.2.1 All subcontracts and provider agreements are subject to Agency review and approval.
- 34.2.2 Any fee established, modified, or implemented directly or indirectly by a managed care organization, pharmacy benefit manager or administrator, or entity which contracts on behalf of a pharmacy that is directly or indirectly charged to, passed onto, or required to be paid by a pharmacy services administration organization, group buying organization or the like, pharmacy, or Medicaid recipient shall be submitted to Health Plan for submission to the Agency for approval. This paragraph shall not apply to any membership fee or service fee established, modified, or implemented by a pharmacy services administration organization, group buying organization, or the like on a pharmacy licensed in Kentucky that is not directly or indirectly related to product reimbursement.
- 34.2.3 Any contract entered into or renewed by PBM for the delivery in whole or part of Medicaid pharmacy services shall comply with all Laws, including administrative regulations promulgated by the Agency, and other applicable regulatory authority, including, but not limited to, the regulation of maximum allowable costs programs.
- Pharmacy Credentialing and Recredentialing. PBM shall conduct credentialing and recredentialing in compliance with NCQA standards, KRS 205.560(12), 907 KAR 1:672 or other applicable state regulations and federal law. PBM shall document the procedure, which shall comply with the Agency's current policies and procedures, for credentialing and recredentialing of pharmacy providers with whom PBM contracts or employs to treat Medicaid Members.
- Credentialing Timeline. PBM shall complete the credentialing or recredentialing of a pharmacy within ninety (90) calendar days of receipt of all relative information from the pharmacy. The status of pending requests for credentialing or recredentialing shall be submitted as required below.
- Pharmacy Enrollment Coversheet. PBM shall have a process in place that requires the completion of a Pharmacy Enrollment Coversheet, which shall include the following data elements, as applicable, and which shall be submitted electronically to Health Plan for submission to the Agency:
 - **Pharmacy Name**
 - Address-Physical & telephone number

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- Address-Pay-to-address
- Address-Correspondence
- E-mail address
- Address-1099 & telephone number
- Fax Number
- Electronic Billing
- Specialty
- SSN/FEIN#
- License#/Certificate
- Begin and End date of Eligibility
- CLIA
- NPI
- Taxonomy
- Ownership (5% or more)
- Previous Provider Number (if applicable) this also includes Change in Ownership
- Existing provider number if EPSDT
- Tax Structure
- Pharmacy Type
- DOB
- Map 347 (need group # and effective date)
- EFT (Account # and ABA #)
- DEA (Effective and Expiration dates)
- Fiscal Year End Date
- **Document Control Number**
- PBM Credentialing Date
- Credentialing and Recredentialing Policy and Procedure. PBM shall have a documented policy and procedure, which shall comply with Agency's current policies and procedures, for credentialing and recredentialing of pharmacies with whom it contracts to treat Medicaid Members. This documentation shall include, but not be limited to, defining the scope of pharmacies covered, the criteria and the primary source verification of information used to meet the criteria, the process used to make decisions and the extent of delegated credentialing and recredentialing arrangements. PBM shall have a process for receiving input from participating pharmacies regarding credentialing and recredentialing of pharmacies.
- 35.3.1 The process for verification of pharmacy credentials and insurance shall include the following:
 - Written policies and procedures that include PBM's initial process for credentialing as well as its recredentialing process that must occur, at a minimum, every three (3) years;
 - A governing body, or the groups or individuals to whom the governing body has formally delegated the credentialing function;
 - A review of the credentialing policies and procedures by the formal

body;

A credentialing committee which makes recommendations

regarding credentialing;

- Written procedures, if PBM delegates the credentialing function, as well as evidence that the effectiveness is monitored;
 - Written procedures for the termination or suspension of

pharmacies; and

- Written procedures for, and implementation of, reporting to the appropriate authorities serious quality deficiencies resulting in suspension or termination of a pharmacy.
- 35.3.2 PBM shall be responsible for the ongoing review of pharmacy performance and credentialing as specified below:

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- PBM shall verify that its pharmacies to whom Medicaid Members may be referred are properly licensed in accordance with all applicable Commonwealth law and regulations and have in effect such current policies of malpractice insurance as may be required by PBM.
- The process for verification of pharmacy credentials and insurance, and any additional facts for further verification and periodic review of pharmacy performance, shall be embodied in written policies and procedures, approved in writing by the Agency.
- PBM shall maintain a file for each pharmacy containing a copy of pharmacy's current license issued by the Commonwealth and such additional information as may be specified by the Agency.
- The process for verification of pharmacy credentials and insurance shall be in conformance with the Agency's policies and procedures.
- 35.3.3 PBM shall meet requirements under KRS 205.560(12) related to credentialing. Verification of pharmacies' credentials shall include the following:
 - A current valid license or certificate to practice in the Commonwealth of Kentucky;
 - A Drug Enforcement Administration (DEA) certificate and number,

if applicable;

- Previous five (5) years' work history;
- Professional liability claims history;
- Current, adequate malpractice insurance, as verified through

attestation;

Documentation of revocation, suspension or probation of state

license or DEA/BNDD number;

Documentation of sanctions or penalties imposed by Medicare or

Medicaid;

- Documentation of censure by the State or County professional
- association; and
- Most recent information available from the National Practitioner

Data Bank.

35.3.4 Pharmacy shall complete a credentialing application that includes a statement by the applicant regarding:

- The ability to perform the essential functions of the positions, with or without accommodation;
 - Lack of present illegal drug use;
 - History of loss of license and felony convictions:
 - History of loss or limitation of privileges or disciplinary activity;
 - Sanctions, suspensions or terminations imposed by Medicare or

Medicaid; and

Applicants attest to the correctness and completeness of the

application.

- 35.3.5 Before a pharmacy is credentialed, PBM shall verify information from the following organizations and shall include the information in the credentialing files:
 - National Practitioner Data Bank;
 - Information about sanctions or limitations on licensure from the appropriate state boards applicable to pharmacy practice; and
 - Other recognized monitoring organizations appropriate to pharmacy practice.
- 35.3.6 At the time of credentialing, PBM shall perform an initial visit to pharmacies as it deems necessary and as required by law. (See 42 C.F.R. Part 455, Subpart E.) PBM shall document a

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structured review to evaluate the site against PBM standards. PBM shall document an evaluation of the medical record documentation and keeping practices at each site for conformity with PBM standards.

- Recredentialing Procedures. PBM shall have formalized recredentialing procedures. PBM shall formally recredential pharmacies at least every three (3) years, and shall require:
 - 35.4.1 A current license to practice;
 - 35.4.2 A valid DEA number, if applicable;
- 35.4.3 Five (5) year history of professional liability claims that resulted in settlement or judgment paid by or on behalf of the practitioner; and
 - 35.4.4 A current signed attestation statement by the applicant regarding:
 - The ability to perform the essential functions of the position, with or without accommodation;
 - The lack of current illegal drug use;
 - A history of loss, limitation of privileges or any disciplinary action;

and

- Current malpractice insurance.
- 35.4.5 There shall be evidence that before making a recredentialing decision, PBM has verified information about sanctions or limitations on pharmacies from:
 - The national practitioner data bank;
 - Medicare and Medicaid;
 - State boards of practice, as applicable; and
 - Other recognized monitoring organizations appropriate to the

practitioner's specialty.

- Unless prohibited by NCQA standards, if PBM allows pharmacy to provide covered 35.5 services to Medicaid Members before the credentialing or recredentialing process is completed and pharmacy is credentialed, PBM shall allow pharmacy to be paid for the period from the date of its application for credentials to completion of the credentialing or recredentialing process.
- PBM shall establish ongoing monitoring of pharmacy sanctions, complaints and quality issues between recredentialing cycles, and take appropriate action.
- PBM shall provide a credentialing process whereby the pharmacy is only required to go through one (1) credentialing process that applies to PBM, if one credentialing process meets NCQA requirements.
- Implementation of a Credentialing Verification Organization (CVO). PBM shall comply with and take all necessary actions to implement the requirements of 2018 Ky. Acts Ch. 69 and all other applicable federal and state Laws. PBM shall work with any identified CVO designated by the Agency.

36. Pharmacy Orientation and Education.

PBM shall conduct initial orientation for all pharmacies within thirty (30) days after PBM places a newly contracted pharmacy on an active status. PBM shall ensure that all pharmacies receive initial and ongoing orientation in order to operate in full compliance with the MOU and all applicable federal and Commonwealth requirements. PBM shall use reasonable efforts to ensure that all pharmacies receive targeted education for specific issues identified by the Agency. PBM shall ensure that pharmacy relations staffing ratios are proportionally adequate to address pharmacy's issues in a timely manner. PBM shall maintain and make available upon request enrollment or attendance rosters dated and signed by each attendee or other written evidence of training of each pharmacy and their staff. PBM shall ensure that

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pharmacy education includes: PBM coverage requirements for Medicaid services; policies or procedures and any modifications to existing services, reporting fraud and abuse; Medicaid populations/eligibility; standards for preventive health services; special needs of Medicaid Members in general that affect access to and delivery of services; Claims submission and payment requirements; cultural sensitivity; responding to needs of Medicaid Members with mental, developmental and physical disabilities; and; the rights and responsibilities of both Medicaid Members and pharmacies. PBM shall ensure that ongoing education is conducted relating to findings from the QAPI program when deemed necessary by either PBM, Health Plan, or the Agency.

- 36.2 PBM shall develop, implement, and conduct ongoing educational programs for Kentucky Medicaid pharmacy provider community. These educational initiatives shall include, but not be limited to:
 - 36.2.1 Provider letters and bulletins.
 - 36.2.2 PDL drug changes and distribution.
 - 36.2.3 POS messaging.
- 36.2.4 Training sessions, webinars, quarterly newsletters, and other training activities as requested by the Agency.
 - 36.2.5 Billing instructions and claim resolution.
 - 36.2.6 Website postings of the PDL.
 - 36.2.7 PA processes and procedures.
 - 36.3 PBM shall cooperate with the Agency as needed regarding pharmacy-related matters.

37. Member Services.

- Member Call Center. To the extent Health Plan delegates member call center services to PBM, the following shall apply to PBM's performance of Medicaid Member call center operations:
- 37.1.1 The call center shall be staffed and available by telephone Monday through Friday 7:00 am to 7:00 pm Eastern Time.
- 37.1.2 The call center shall meet the current American Accreditation Health Care Commission/URAC-designed Health Call Center Standard (HCC) for call center abandonment rate, blockage rate and average speed of answer for Health Plan's programs with the exception of behavioral health: (i) The call center abandonment rate shall be no greater than 5%; (ii) The call blockage rate shall be no greater than 1%; and (iii) An average of eighty (80) percent of calls each month are answered within thirty (30) seconds or the call is directed to an automatic call pickup system with the IVR options.
- 37.1.3 If there is a separate telephone line for different Medicaid populations, PBM shall report performance for each individual line separately.
- 37.1.4 PBM shall self-report to Health Plan its prior month performance for call center abandonment rate, blockage rate and average speed of answer for its Member services line for Health Plan's reporting to Agency.
- 37.1.5 Appropriate foreign language and/or oral interpreters shall be provided by PBM and available free of charge and as necessary to ensure availability of effective communication regarding treatment, medical history, or health education and otherwise comply with 42 C.F.R. § 438.10(d).

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Member Services Communications. To the extent Health Plan delegates Medicaid Member services communications to PBM, the following shall apply to such Medicaid Member communication materials: (i) Member written materials shall be provided and printed in each language spoken by five percent (5%) or more of the Medicaid Members in each county; (ii) Oral interpretation shall be provided for all non-English languages; (iii) PBM's Member Services staff shall be able to respond to the special communication needs of the disabled, blind, deaf and aged and effectively interpersonally relate with economically and ethnically diverse populations; and (iv) PBM shall provide ongoing training to its staff and pharmacies on matters related to meeting the needs of economically disadvantaged and culturally diverse individuals.

38. [Reserved]

39. Pharmacy Grievances and Appeals.

39.1 General Requirements.

39.1.1 PBM shall implement a process to ensure that a pharmacy shall have the right to file an internal appeal with PBM regarding denial of a health care service or claim for reimbursement, provider payment or contractual issues. PBM shall provide written notification to the pharmacy regarding a denial. PBM shall utilize a standard Pharmacy Grievance Form provided by the Agency for its pharmacy grievance process. Appeals received from pharmacies that are on the Medicaid Member's behalf for denied services with requisite consent of the Medicaid Member are deemed Medicaid Member appeals and not subject to this section.

39.1.2 PBM shall log pharmacy appeals. Appeals shall be recorded in a written record and logged with the following details: date, nature of appeal, identification of the individual filing the appeal, identification of the individual recording the appeal, disposition of the appeal, corrective action required and date resolved. Pharmacy grievances or appeals shall be resolved and the pharmacy shall receive in writing the resolution within thirty (30) calendar days. If the grievance or appeal is not resolved within thirty (30) days, PBM shall request a fourteen (14) day extension from the pharmacy. If the pharmacy requests the extension, the extension shall be approved by PBM. PBM shall ensure that there is no discrimination against a pharmacy solely on the grounds that the pharmacy filed an appeal or is making an informal grievance. PBM shall monitor and evaluate pharmacy grievances and appeals. PBM shall submit monthly reports to Health Plan for submission to the Agency regarding the number, type and outcomes including final denials of pharmacy grievances and appeals as required in this MOU.

39.1.3 A pharmacy who has exhausted PBM's internal appeal process shall have a right to appeal a final denial, in whole or in part, by PBM to an external independent third party in accordance with applicable state laws and regulations including denials, in whole or in part, involving emergency care services. PBM shall provide written notification to the pharmacy of its right to file an appeal. A pharmacy shall have a right to appeal a final decision by an external independent third party to the Cabinet for Health and Family Services Division of Administrative Hearings for a hearing in accordance with applicable state laws and regulation. If the pharmacy prevails, in whole or in part, PBM shall comply with any final order within sixty (60) days unless the final order designates a different timeframe.

PBM shall provide information specified in 42 C.F.R. 39.2 Other Related Processes. § 438.10(g)(2)(XI) about the grievance and appeal system to all pharmacies and subcontractors at the time they enter into a contract.

39.3 Release for Ethical Reasons.

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- 39.3.1 PBM shall not require pharmacies to perform any treatment or procedure that is contrary to the pharmacies' conscience, religious beliefs, or ethical principles in accordance with 42 C.F.R. § 438.102.
- 39.3.2 PBM shall have a referral process in place for situations where a pharmacy declines to perform a service because of ethical reasons. The Medicaid Member shall be referred to another pharmacy licensed, certified or accredited to provide care for the individual service.
- 39.3.3 A release for ethical reasons only applies to PBM's network pharmacies; it does not apply to PBM.
- 39.3.4 PBM shall not prohibit or restrict a pharmacy from advising a Medicaid Member about his or her health status, medical care or treatment, regardless of whether benefits for such care are provided under the MOU, if the pharmacy is acting within the lawful scope of practice.
- Lock-In Program. To the extent delegated to PBM, PBM shall develop a program to address and contain Medicaid Member over utilization of pharmacy services. The criteria for this program must be submitted to the Health Plan for approval.
- Reporting Requirements. PBM acknowledges that Health Plan is obligated to provide the Agency managerial, financial, utilization, quality, Program Integrity and enrollment reports, and any additional reports requested by the Agency, including ad hoc reports. PBM agrees to prepare and submit to Health Plan all such reports, or information necessary to complete reports, at Health Plan's option, in the format requested by Health Plan to the extent such reports relate to the Services provided under this MOU, as follows:
 - 41.1 Reporting Requirements and Standards.
- 41.1.1 PBM shall verify the accuracy for data and other information on reports submitted. Reports or other required data shall be received on or before scheduled due dates. All required information shall be fully disclosed in a manner that is responsive and without material omission.
- 41.1.2 PBM shall be responsible for assuring the accuracy, completeness and timely submission of each report. Reports shall be submitted in electronic format, paper or disk. PBM shall provide such additional data and reports as may be reasonably requested by Health Plan. Health Plan shall furnish PBM with the appropriate reporting formats, instructions, and timetables for submission.
- PBM Reporting. PBM shall comply with all pharmacy benefit reporting requirements of this MOU, the Agency, and those set forth by applicable statutory or regulatory authority.
- 41.2.1 PBM shall deliver to Health Plan for delivery to the Agency no later than August 15 of each contracting year, the following pharmacy benefit information:
- 41.2.1.1 The total Medicaid dollars paid to PBM by Health Plan in connection with Medicaid Members under this Addendum.
- 41.2.1.2 The total amount of Medicaid dollars paid to PBM by Health Plan in connection with Medicaid Members under this Addendum which were not subsequently paid to a pharmacy licensed in Kentucky.
- 41.2.1.3 The average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by PBM to licensed pharmacies with which the PBM shares common ownership, management, or control: or which are owned, managed, or controlled by any of PBM's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise

affiliated by a common owner, manager, or holding company; or which share any common Medicaid Members on the board of directors; or which share managers in common.

- 41.2.1.4 The average reimbursement, by drug ingredient cost, dispensing fee, and any other fee, paid by PBM to pharmacies licensed in Kentucky which operate more than ten (10) locations.
- 41.2.1.5 The average reimbursement by drug ingredient cost, dispensing fee, and any other fee, paid by PBM to pharmacies licensed in Kentucky which operate ten (10) or fewer locations.
- 41.2.1.6 Any direct or indirect fees, charges, or any kind of assessments imposed by PBM on pharmacies licensed in Kentucky with which PBM shares common ownership, management, or control; or which are owned, managed, or controlled by any of PBM's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company; or which share any common Medicaid Members on the board of directors; or which share managers in common.
- 41.2.1.7 Any direct or indirect fees, charges, or any kind of assessments imposed by the pharmacy benefit manager on pharmacies licensed in Kentucky which operate more than ten (10) locations.
- 41.2.1.8 Any direct or indirect fees, charges, or any kind of assessments imposed by PBM on pharmacies licensed in Kentucky which operate ten (10) or fewer locations.
- 41.2.1.9 All common ownership, management, common Medicaid Members of a board of directors, shared managers, or control of PBM, or any of PBM's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company with any managed care organization contracted to administer Kentucky Medicaid benefits, any entity which contracts on behalf of a pharmacy, or any pharmacy services administration organization, or any common ownership, management, common Medicaid Members of a board of directors, shared managers, or control of a pharmacy services administration organization that is contracted with a pharmacy benefit manager, with any drug wholesaler or distributor or any of the pharmacy services administration organizations, management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, common Medicaid Members of a board of directors, manager, or holding company.
- 41.2.2 All information provided by PBM or its agent or contracted entity shall reflect data for the most recent full calendar year and shall be divided by calendar months pursuant to the reporting template format approved and directed by the Agency. This reporting template may be revised by the Agency without additional notice to PBM so long as delivery of the revised template is made sixty (60) days prior to the next reporting delivery date.
- Member Services Report. By the fifteenth (15th) of each month, PBM shall self-report its prior month performance in call center abandonment rate, blockage rate and average speed of answer, for their member services call-in system to Health Plan for reporting to the Agency.
- Pharmacy Network Reporting. PBM shall submit to Health Plan on a quarterly basis, in a format specified by Health Plan, a report summarizing changes in the pharmacy network.
- Financial Reports. PBM shall maintain its accounting systems in accordance with statutory accounting principles, generally accepted accounting principles, or other generally accepted system of accounting. The accounting system shall clearly document all financial transactions between the PBM and Health Plan. These transactions shall include, but not be limited to, Claims payment, refunds and adjustment of payments.

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- Utilization and Quality Improvement Reporting. Utilization and Quality Improvement reports demonstrate compliance with Health Plan and Agency service delivery and quality standards. These reports shall include, but not be limited to:
 - Trending and analysis reports on areas such as quality of care, access to care, or service delivery access;
 - Encounter data as specified in this MOU;
 - Utilization review and management activities data; and
 - Other required reports as determined by Health Plan, including, but not limited to, performance and tracking measures.
 - Additional reporting requirements are set forth in Attachment 1 to this Addendum.
- Violation, Breach or Non-Performance of the Medicaid Contract. PBM understands and agrees that its actions or non-actions, including those listed below, may cause Health Plan to be in breach of the Medicaid Contract and may result in letters of concern, corrective actions or penalties against Health Plan and/or PBM, including, but not limited to, civil money penalties and termination of this Exhibit II- G.
- Non-performance of the particular terms and conditions of the Medicaid Contract as a result of failure of PBM to perform the services it has been delegated in accordance with terms and conditions of the Medicaid Contract;
- 42.2 The conduct of Health Plan, PBM, any subcontractor or supplier, or the standard of services provided by or on behalf of Health Plan, fails to meet Agency's minimum standards of care or threatens to place the health or safety of any group of Medicaid Members in jeopardy;
- PBM fails to or knowingly permits any subcontractor, supplier, or any other person or entity who receives compensation pursuant to performance of the Medicaid Contract, to fail to comply with the nondiscrimination and affirmative action requirements of this MOU;
- PBM provides or knowingly permits any subcontractor to provide fraudulent, or intentionally misleading or misrepresentative information to any Medicaid Member, or to any agent of the Commonwealth or the United States in connection with this MOU;
- Gratuities other than de minimus or otherwise legal gratuities are offered to, or received by, any public official, employee or agent of the Commonwealth from Health Plan, its agent's employees, PBM or subcontractors, or suppliers, in violation of Offer of Gratuities and Affirmative Action of the Medicaid Contract;
- 42.6 Failure to provide a required report in an allotted time frame or submitting incomplete or incorrect reports required herein;
 - 42.7 Failure to comply with a Corrective Action Plan;
 - 42.8 Prompt pay violations;
 - 42.9 Substantial non-compliance that affects Medicaid Members' access to Services; or
- 42.10 Failure to submit correct data except for encounter submission or if otherwise addressed in the MOU.
- 43. Utilization Review/Prior Authorization. PBM acknowledges and agrees that if/when utilization management, including prior authorization services, are delegated to PBM, additional requirements shall apply, which shall be documented in an amendment hereto, and which shall include compliance with requirements of section 1927(d)(5) of the Social Security Act and 42 C.F.R. §§ 438.10 and 438.404.

44. Formulary Support. PBM acknowledges and agrees that if/when formulary services (e.g., development and maintenance of a formulary) is delegated to PBM, additional requirements shall apply, which shall be documented in an amendment hereto.

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ATTACHMENT 1 – SAMPLE REPORTING REQUIREMENTS AND REPORTING DELIVERABLES

| Document Name MCO Reports Description | | | | |
|---------------------------------------|---|--|--|--|
| Date Created | September4,2011 | | | |
| Last Revised | July 19, 2018 | | | |
| Owner | Medicaid Managed Care Oversight Contract Management | | | |

| Report# | Report Name | Status |
|---------|--|--------|
| 173 | MCO-PBM Compliance Report for POS Transactions | Active |

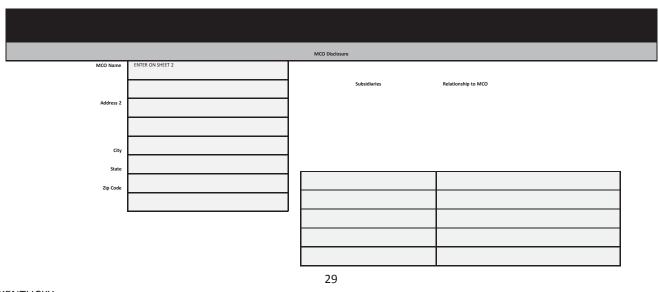
Note: A report will not be required to be submitted to the Department during the period the report has a status of 'Inactive'.

| Report#: | 173 | Created: | 07/12/2018 |
|------------|--|----------------|------------|
| Name: | MCO-PBM Compliance Report for POS Transactions | Last Revised: | |
| Group: | Pharmacy | Report Status: | Active |
| | | | |
| Frequency: | Annual | Exhibits: | NA |
| Period: | State Fiscal Year July 1 – June 30. | | |
| Due Date: | 30 calendar days following the report period. | | |
| SubmitTo: | Kentucky Department for Medicaid Services | | |

Description:

Monthly summary of Ownership & Related Entities with details for each MCO, PBM and the related entities; Monthly Financial Detail; Cumulative Financial Detail; Related Entity Financial Detail; Related Entity Financial Detail; Pharmacy Type Financial Detail. List Executive Staff Titles; Relationship Titles; MCO and the PBM shall each submit a legal structure chart.

Sample Layout:



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|-------------|--------------|---|--|
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| <u>Name</u> | <u>Title</u> | | |
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| | | | Relationship to PBM |
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Relationship to PBM

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| Address 2 | | | Relationship End Date (if applicable) | |
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| Name: | | | | |
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| Reporting Period | | | | |
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| NOTE: See "Data Dictionary and Terminology" tab for | detail on reporting items. | | | |
| | | | | |
| | | 22 | | |

| | Jan 2017 Financial Information | | | | | | | | | | | |
|---|--|--------|-----------|-------------------------------|------|--------|-----------|--------------|--|--|--|--|
| Item# | | | | | | | | | | | | |
| | Medicaid \$ paid to PBM | | | | | | | | | | | |
| 1 | | \$ - | | | | | | | | | | |
| 2 | Medicaid \$ paid to PBM, not paid to pharmacies | \$ - | | | | | | | | | | |
| Ingredient Cost Dispensing Fee Other Fees | | | | | | | | | | | | |
| | | median | mean | median | mean | median | mean | total claims | | | | |
| 3 | Average reimbursement by claim, PBM to pharmacies of common ownership | s - | mean \$ - | median | s - | median | mean \$ - | votal Galmo | | | | |
| 4a | Average reimbursement by claim, PBM to pharmacles with 11 or more locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 0 | | | | |
| 4b | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 0 | | | | |
| 5a | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 0 | | | | |
| 5b | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply | s - | \$ - | \$ - | \$ - | \$ - | \$ - | 0 | | | | |
| | | | | | | | | | | | | |
| | Total remuneration fees | | DI Fees | Other Assessments /Charges | | | | | | | | |
| 6 | Total remuneration tees charged to pharmacies of common ownership, by fee type | \$ | ÷ | \$ - | | | | | | | | |
| 7 | Total remuneration fees charged to pharmacies with 11 or more locations, by fee type | s | - | \$ - | | | | | | | | |
| 8 | Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type | \$ | - | \$ - | | | | | | | | |
| | | | | | | | | | | | | |

| 2017 Cumulative Financial Detail | | | | | | | | | | | | |
|---|--|--|------|-------------------------------|------|--------|------|--------------|--|--|--|--|
| MCO Name: | | | | | | | | | | | | |
| Report Run Date: | | | | | | | | | | | | |
| Reporting Period | | | | | | | | | | | | |
| From: Reporting | | | | | | | | | | | | |
| Period To: | | | | | | | | | | | | |
| NOTE: See "E | ata Dictionary and Ten | ninology" tab for detail on reporting iten | 15. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Item# | | | | | | | | | | | | |
| | Medicaid \$ paid to PBM | | | | | | | | | | | |
| 1 | | \$ - | | | | | | | | | | |
| | Medicaid \$ paid to PBM, | | | | | | | | | | | |
| 2 | not paid to pharmacies | \$ - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Ingredient Cost Dispensing Fee Other Fees | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Average | median | mean | median | mean | median | mean | total claims | | | | |
| 3 | reimbursement by claim, PBM to pharmacies | \$ 0 | | \$ - | \$ - | \$ - | \$ - | | | | | |
| | of common ownership | , | | | · | , | · | | | | | |
| | Average reimbursement by claim, PBM | | | | | | | | | | | |
| 4a | to pharmacies with 11 or more locations | \$ 0 | \$ - | \$ - | \$ - | \$ - | \$ - | | | | | |
| | for fills up to a 34 days supply Average | | | | | | | | | | | |
| | reimbursement by claim, PBM to pharmacies | | | | | | | | | | | |
| 4b | with 11 or more locations for fills greater | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | | | | |
| | than a 34 days supply Average | | | | | | | | | | | |
| F | reimbursement by claim, PBM to pharmacies | \$ - | \$ - | \$ - | \$ - | \$ - | c | | | | | |
| 5a | with 10 or fewer locations for fills up to a | > - | \$ - | \$ - | \$ - | \$ - | \$ - | | | | | |
| | 34 days supply Average reimbursement | | | | | | | | | | | |
| 5b | by claim, PBM to pharmacies with 10 or | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | | | | |
| | fewer locations for fills greater than a 34 days | | | | | | | | | | | |
| | supply | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | DI Fee | | Other Assessments /Charges | | | | | | | | |

| 6 | Total remuneration fees charged to pharmacies of common ownership, by fee type | | \$ | - | | \$ | - |
|---|--|--|----|---|--|----|---|
|---|--|--|----|---|--|----|---|

| 7 | Total remuneration fees charged to pharmacies with 11 or more locations, by fee type | ş | - | \$ | - |
|---|---|----|---|----|---|
| 8 | Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type | \$ | - | \$ | - |

| | | | | Related Entity Financial Detai | 1 | | | |
|-------------|--------------------|-----------|--------------------|---|----------------------------|--------------|---------|-------------------------------|
| | | | | Jan 20 | 17 | | | |
| | | | | Total assessments charged to ownersi | pharmacies of common up | | | |
| | | | | | | | | |
| Entity Name | Ingredic median | mean mean | Dispensi median | ng Fee mean mean | Oth median | er Fees mean | DI Fees | Other Assessments /Charges |
| Entity Name | median | mean | median | mean | median | mean | UI rees | /unarges |
| | | | | | | | | |

| | Jan 2017 | | | | | | | |
|---|--|----------|--------|-----------|--------|-----------|------------------------------|-----------------------------|
| | Average reimbursement by claim from PBM to pharmacies by pharmacy type | | | | | | Total assessments charged to | oharmacies by pharmacy type |
| | | | nien. | | | ther face | | |
| | Ingredi | ent Cost | Disp | nsing Fee | 0 | ther Fees | | Other Assessments |
| Pharmacy Type | median | mean | median | mean | median | mean | DI Fees | /Charges |
| Specialty | | | | | | | | |
| Mail Order / Home Delivery | | | | | | | | |
| LTC / | | | | | | | | |
| Institutional Maintenance Supply (≥ 90 DS) | | | | | | | | |

| dendum 1 | | |
|--|---|--|
| | | |
| | Kentucky Department for Medicaid Services | |
| | | |
| | #173_MCO-PBM Compliance Report for POS Transactions | |
| | | |
| | | |
| | | |
| Behavioral Health Director | | |
| | | |
| Board Member (Board of Directors) | | |
| Chairman (Board of Directors) | | |
| Chief Accounting Officer | | |
| Chief Administrative Officer | | |
| cher Authingute Officer | | |
| | | |
| Chief Business Development Officer | | |
| Chief Business Officer | | |
| Chief Commercial Officer | | |
| Chief Compliance Officer | | |
| Chief Data Officer | | |
| Chief Executive | | |
| | | |
| Chief Executive Officer | | |
| Chief Financial Officer | | |
| Chief Information Officer | | |
| | | |
| Chief Information Security Officer Chief Investment Officer | | |
| Chief investment Officer | | |
| Chief Marketing Officer | | |
| Chief Medical Director | | |
| Chief Medical Officer | | |
| Chief Networking Officer Chief of Staff | | |
| werner Of albiti | | |
| | | |
| | 40 | |

Anthem Kentucky Managed Care Plan, Inc. (Anthem)

| Chief Operations Officer |
|------------------------------|
| Chief Pharmaceutical Officer |
| Chief Privacy Officer |
| |
| Chief Procurement Officer |
| Chief Revenue Officer |
| Chief Security Officer |
| Chief Technical Officer |
| Deputy General Manager |
| Deputy President |
| |
| Director |
| |
| |
| Executive Chairman |
| Executive Vice President |
| Finance Director |
| Financial Control Officer |
| General Manager |
| Operations Director |
| Other Executive Staff |
| Owner |
| |
| Partner |

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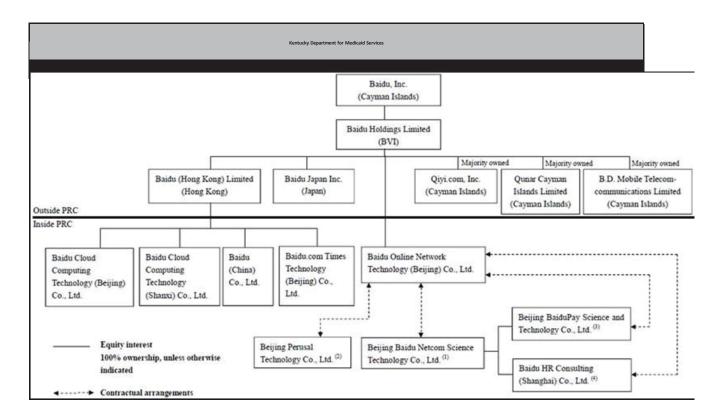
| President |
|---------------------------------|
| Proprietor |
| Senior Executive Vice President |
| Senior Vice President |
| |

Addendum 2

| Kentucky Department for Medicaid Services | | | | | |
|---|--|--|--|--|--|
| #173_MCO-PBM Compliance Report for POS Transactions | | | | | |
| Relationship Titles | | | | | |
| MCO Holding Company | | | | | |
| Other | | | | | |
| Parent Co-Subsidiary | | | | | |
| Parent Jointly Held Companies | | | | | |
| PBM Jointly Held Companies | | | | | |
| PBM Management Company | | | | | |
| PBM Parent Company | | | | | |
| PBM Subsidiary | | | | | |
| Subcontractor/Vendor | | | | | |
| Wholly-owned Subsidiary | | | | | |

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Addendum



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| | . Kentucky Department for Medicaid Services | | | | | |
|--|---|------|---|--|--|--|
| | #173_MCO-P8M Compliance Report for POS Transactions | | | | | |
| | All MCO Cumulative Financial Detail | | | | | |
| Reporting Period From: Reporting Period To: | Period From Reporting Period | | | | | |
| Item # | | | | | | |
| 1 | Medicaid \$ paid to PBM | \$ - | | | | |
| 2 | Medicaid \$ paid to PBM, not paid to pharmacies | \$ - | | | | |
| | | | - | | | |

| Ingred | | nt Cost | Cost Dispensing Fee | | Other Fees | | | |
|------------------------------------|--|---------|---------------------|---------|------------|---------|-------|--------------|
| | | | | | | | | |
| | | | | | | | | |
| | Average reimbursement by claim, PBM to pharmacies of common ownership | mec ian | mean | mec ian | mean | mec ian | me; n | total claims |
| 3 | to pnarmacies of common ownership | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 4 a | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 4b | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 5a | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 5b | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Other Assessments DI Fees /Charges | | | | | | | | |
| 6 | Total remuneration fees charged to pharmacies of common ownership, by fee type | \$ | - | \$ - | | | | |
| 7 | Total remuneration fees charged to pharmacies with 11 or more locations, by fee type | s | - | \$ - | | | | |
| 8 | Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type | s | - | \$ - | | | | |

| | Kentucky Department for Medicaid Services | | | | |
|--------------|---|--|--|--|--|
| | #173_MCO-PBM Compliance Report for POS Transactions | | | | |
| Instructions | | | | | |
| Tab 1: | Instructions: Read Only. | | | | |
| Tab 2: | Report ID Information: Enter the identifying information for your organization. | | | | |

- Tab 3: Ownership & Related Entities: Enter the details for each MCO, PBM, and the related entities.
 - Managed care health plans should replicate their information on the Annual Disclosure of Ownership form as submitted to the Kentucky Department for Medicaid Services' Provider Enrollment Department.
 - · To identify the officers/ownership for the entities of the PBM, include all national level and state level contacts.
 - The "Toggle Utilities" button at the top right hand corner of the tab, should be utilized for additional "Related Entities" and "Officers/Ownership" information.
 - Input information for all shaded cells.
 - Use drop-down menus to complete "Relationship Type" and "Executive Titles".
- Tab 4: Monthly Financial Detail: Enter the monthly financial details by month and entity.
- Tab 5: Cumulative Financial Detail: This tab self populates; you do not need to enter information on this tab.
- **Tab 6:** Related Entity Financial Detail: Enter the monthly financial details by month and entity for the Kentucky Medicaid dollars spent.
- **Tab 7: Pharmacy Type Financial Detail: Enter** the monthly financial details by month and pharmacy type for the Kentucky Medicaid dollars spent.
- Tab 8: Data Dictionary and Terminology.
- Tab 9: Addendum 1_Executive Staff Titles.
- Tab 10: Addendum 2_Relationship Titles.
- Tab 11: Addendum 3_Example_Legal Structure Chart: The MCO and the PBM are shall each submit a legal structure chart.
- **NOTES:** 1. Reporting data should be at the **date of service** level.
 - 2. All dates must be entered in the following format: mm/dd/yyyy.
 - When data is complete and accurate, save this workbook under the following: MCOName_PBM Compliance Report_Calendar Year (yyyy).
 - 4. Transmit completed workbook to the Kentucky Department for Medicaid Services via SharePoint.
 - 5. For each new report that is submitted, the previous reported months of data will need to be refreshed.
 - 6. The macro security will need to be set to "enable all macros" in order to use this template.

| REPORT DUE DATE: | This report will be due by the 15th of the calendar month following the report period calendar month/year. |
|------------------|--|
| | |

Exhibit III Federal Contract Compliance

This <u>Exhibit</u> sets forth the duties and obligations of PBM and Health Plan with respect to the FEP Plan. PBM agrees that this <u>Exhibit</u> applies in connection with the Services provided by PBM under this Agreement with respect to FEP Plans. PBM agrees, and to the extent required by Law will require its downstream entities performing services in connection with the FEP Line of Business to agree substantially in the form hereto, to the following provisions:

1. FEDERAL SUBCONTRACT PROVISIONS

1.1 Requirements.

- 1.1.1 This Agreement is a subcontract under a federal procurement contract of the OPM, with Health Plan. This Agreement is subject to certain federal clauses pursuant to 48 CFR Chapter 16.
- 1.1.2 This Agreement incorporates by reference the clauses set forth herein with the same force and effect as if they were given in full text and modified to reflect the proper parties. PBM represents and warrants that it has reviewed and agrees to the full text of such clauses. PBM shall ensure that it is able to separately identify the FEP Plan in connection with the Services provided under this Agreement so that PBM can comply with the provisions set forth herein for the FEP Line of Business.
- 1.1.3 The clauses are applicable to this Agreement and to PBM downstream / lower tier contracts if the cost of this Agreement or downstream / lower tier agreements are equal to or greater than the amount required by the listed clause, unless specifically exempted by applicable rules, regulations, or Executive Agreements. Except as noted, references in the Federal Acquisition Regulation (FAR) and the Federal Employee Health Benefits Acquisition Regulation (FEHBAR) clauses to the "Government" or any government personnel shall be deemed to be references to Health Plan, and its personnel, as appropriate. Except as noted, references to the "contractor" or any contractor personnel shall be deemed to be references to PBM and its personnel, as appropriate.
 - 1.1.4 PBM agrees to abide by all incorporated provisions.
- 1.1.5 In the event of a conflict between the terms of this <u>Exhibit</u> and other terms in the Agreement, the terms of this Exhibit shall control with respect to the FEP Line of Business.
 - 1.2 The following clauses are applicable to the FEP Line of Business under this Agreement:

A. MANDATORY FLOW-DOWN CLAUSES REGARDLESS OF SUBCONTRACT VALUE

FAR 52.203-15 Whistleblower Protections under the American Recovery and Reinvestment Act of 2009 (June 2010);

FAR 52.225-26 Contractors Performing Private Security Functions Outside the United States (July 2013);

FAR 52.232-40 Providing Accelerated Payments to Small Business Subcontractors

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(December 2013);

FAR 52.247-64 Preference for Privately Owned US-Flag Commercial Vessels (February 2006);

FAR 52.222-26 Equal Opportunity (March 2007);

FAR 52.222-50 Combating Trafficking of Persons (February 2009);

FAR 52.244-6 Subcontracts for Commercial Items (October 2014).

B. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS OVER \$3,000

FAR 52.222-54 Employment Eligibility Verification (August 2013).

C. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS OVER \$10,000

41 C.F.R. 60-741.5(a) Equal Opportunity for Workers with Disabilities;

FAR 52-222.40 Notification of Employee Rights under national labor Relations Act (December 2010).

D. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS OVER \$15,000

FAR 52.222-36 Equal Opportunity for Workers with Disabilities (July 2014).

E. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS OVER \$100,000

FAR 52.222-35 Equal Opportunity for Veterans (July 2014);

FAR 52.222-37 Employment Reports on Veterans (July 2014);

41 C.F.R.60-300.5(a) Equal Opportunity for VEVRAA Protected Veterans (March 24, 2014).

F. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS OVER THE SIMPLIFIED ACQUISITION THRESHOLD (currently \$150,000; see FAR 2.101)

FAR52.219-8 Utilization of Small Business Concerns (May 2014).

G. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS THAT EXCEED THE THRESHOLD FOR SUBMISSION OF COST OR PRICING DATA AT FAR 15.403-4 (as of January 2012 \$700,000)

FEHBAR 1652.222-70 Notice of Significant Events (July 2005).

H. ADDITIONAL MANDATORY CLAUSES - SUBCONTRACTS OVER \$5,000,000

FAR 52.203-13 Contractor Code of Business Ethics and Conduct (April 2010).

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| | Attachment C.21.a-1a. MOU to the MASA |
|---|---------------------------------------|
| Kentucky Managed Care Plan, Inc. (Anthem) | Between the Plan and IngenioRx |

Anthem

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PHARMACY BENEFIT MANAGEMENT SERVICES AGREEMENT

By and Between IngenioRx, Inc. and CaremarkPCS Health, L.L.C.

1 PBM Services Agreement (Caremark)

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| Section 3 - | Representations and Warranties |
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| Section 5 - | Compliance |
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| Section 7 - | IngenioRx Obligations and Authority |
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Section 10 – Record Retention, Use, and Access

Section 11 - Audits

ACDEEMENT

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Section 14 – Information Security
Section 15 – Business Continuity and Disaster Recovery
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PBM Services Agreement (Caremark)

PHARMACY BENEFIT MANAGEMENT SERVICES AGREEMENT

This Agreement is entered into by and between IngenioRx Inc. ("IngenioRx") and CaremarkPCS Health, L.L.C. with its principal place of business at One CVS Drive, Woonsocket, RI 02895 ("PBM"), effective October 18, 2017 ("Effective Date"). IngenioRx and PBM are sometimes referred to collectively as the ("Parties") and individually as a ("Party").

In consideration of the mutual promises set forth in this Agreement, the Parties agree as follows:

SECTION 1 – PURPOSE AND STRUCTURE OF AGREEMENT

The purpose of this Agreement is to set forth the terms and conditions under which PBM will provide certain delegated pharmacy benefit management and administrative services to IngenioRx and its customers, including Designated Affiliates, to assist them in their management and administration of Covered Plans. The Agreement applies to the Commercial Line of Business, Marketplace Line of Business, Medicaid Line of Business, Medicare Line of Business, MMP Line of Business, FEP Line of Business and Discount Card Line of Business. While the Agreement sets forth the terms and conditions generally applicable to all Lines of Business, the Schedules to this Agreement set forth the specific services, performance standard/service level requirements and guarantees, pricing and compensation arrangements, and regulatory requirements applicable for each individual Line of Business that are in addition to and/or different from the general terms and conditions. For avoidance of doubt, this Agreement does not apply to benefits covered under a medical benefit (as opposed to a pharmacy benefit).

SECTION 2 - DEFINED TERMS

Unless otherwise expressly defined herein, capitalized terms used in this Agreement shall have the respective meanings set forth in <u>Annex 1</u> (Defined Terms) and <u>Section 1</u> (Additional Defined Terms - Pricing) of <u>Exhibit 3</u> (Fees and Compensation).

SECTION 3 — REPRESENTATIONS AND WARRANTIES

- 3.1 Licensure. PBM represents and warrants that it, its Approved Subcontractors, and their respective personnel have, and will continue to have at all times during the Term of this Agreement and any Extended Services Period, in good standing, all licenses, permits, certifications, registrations, and other regulatory approvals required by Law necessary for the performance of PBM's obligations under this Agreement. Upon request, PBM shall provide IngenioRx with certified copies of licenses, permits, certifications, registrations, and/or other regulatory approvals required hereunder. In the event that any such license, permit, certification, registration, and/or other regulatory approval is revoked or otherwise not maintained or obtained in accordance with applicable Law, PBM shall promptly provide written notice of such to IngenioRx (and in all cases, such written notice shall be provided within ten (10) Business Days of such revocation or failure to maintain/obtain or such shorter time required by Law). Such notice shall not relieve PBM of its obligation to comply with the license, permit, certification, registration, and other regulatory approval requirements hereunder.
- **3.2 Accreditations.** PBM represents and warrants that it and its Approved Subcontractors have, and will continue to have at all times during the Term of this Agreement and any Extended Services Period, in good standing, the following: (a) NCQA certification; (b) URAC Drug Utilization Management accreditation; and (c) such other NCQA certifications and URAC accreditations applicable to the Services provided hereunder (*e.g.*, to the extent mail and/or specialty pharmacy Services are provided by PBM and/or its Approved Subcontractors, then PBM and/or its Approved Subcontractors, as applicable, shall have and maintain URAC mail and specialty pharmacy services accreditation). In the event that any such accreditation is revoked or otherwise not maintained, PBM shall promptly provide written notice of such to IngenioRx (and in all cases, such written notice shall be provided within fifteen (15) Business Days of such revocation and/or termination/expiration of accreditation). Such notice shall not relieve PBM of its obligation to comply with the accreditation requirements hereunder. PBM acknowledges and agrees that in addition to complying with the Accreditation Standards applicable to PBM, PBM shall comply with all Accreditation Standards applicable to IngenioRx and Covered Plans with respect to Services provided hereunder and

4 PBM Services Agreement (Caremark)

shall ensure that Services are provided in such a way so as not to negatively impact IngenioRx's and Covered Plans' accreditations as set forth in <u>Section 5.2</u> (Compliance with Accreditation Standards).

- Conflict of Interest Disclosure/Affiliation with Competitors. PBM represents and warrants that it, its Affiliates, and its Approved Subcontractors do not have and will not have any real or potential conflict of interest with IngenioRx or its Affiliates that would influence or impact its provision of Services under this Agreement. Without limiting the generality of the foregoing, aside from PBM's Affiliate, SilverScript Insurance Company (which offers Medicare Part D beneficiaries a stand-alone Part D PDP product), PBM represents and warrants that it, its Affiliates, and its Approved Subcontractors are not and will not become a competitor of IngenioRx or its Affiliates, or an Affiliate of a competitor of IngenioRx or its Affiliates. PBM shall notify IngenioRx in writing within five (5) Business Days of becoming aware of any real or potential conflicts of interest and/or becoming a competitor of IngenioRx or its Affiliates, or an Affiliate of a competitor of IngenioRx or its Affiliates in violation of this provision. In the event IngenioRx determines in its sole discretion that a real or potential conflict exists, PBM agrees to promptly meet with IngenioRx within ten (10) Business Days of IngenioRx's request for a senior executive leadership meeting to further discuss in good faith whether such real or potential conflict has been or can be adequately mitigated to the satisfaction of IngenioRx. The notice and meeting requirements hereunder shall not relieve PBM of its obligation to honor and comply with its representations and warranties under this Section 3.3 (Conflict of Interest Disclosure/Affiliation with Competitors). If IngenioRx determines that any conflict of interest exists that cannot be mitigated to the satisfaction of IngenioRx in its sole discretion and/or PBM comes a competitor of IngenioRx or its Affiliates, or an Affiliate of a competitor of IngenioRx or its Affiliates, IngenioRx may terminate this Agreement in accordance with Section 20 (Term and Termination) of this Agreement. Notwithstanding the foregoing, PBM acknowledges and agrees that in the event of a breach or threatened breach of PBM's representations and warranties under this Section 3.3 (Conflict of Interest Disclosure/Affiliation with Competitors), IngenioRx shall be entitled to injunctive relief in accordance with Section 19.3 (Injunctive Relief), in addition to all other rights and remedies.
- 3.3.1 <u>Subcontractor Conflicts of Interest Disclosures/Affiliation with Competitors.</u>

 Notwithstanding the foregoing, the requirements set forth in <u>Section 3.3</u> (Conflict of Interest Disclosure/Affiliation with Competitors) with respect to Approved Subcontractors shall not apply until six (6) months after the Effective Date for those Approved Subcontractors identified by IngenioRx during the implementation process as a priority ("**Priority Approved Subcontractors**") and shall not apply to the remaining Approved Subcontractors until one (1) year after the Effective Date.
- No Exclusions or Felony Convictions. PBM represents and warrants that it, its Approved 3.4 Subcontractors, and PBM Contracted Pharmacies, and their respective members of the board of directors, key management, executive staff, major stockholders, and staff who are responsible for or involved in the delivery and/or administration of Services hereunder: (a) do not appear on a Sanction Exclusion Lists and/or have not been excluded by a Governmental Body from participation in federal and/or state health care programs ("exclusion"); and (b) have not been convicted of a felony or pled guilty or nolo contendere/no contest to a felony involving theft, dishonesty, or breach of trust ("felony conviction"). PBM agrees to check, and/or have Approved Subcontractors and PBM Contracted Pharmacies check, the Sanction Exclusion Lists on a monthly basis to confirm that no members of their respective board of directors, key management, executive staff, major stockholders, and staff who are responsible for or involved in the delivery and/or administration of Services hereunder are subject to exclusion. PBM agrees to immediately notify IngenioRx in writing upon an exclusion and/or felony conviction in violation of this provision, but in any case, no later than two (2) Business Days from the date the exclusion is identified and/or the felony conviction or the entry of the plea is entered. PBM shall immediately remove any individual, Approved Subcontractor, and/or PBM Contracted Pharmacy who is the subject of the exclusion and/or the felony conviction from direct responsibility for, or involvement in, the Services hereunder, and will take appropriate corrective actions.
- **3.5 Legal Actions.** Except as disclosed in <u>Annex 13</u> (Legal Actions), as of the Effective Date, PBM represents and warrants that PBM and its Approved Subcontractors have not had any past or pending investigations, legal actions, administrative actions, or matters subject to arbitration or other legal proceedings brought against PBM, its Approved Subcontractors, or their respective key management or executive staff by a Governmental Body relating to payment from Governmental Bodies for healthcare and/or prescription drug services during the three (3) year period prior to the Effective Date of this

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Agreement. PBM agrees to immediately notify IngenioRx in writing of any investigations, legal actions, administrative actions, or matters subject to arbitration or other legal proceedings that are brought against PBM, its Approved Subcontractors, and/or their respective key management or executive staff by a Governmental Body relating to payment from Governmental Bodies for healthcare and/or prescription drug services, in which case PBM shall provide IngenioRx with a written summary of the matter in reasonably sufficient detail for IngenioRx to have an understanding of the factual and legal allegations made by the Governmental Body (without disclosing the Confidential Information of other customers of PBM).

- No Conflicting Implementation Engagements. PBM represents and warrants that it is not performing, does not have scheduled, and will not schedule or perform any implementation, transition-in or migration efforts with respect to pharmacy benefit management requirements or services of or for any PBM Customer that would involve more than 1,000,000 members/covered lives from the Effective Date through the period when all Implementation Milestones have been successfully completed to the satisfaction of IngenioRx. In the event that any such implementation is scheduled or performed in violation of this Section 3.6 (No Conflicting Implementation Engagements), PBM shall notify IngenioRx in writing within five (5) Business Days of when such implementation is scheduled or commenced, and the amounts at risk for the Implementation Guarantees (each Implementation Service Performance Standard individually and the total amount at risk across all Implementation Guarantees) shall be doubled. In the event IngenioRx determines in its sole discretion that such implementation jeopardizes the success of IngenioRx's implementation with PBM, PBM agrees to promptly meet with IngenioRx within ten (10) Business Days of IngenioRx's request for a senior executive leadership meeting to further discuss in good faith whether the effect of such other PBM Customer implementation(s) has been or can be adequately mitigated so as not to jeopardize IngenioRx's implementation with PBM to the satisfaction of IngenioRx. The notice and meeting requirements hereunder shall not relieve PBM of its obligation to honor and comply with its representations and warranties under this Section 3.6 (No Conflicting Implementation Engagements). If IngenioRx determines that any other PBM Customer implementations in violation of this provision cannot be mitigated to the satisfaction of IngenioRx in its sole discretion, IngenioRx may terminate this Agreement in accordance with Section 20 (Term and Termination) of this Agreement. Notwithstanding the foregoing, PBM acknowledges and agrees that in the event of a breach or threatened breach of PBM's representations and warranties under this Section 3.6 (No Conflicting Implementation Engagements), IngenioRx shall be entitled to injunctive relief in accordance with Section 19.3 (Injunctive Relief), in addition to all other rights
- **3.7 No Violation or Conflicting Limitations.** Neither the execution of this Agreement nor the consummation of the transactions contemplated hereby will be a violation or default of any term or provision of the Party's governance documents or any material contract, commitment, indenture, license, instrument, or other commitment, agreement, or restriction to which it is a Party or by which it is bound. PBM further represents and warrants that it does not have, will not create, will not undertake, and will not agree to any commitment or activity that could impede or otherwise limit PBM's ability to fully perform this Agreement and all Services hereunder in a diligent, professional, efficient, expedient, and expert manner, including System and other custom changes for IngenioRx as required by IngenioRx in accordance with this Agreement and/or as otherwise contemplated by this Agreement (e.g., in no event will PBM not timely make a System or other custom change required by IngenioRx under this Agreement due to other PBM Customer(s) and/or self-created limitations).
- **3.8 All Rights; No Infringement.** PBM represents and warrants that it has all rights and authorizations necessary with respect to its Systems and to perform the Services and to provide such Services and Systems for use by IngenioRx and its Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups as set forth herein; and that PBM shall provide all Services and Systems to IngenioRx free and clear of any liens, claims, charges, or encumbrances. Further, if applicable, PBM shall pass through to IngenioRx any product and third-party end-user warranties and indemnities relating to the Services and Systems. To the extent PBM is not permitted to so pass-through, PBM agrees to enforce such warranties and indemnities on behalf of IngenioRx. All Services and Systems and other Deliverables hereunder to be provided by PBM will not violate, misappropriate, or infringe upon any patent, copyright, trademark, trade secret, or other intellectual, contractual, proprietary, employment, or confidentiality right of a third party; there are no claims of any third party against PBM relating to any intellectual property that is the subject of, to be provided under, or to be used directly or indirectly pursuant to this Agreement.

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3.9 No Disabling Devices. PBM represents and warrants that all Services and Systems and other Deliverables hereunder provided by PBM do not, and will not, contain any computer code designed to disrupt, disable, harm, or otherwise impede in any manner the operation thereof, or any other associated software, firmware, hardware, computer system or network (sometimes referred to as "viruses" or "worms"), and that PBM has taken and will take reasonable steps to test for, and has found no such, viruses or worms. PBM shall not allow unauthorized traffic to pass into IngenioRx's networks.

SECTION 4 -- RELATIONSHIP OF THE PARTIES

- No Exclusivity. The Parties acknowledge and agree that this Agreement is not an exclusive Agreement. Unless otherwise notified by IngenioRx in writing. PBM shall perform all Services set forth herein in accordance with this Agreement. At any time during the Term of this Agreement, and from time to time, IngenioRx may elect to have PBM not provide specified Services (in whole or in part) for some or all Covered Plans, IngenioRx Customers, and/or Group, and IngenioRx may elect to have PBM provide specified Services (in whole or in part) for some or all Covered Plans, IngenioRx Customers, and/or Groups for which PBM is not providing such Service(s) or parts thereof. For avoidance of doubt, IngenioRx may perform any of the Services (in whole or in part) set forth in this Agreement either in-house and/or may contract with third-parties to provide such Services (in whole or in part), in which case PBM shall cooperate with and work in good faith with IngenioRx and IngenioRx designated third parties in the transition of such Services and in the integration of such services with other Services hereunder in accordance with this Agreement, including Exhibit 1-U (Transition-Out Services) and Section 8.6 (Cooperation with Integrated Services). The Parties acknowledge and agree that in the event IngenioRx elects to have PBM not provide certain Services (in whole or in part), there shall be no adjustment to the pricing and/or other terms and conditions set forth in this Agreement except as expressly set forth in Exhibit 3 (Fees and Compensation) at Section 2.3 (Administrative and Service Fee Adjustments). The Parties further acknowledge and agree that in the event IngenioRx elects to have PBM not provide certain Services (in whole or in part), there shall be a credit paid to IngenioRx in accordance with Section 2.3 (Administrative and Service Fee Adjustments) of Exhibit 3 (Fees and Compensation).
- 4.2 Strategic Partnership. PBM acknowledges and agrees that IngenioRx is a strategic partner of PBM committed to assisting IngenioRx with retaining and growing IngenioRx's pharmacy benefit business and increasing IngenioRx's positive market recognition. As such, PBM agrees to perform under this Agreement in such a way so as to (i) protect the reputation and goodwill of IngenioRx, (ii) to guarantee performance standards/service levels committed to IngenioRx under this Agreement shall always be at least as favorable to the performance standards/service levels committed to and/or delivered by PBM to any of its other customers in accordance with the performance standard/service level commitments set forth in Section 2.9 (Performance Standard Updates) of Exhibit 2 (Implementation and Performance Guarantees), (iii) to guarantee pricing committed to IngenioRx under this Agreement shall always be at least as favorable to the pricing committed to and/or delivered by PBM to any of its other customers in accordance with Section 6 (Best Available Pricing) of Exhibit 3 (Fees and Compensation), and to (iv) promote IngenioRx's brand through customer care centers. Without limiting the generality of the foregoing, PBM agrees as follows:
- 4.2.1 <u>Promotion of IngenioRx Brand Customer Care Centers.</u> At no cost to IngenioRx, PBM shall provide IngenioRx with a fully-furnished, dedicated "customer care" office space of commercially reasonable size, and at an IngenioRx preferred location in one or more PBM Specialty Pharmacies or PBM customer care centers, which such space shall be for IngenioRx's exclusive use. Except as permitted by IngenioRx or required by Law, the facility and space shall be exclusively branded as directed by IngenioRx (co-branding is not required). No other PBM Customers shall be provided with facilities or space in or around the facility and its surrounding location. PBM will work collaboratively with IngenioRx, and obtain prior-approval from IngenioRx, on all layout, furnishing, and other functional and aesthetic design decisions affecting the designated office space in order to ensure that the space is suitable for IngenioRx's needs and that the "look and feel" reflect IngenioRx branding and the "look and feel" of other IngenioRx facilities. PBM shall maintain the facilities, including the dedicated office space occupied by IngenioRx, in good repair and working order, including the interior, exterior, structure, and roof for so long as Services are provided hereunder. PBM shall provide janitorial services, electricity, water, heat, plumbing, and air

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conditioning reasonably necessary for IngenioRx to occupy the designated space. PBM agrees that IngenioRx will retain total control over and have final decision making authority over all aspects of the dedicated office space.

- 4.2.2 IngenioRx Branded Retail Pharmacy Presence. Unless otherwise mutually agreed, at no cost to IngenioRx, upon terms and conditions that are acceptable to IngenioRx and PBM, PBM agrees to partner with IngenioRx to establish a retail pharmacy IngenioRx-designated branded presence (and at IngenioRx's election co-branded with PBM) at an agreed upon location acceptable to IngenioRx, which shall be dedicated to providing retail pharmacy services exclusively to IngenioRx Members. PBM shall not unreasonably withhold consent to any IngenioRx-designated branded retail pharmacy location requested by IngenioRx, and will work collaboratively with IngenioRx, and obtain prior-approval from IngenioRx, on all layout, furnishing, and other functional and aesthetic design decisions affecting the retail pharmacy premises in order to ensure that the "look and feel" reflect IngenioRx branding and the "look and feel" of other IngenioRx facilities. PBM shall be responsible for maintaining the retail pharmacy premises in good repair and working order, and providing all janitorial services, electricity, water, heat, plumbing, and air conditioning reasonably necessary for retail pharmacy operations. PBM is responsible for ensuring that that the pharmacy and pharmacy personnel maintain all required licensing and certifications, and that the pharmacy is adequately staffed to offer and provide all retail pharmacy services in accordance with applicable Law and with at least the same standard of care, skill, and diligence that is customarily used by retail pharmacies in the community. IngenioRx shall have the right to interview and approve pharmacy personnel, including the pharmacist-in-charge. If IngenioRx reasonably determines that any pharmacy personnel is not performing in a reasonably satisfactory manner, IngenioRx shall provide PBM written notice identifying the individual and the circumstances. Promptly, upon receipt of such notice, PBM shall take immediate steps to replace the individual as soon as reasonably practicable with a person of suitable ability and qualifications. Nothing in this provision shall be deemed to give IngenioRx the right to require PBM to terminate any employee's employment; rather it is intended to give IngenioRx only the right to remove personnel from the performance of retail pharmacy services for IngenioRx.
- 4.3 Transparent Arrangement. PBM acknowledges and agrees that full and complete transparency of PBM is a critical consideration of IngenioRx in entering into this Agreement. As such, PBM agrees that on the Effective Date and on a semi-Contract Year basis thereafter (within thirty (30) days of the end of each such semi-Contract Year period), PBM shall deliver to IngenioRx a full, certified profit and loss statement (utilizing Generally Accepted Accounting Principles) with respect to IngenioRx's book of business, disclosing any and all revenue to PBM (including a full description of the source and amount of such revenue) which PBM and/or its Affiliates providing Services hereunder obtain directly or indirectly as a result of and/or in connection with this Agreement and/or IngenioRx's Claims, IngenioRx Data and Information, and/or other information related hereto, by Line of Business, Covered Plan, IngenioRx Customer, and Group, including: (a) Administrative Fees; (b) Ancillary Service Fees; (c) margin from pharmacy pricing (e.g., spread on Traditional Pricing); (d) Rebate Revenue share; (e) Manufacturer Revenue, including revenues received in connection with PBM Mail Order Pharmacy and PBM Specialty Pharmacy Services; (f) pharmacy transaction fees; (g) pharmacy credentialing, enrollment, and audit fees, in the form attached hereto at Annex 14 (Profit and Loss Template). Each profit and loss statement shall be certified by the Chief Financial Officer, or his/her designee who is a corporate officer of PBM, as true and accurate on an annual basis. For avoidance of doubt, Affiliates for purposes of this provision includes all PBM Affiliates providing Services under this Agreement, including PBM Mail Order Pharmacies and PBM Specialty Pharmacies, but does not include CVS retail pharmacies. PBM acknowledges and agrees that IngenioRx has the right to audit PBM's compliance with this provision and to audit the accuracy of the profit and loss statements.
- **4.4 Customer Non-Solicitation/Bidding.** PBM and IngenioRx recognize that in providing Services to IngenioRx under this Agreement, PBM will receive Confidential Information concerning IngenioRx that would provide PBM a competitive advantage in competing against IngenioRx and Designated Affiliates to provide services that are the same or substantially similar to one or more Services that are provided under this Agreement ("Similar PBM Services"). Accordingly, PBM agrees to the following restrictions as of the Effective Date of this Agreement, subject to applicable Law:

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- 4.4.1 Non-Solicitation. Except as set forth in this Section 4.4 (Customer Non-Solicitation/Bidding), PBM and its Affiliates shall not, and shall not advise others to, directly or indirectly, without IngenioRx's prior express written consent, knowingly solicit, enter into an agreement with, or respond to a request for proposal to provide any Similar PBM Services to an IngenioRx Existing Customer (who has not disqualified IngenioRx from providing future pharmacy benefit related services) during the Term of this Agreement and any Extended Services Period and for two (2) years thereafter. For the purposes of this Section 4.4 (Customer Non-Solicitation/Bidding), references to a "request for proposal" shall include any request or solicitation for a bid, proposal, pricing, quotes, modeling, re-pricing, renewals, or the like associated with Similar PBM Services. For avoidance of doubt, IngenioRx shall retain the right to solicit any entity, including existing and prospective PBM Customers, for integrated or stand-alone pharmacy benefit products/services.
- 4.4.2 <u>Notification of Opportunity/Response to Request for Proposal.</u> In the event PBM or its Affiliates receive a request for proposal (whether directly or indirectly) for the provision of any Similar PBM Service from or on behalf of an IngenioRx Existing Customer, PBM will promptly notify IngenioRx in writing of such. If IngenioRx advises PBM that it intends to bid on the business, PBM will work with IngenioRx to develop a competitive bid to be offered through IngenioRx and shall work in good faith with IngenioRx for IngenioRx to win the business, in which case PBM and its Affiliates will not bid on such business either directly or indirectly. If, however, IngenioRx advises PBM that it does not intend to bid on the business, PBM and/or its Affiliates may bid on such business directly or indirectly.
- Bid Requirements. Without limiting the requirements and restrictions in Section 4.4.1 (Non-Solicitation) and Section 4.4.2 (Notification of Opportunity/Response to Request for Proposal) in the event PBM and/or its Affiliates offers to an IngenioRx Existing Customer and/or IngenioRx Prospective Customer in response to a request for proposal or otherwise any terms and conditions better than those provided to IngenioRx under this Agreement (including pricing terms and conditions) or offers any services or programs related to pharmacy benefit management (including mail and specialty pharmacy services) beyond those specified in this Agreement, PBM will make such terms and conditions available to IngenioRx on an exception pricing basis and/or make such services and programs available to IngenioRx on the same terms as offered to the IngenioRx Existing Customer or an IngenioRx Prospective Customer by PBM and/or its Affiliates, in time to reasonably enable IngenioRx to incorporate such terms, services, and/or programs in a proposal by IngenioRx to such IngenioRx Existing Customer and/or IngenioRx Prospective Customer. If IngenioRx receives an inquiry from an IngenioRx Existing Customer and/or IngenioRx Prospective Customer or consultant on their behalf, questioning IngenioRx's bid pricing relative to its relationship with PBM, IngenioRx may share the language in this Section 4.4.3 (Bid Requirements) in responding to such IngenioRx Existing Customer and/or IngenioRx Prospective Customer or consultant on their behalf. In addition, upon IngenioRx's request, PBM will work with IngenioRx to provide any other written documentation required of the IngenioRx Existing Customer and/or IngenioRx Prospective Customer or consultant on their behalf to confirm that the IngenioRx bid is as good as or better than the PBM bid. In the event IngenioRx wins such business, the Parties shall amend the Agreement to incorporate the exception pricing and/or add any additional services and programs made available to IngenioRx on the terms required hereunder for such IngenioRx Existing Customer and/or IngenioRx Prospective Customer.
- 4.4.4 <u>Bid Status Reporting.</u> PBM shall provide IngenioRx with reports on a monthly basis identifying requests for proposals received during such month and/or in progress in connection with <u>Section 4.4.2</u> (Notification of Opportunity/Response to Request for Proposal), and <u>Section 4.4.3</u> (Bid Requirements), including the date received and the status of each, in a format acceptable to IngenioRx.
- 4.4.5 Officer Certification. On an annual basis and otherwise upon IngenioRx's request, PBM will provide a written certification from its Chief Financial Officer or Chief Operating Officer, or his/her designee who is a corporate officer of PBM, representing and warranting PBM's compliance with the provisions of this Section 4.4 (Customer Non-Solicitation/Bidding).
- 4.4.6 <u>Non-Solicitation Violations/Remedies</u>. PBM acknowledges and agrees that in the event of a breach or threatened breach of this <u>Section 4.4</u> (Customer Non-Solicitation/Bidding), IngenioRx shall be entitled to injunctive relief in accordance with <u>Section 19.3</u> (Injunctive Relief), in addition to all other rights and remedies.

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- 4.4.7 Exceptions. This Section 4.4 (Customer Non-Solicitation/Bidding) shall not apply to situations where (i) PBM provides prescription benefit services to other third-party entities not Affiliated with PBM, including third-party administrator, insurers, or other purchasing entity; and (ii) with respect to any individual either solicited by an Affiliate of PBM through its minimum marketing efforts required by CMS in connection with any sponsorship awarded by CMS to such Affiliate to offer qualified prescription drug coverage as a Medicare Part D prescription drug plan ("PBM Affiliated PDP") or automatically enrolled by CMS in the PBM Affiliated PDP as a full benefit dual eligible individual. PBM shall not encourage or cause its Affiliates, its PBM Customers, or others to engage in activities that PBM would be prohibited from doing directly under this Section 4.4 (Customer Non-Solicitation/Bidding), and PBM shall not, and shall cause its Affiliates not to, encourage or provide specific incentives to any person to solicit, on behalf of PBM any business from IngenioRx that PBM would not be permitted to solicit directly pursuant to this Section 4.4 (Customer Non-Solicitation/Bidding).
- 4.5 Firewalls. PBM shall ensure that all PBM Restricted Personnel: (a) are not, directly or indirectly, utilized or assigned to perform services for or on behalf of any PBM Customer or PBM Affiliates except as may be expressly approved by IngenioRx in writing; and (b) do not share, divulge, or otherwise communicate any information concerning IngenioRx Sales Activities, IngenioRx's pricing and compensation arrangements, IngenioRx IP, and/or any IngenioRx Confidential Information (including clinical information) with other employees or Approved Subcontractors of PBM except on a strict "need to know" basis solely to allow PBM to satisfy its obligations under this Agreement (this does not in any way limit PBM's obligations to comply with Section 13 (Confidential Information)). For avoidance of doubt, IngenioRx Sales Activities, IngenioRx pricing and compensation information, IngenioRx IP information, and IngenioRx clinical information that is Confidential Information shall not be shared with, divulged to, or otherwise communicated to leadership or executives of PBM who oversee, are responsible for, or otherwise are involved with or have access to information related to other PBM Customers. "PBM Restricted Personnel" shall mean Dedicated Personnel; PBM Designated Personnel who perform or assist in the provision of Services to IngenioRx involving sales and/or marketing activities related to IngenioRx Existing Customers and/or IngenioRx Prospective Customers ("IngenioRx Sales Activities"); PBM personnel serving on Governance Committees; and all PBM personnel who have access to IngenioRx's pricing and compensation arrangements, IngenioRx Sales Activities, IngenioRx IP, and/or IngenioRx clinical information that is Confidential Information.
- 4.5.1 <u>Non-Disclosure Agreements</u>. Each PBM Restricted Personnel shall execute a non-disclosure agreement acceptable to IngenioRx prior to performing or assisting in the provision of Services to IngenioRx.
- 4.5.2 <u>Firewall Training and Policies and Procedures</u>. PBM shall have and maintain policies and procedures in order to ensure compliance with the firewall commitments and the confidentiality obligations hereunder. PBM also shall ensure that all PBM Restricted Personnel, upon hire and annually thereafter, complete IngenioRx "firewall" training, which such training shall address IngenioRx firewall requirements and processes in order to protect IngenioRx proprietary information in accordance herewith. The "firewall" training shall be shared with IngenioRx and is subject to IngenioRx's review and approval. PBM shall have and maintain evidence of PBM Restricted Personnel completing such training.
- 4.5.3 <u>IT Firewalls.</u> PBM shall ensure that there are adequate protections with respect to its Systems to prevent persons who are not PBM Restricted Personnel from having access to the data and files created, utilized, and/or maintained by PBM Restricted Personnel in connection with the provision of Services related to IngenioRx, including IngenioRx Sales Activities and the pricing and compensation arrangement under this Agreement.
- 4.5.4 <u>Firewall Validation/Certification</u>. Upon IngenioRx's request, PBM shall provide documentation and other information to validate that the firewalls are in place and effective. On an annual basis and otherwise upon IngenioRx's request, PBM will provide a written certification from its Chief Financial Officer and Chief Operating Officer, or his/her designee who is a corporate officer of PBM, representing and warranting PBM's compliance with <u>Section 4.5</u> (Firewalls).

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- 4.5.5 <u>Firewall Violations/Remedies</u>. PBM acknowledges and agrees that in the event of a breach or threatened breach of this <u>Section 4.5</u>, (Firewalls) IngenioRx shall be entitled to injunctive relief in accordance with <u>Section 19.3</u> (Injunctive Relief), in addition to all other rights and remedies.
- **4.6 Use of Subcontractors.** During the Term of this Agreement and any Extended Services Period, with the exception of Approved Subcontractors, PBM shall not subcontract or delegate any of the Services to any other person or entity (whether Affiliates or not) and shall not allow any Affiliate, vendor, or other third party to have access to IngenioRx Data and Information. Any changes to the list of Approved Subcontractors (including identification of the subcontractor and/or the services to be performed by the subcontractor) shall be mutually agreed upon by the Parties and reflected in a fully executed written amendment to this Agreement, amending <u>Annex 3</u> (Approved Subcontractors).
- 4.6.1 <u>Subcontractor Compliance with Law.</u> PBM shall require all Approved Subcontractors to comply with applicable Laws related to the Services provided by the Approved Subcontractor in connection with this Agreement.
- 4.6.2 <u>Subcontractor Compliance with this Agreement.</u> PBM shall require all Approved Subcontractors to perform the Services in accordance with the terms and conditions of this Agreement, including the applicable Service Description Schedules and the applicable Performance Guarantees.
- Subcontractor Agreements. PBM shall have and maintain a written agreement with each 4.6.3 Approved Subcontractor that imposes on each such Approved Subcontractor the requirements imposed on PBM under the following provisions of the Agreement (which shall apply to the Approved Subcontractor and its subcontractors): Section 3.1 (Licensure), Section 3.2 (Accreditations), Section 3.3 (Conflict of Interest Disclosure/Affiliation with Competitors), Section 3.4 (No Exclusions or Felony Convictions), Section 3.5 (Legal Actions), Section 4.6 (Use of Subcontractors), Section 4.7 (Performance Outside of the United States), Section 4.9 (PBM Communications and Responsiveness), Section 4.10 (Communications with Designated Affiliates, Covered Plans, IngenioRx Customers, and Members), Section 4.12 (Non-Solicitation of Employees), Section 5.1 (Compliance with Laws), Section 5.2 (Compliance with Accreditation Standards), Section 5.3 (Compliance with Blues Brand Regulations), Section 5.4 (Compliance with Regulatory Contracting Requirements), Section 5.5 (Compliance with Diversity Requirements), Section 5.7 (Compliance Program), Section 8.1 (All Services), Section 8.6 (Cooperation with Integrated Services), Section 10 (Record Retention, Use, and Access), Section 12 (Intellectual Property and Service Marks), Section 13 (Confidential Information), Section 14 (Information Security) and Section 5 (Telemarketing Laws and IngenioRx TCPA Guidelines) of Exhibit 4 (Regulatory Addendum). In addition, PBM shall ensure that the written Approved Subcontractor agreements contain all regulatory and accreditation provisions required by Law, including those set forth in Attachment 4 (LOB Regulatory Addendum) to each Line of Business Schedule to the extent applicable to the Services provided by the Approved Subcontractor. For avoidance of doubt, PBM shall include language in its Approved Subcontractor agreements that prohibit further subcontracting without IngenioRx's prior written consent.
- 4.6.4 <u>Subcontractor Access to PHI</u>. In the event an Approved Subcontractor will create, receive, maintain, or transmit PHI in connection with this Agreement, PBM will have and maintain during the term Services are being provided by the Approved Subcontractor an executed written business associate agreement with the Approved Subcontractor imposing obligations no less restrictive than those set forth in the Business Associate Agreement at <u>Annex 6</u> (Business Associate Agreement).
- Subcontractor Oversight. On no less than an annual basis, PBM shall audit each Approved Subcontractor to ensure compliance with this Agreement, including that Services are being performed and/or access to IngenioRx Data and Information is accessed and handled in accordance with this Agreement. In addition, PBM shall continually and routinely monitor each of its Approved Subcontractors, and shall provide a formal report of its monitoring and oversight activities to IngenioRx, including a summary of the activities undertaken and the results of those activities on no less than a quarterly basis for so long as PBM provides Services to IngenioRx. Without limiting PBM's oversight, monitoring, and audit obligations in connection with Approved Subcontractors hereunder, PBM acknowledges and agrees that IngenioRx shall have the right to oversee and monitor Approved Subcontractors at all times and shall have the right to audit Approved Subcontractors in accordance with Section 11 (Audits). PBM shall ensure that PBM's

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arrangement with such Approved Subcontractor does not prohibit or restrict such oversight, monitoring, and/or audit rights of IngenioRx. PBM and its Approved Subcontractors shall promptly and fully cooperate with such IngenioRx oversight, monitoring, and audit activities.

- 4.6.6 <u>Termination of Subcontractor Services</u>. PBM acknowledges and agrees that in the event an Approved Subcontractor fails to meet the terms and conditions of this Agreement in accordance with this <u>Section 4.6</u> (Use of Subcontractors), upon IngenioRx's request, PBM shall promptly remove such subcontractor from providing Services hereunder. PBM further acknowledges and agrees that in the event a Governmental Body or Accreditation Organization objects to, expresses concern with, or otherwise penalizes or reprimands IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers in connection with the provision of Services by a subcontractor hereunder, PBM shall promptly remove such subcontractor from providing Services to IngenioRx. In addition, PBM acknowledges and agrees that in the event an Approved Subcontractor becomes a competitor or Affiliated with a competitor of IngenioRx, PBM shall promptly remove such subcontractor from providing Services to IngenioRx.
- 4.6.7 PBM Responsible for Subcontractor Performance. Unless otherwise agreed to by IngenioRx, PBM shall remain IngenioRx's point of contact in connection with Services provided by Approved Subcontractors. Notwithstanding PBM's use of an Approved Subcontractor, PBM remains responsible for all performance under this Agreement, and PBM assumes all liability for the performance (or lack of performance) of any and all such Services provided, or to be provided, by subcontractors. PBM will be fully responsible for any contractual default caused by a subcontractor just as if PBM itself had caused the default. PBM shall reimburse IngenioRx for all fines and penalties incurred by or assessed on IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers in connection with the provision of Services by a subcontractor hereunder within ten (10) Business Days of receipt of notice of such fines and/or penalties.
- 4.6.8 <u>Subcontractor Warranties</u>. To the extent that any Approved Subcontractor provides a warranty in connection with services or products related to this Agreement, PBM shall assign its rights under the warranty to IngenioRx in connection with services and products related to this Agreement.
- Performance Outside of the United States. Unless otherwise expressly agreed to in writing by IngenioRx, during the Term of this Agreement and any Extended Services Period: (a) PBM shall not perform or permit any Approved Subcontractor and/or downstream entities (as defined by CMS) to perform any activities under this Agreement at a location outside of the United States; and (b) PBM shall not, and shall not permit any Approved Subcontractor and/or downstream entities to, create, access, receive, maintain, store, or transmit PHI and/or any IngenioRx Data and Information (e.g., Plan Design information) in connection with this Agreement at or to a location outside of the United States. Without limiting PBM's obligation to obtain IngenioRx's written approval as set forth in the preceding sentence, in the event PBM, Approved Subcontractors, and/or downstream entities have offshore activities and/or offshore contractor arrangements and/or create, access, receive, maintain, store, or transmit PHI and/or IngenioRx Data and Information (e.g., Plan Design information) in connection with this Agreement at or to a location outside of the United States: (i) PBM shall timely provide such information to IngenioRx that is necessary for IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers to comply with Law regarding any required disclosures with respect to such activities and/or arrangements; and (ii) PBM shall ensure that appropriate safeguards are in place to protect PHI and IngenioRx Data and Information (including confidentiality, security, and electronic transactions and code sets) and shall require compliance with HIPAA in connection with such PHI. In no case shall PBM, Approved Subcontractors, and/or downstream entities have offshore activities and/or offshore contractor arrangements in connection with this Agreement to the extent such offshore activities and/or arrangements are prohibited by Law. On an annual basis, PBM shall provide a written certification from its Chief Financial Officer and Chief Operating Officer, or his/her designee who is a corporate officer of PBM, representing and warranting that PBM does not perform or permit any Approved Subcontractors and/or downstream entities to perform any activities under this Agreement at a location outside of the United States and does not permit any Approved Subcontractor and/or downstream entity to create, receive, maintain, store or transmit PHI and/or any IngenioRx Data and Information at or to a location outside of the United States.

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- **4.8 Independent Contractors.** The relationship of the Parties is solely one of independent contractors and nothing in this Agreement shall be deemed, interpreted, or construed by the Parties hereto, or by any third party, as creating a relationship of employer and employee, principal and agent, partnership, or joint venture of the Parties; it being understood and agreed that the Parties are independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement. Neither Party shall exercise any control or direction over the other Party or the other Party's employees or agents, or exercise any right, power, or authority to bind or act on behalf of the other Party or incur any liability on behalf of the other Party, except as specifically set out in this Agreement. PBM and IngenioRx shall each assume full responsibility for their respective employees, agents, and representatives, and for their compliance with this Agreement and applicable Laws.
- **4.9 PBM Communications and Responsiveness.** PBM commits to open and good faith communications with IngenioRx and to respond promptly and truthfully in connection with IngenioRx inquiries and requests for information and documentation. In the event a deadline is not specified in this Agreement for responding to an information or document request by IngenioRx to PBM, PBM shall use good faith efforts to provide the information and documentation promptly, and in all cases, within the time required for compliance with Law and/or to timely response to a Governmental Body. This includes information and documentation in the possession of Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies.
- **4.10** Communications with Designated Affiliates, Covered Plans, IngenioRx Customers, and Members. PBM agrees that PBM, PBM Contracted Pharmacies and Approved Subcontractors will not communicate with or in any way or form contact Designated Affiliates, Covered Plans, and/or IngenioRx Customers (and/or their respective customers/groups), or their Members except as authorized by this Agreement, without first obtaining the prior written consent of IngenioRx.
- **4.11 PBM Employees.** PBM shall perform all obligations of an employer with respect to all personnel hired by PBM in connection with any Services to be performed, including the withholding and reporting of contributions, insurance deductions, and applicable taxes (including payroll and unemployment insurance taxes) required by applicable Law.
- **4.12 Non-Solicitation of Employees.** During the Term of this Agreement and for one (1) year thereafter, PBM shall not itself, or advise others to, directly or indirectly, solicit, recruit, induce, or encourage any of IngenioRx's and/or Designated Affiliates' directors, officers, or employees with whom PBM has had personal contact in connection with this Agreement or the performance of this Agreement ("**IngenioRx Key Personnel**") to discontinue, terminate, or not renew his/her employment with IngenioRx and/or Designated Affiliates. PBM shall not employ IngenioRx Key Personnel during the Term of this Agreement and any Extended Services Period and for one (1) year thereafter unless contact is initiated or solicited by the IngenioRx Key Personnel or in response to a general solicitation of employment, including general solicitation through publicly accessible job listings (*e.g.*, internet, newspapers, trade journals, or other publications of general circulation). If solicitation of employment is initiated by IngenioRx Key Personnel, then PBM shall notify IngenioRx in writing before the extension of a formal offer. The Parties may mutually agree to waive the restrictions of set forth in this Section 4.12 (Non-Solicitation of Employees).
- **4.13 Alpha/Beta Site.** PBM shall not use IngenioRx (or any Designated Affiliate, Covered Plan, IngenioRx Customer, or Group) as an alpha or beta site for any PBM provided services or materials without IngenioRx's prior written consent.
- **4.14 Public Announcements/No Publicity.** Neither Party will make any public announcement nor issue any press release relating to this Agreement or the other Party without the prior written consent of the other Party. This provision does not restrict either Party from submitting necessary or appropriate filings relating to this Agreement with Governmental Bodies. Without limiting the foregoing, neither Party shall at any time either during the Term or at any time after any expiration or termination of this Agreement disclose in advertising campaigns, public relation campaigns, or otherwise publicize or disclose the existence of this Agreement, or any terms or conditions of this Agreement, or IngenioRx's or its Designated Affiliates' status as a customer of PBM (provided that each Party may disclose the existence of this Agreement when responding to a request for proposal or request for information).

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- 4.15 IngenioRx Authorized Designees. PBM acknowledges and agrees that from time to time IngenioRx may designate others (e.g., consultants, fulfillment/print vendors, etc.) for PBM to work with in connection with the Services hereunder. PBM shall cooperate and work in good faith with such designees identified and authorized by IngenioRx in writing ("IngenioRx Authorized Designees"). Upon IngenioRx's request, PBM shall provide to IngenioRx Authorized Designees such reporting, data files/feeds, and other Systems access provided to IngenioRx authorized Designees such reporting, data files/feeds, and other Systems access provided to IngenioRx authorized Designees to the Services, as applicable, as reasonably required for such IngenioRx Authorized Designees to perform functions for and on behalf of IngenioRx or any Designated Affiliate, IngenioRx Customer, or Covered Plan provided that such IngenioRx Authorized Designee shall use or access the Services solely for IngenioRx's benefit provided; however, in the event an IngenioRx Authorized Designee receives information that is proprietary to PBM or is highly competitively sensitive information, such IngenioRx Authorized Designee will, upon PBM's request, be required to execute a confidentiality agreement directly with PBM substantially in the form attached hereto at Annex 7 (Third-Party Confidentiality Agreement).
- **4.16 Approval of Materials.** Any printed or electronic materials, including by not limited to, letters to IngenioRx's members, brochures, advertisements, telemarketing scripts, packaging prepared or produced by PBM, or any of its Approved Subcontractors, pursuant to this Agreement shall be submitted to IngenioRx for prior review and approval at each planning stage (i.e., creative, copy, mechanicals, blue lines, etc.) to assure compliance with Law and Blues Association Regulations.

SECTION 5 - COMPLIANCE

PBM agrees to comply with the following during the term of this Agreement and any Extended Services Period:

- 5.1 Compliance with Laws. PBM shall comply with all Laws (including Change of Laws) applicable to PBM and the Services, including the state insurance statutes, Medicare Part D Laws, consumer protection laws, HIPAA/HITECH, ERISA, American Recovery Investment Act, ACA, American with Disabilities Act, and Governmental Body requirements (including CMS and the HPMS Memos, CMS Call Letters, and Prescription Drug Benefit Manuals), all as interpreted and required by Governmental Bodies and all as of the date on which such Laws are effective with respect to PBM and/or the Services hereunder. PBM acknowledges and agrees that compliance with applicable Law shall include compliance with the situs state Laws (the Laws of the state in which the Member's policy or contract was issued). In the event of an inconsistency between the terms and conditions of this Agreement and applicable Law, applicable Law shall control. In the event the Parties disagree with respect to the interpretation of any Law applicable to this Agreement (including a Change of Laws), the Parties shall discuss their respective interpretations and negotiate in good faith to reach an agreement on the interpretation through the CRCC. If the Parties, acting in good faith, are unable to agree upon an interpretation of the applicable Law or a resolution of the inconsistency or conflict, IngenioRx's interpretation of the Law or method for resolving the inconsistency or conflict shall govern and PBM shall implement and perform the Services and its obligations under this Agreement in accordance therewith. Upon IngenioRx's request, PBM shall provide evidence of compliance with any applicable Law. For avoidance of doubt, PBM shall be responsible for its own costs and expenses in complying with Laws (including Change of Laws). Without limiting the generality of the foregoing, PBM agrees to the regulatory requirements set forth in Exhibit 4 (Regulatory Addendum).
- **5.2 Compliance with Accreditation Standards.** PBM shall comply with all Accreditation Standards applicable to each: (a) PBM; (b) the Services; and (c) IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers with respect to this Agreement and/or the Services. PBM shall ensure that it does not conduct itself in such a way, and that the Services are not provided in such a way, so as to negatively impact accreditations of IngenioRx and/or its Covered Plans. PBM shall conduct itself and provide Services such that IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers are able to comply with their applicable Accreditation Standards (e.g., compliance with NCQA accreditation standards related to web access). PBM shall provide support to IngenioRx in connection with IngenioRx's accreditations, including providing supporting information and documentation in connection with Accreditation Organization applications, surveys, audits, inquiries, and exams, which such documentation may include PBM policies

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and procedures, system screen shots, template letters, case files, etc. Without limiting the generality of the foregoing, in the event that IngenioRx delegates to PBM any Services that require a delegation agreement (e.g., utilization management services), the Parties shall enter into a delegation agreement or addendum, which at a minimum shall comply with Accreditation Standards applicable to IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers. PBM acknowledges and agrees that in the event PBM loses its accreditation and/or IngenioRx, Designated Affiliates, Covered Plans, or IngenioRx Customers lose their respective accreditation as a result of PBM's failure to comply, in whole or in part, with this Agreement or Accreditation Standards, PBM acknowledges and agrees that IngenioRx and/or its Designated Affiliates will suffer irreparable injury. As such, in addition to all other rights and remedies under the Agreement and at law and/or in equity, IngenioRx shall be entitled to: (a) injunctive relief, enjoining or restraining a breach or threatened breach of any provisions of the Agreement that would result in a loss of accreditation; and/or (b) reimbursement, dollar for dollar, of all costs incurred by IngenioRx to remediate the non-compliance.

- **5.3 Compliance with Blues Brand Regulations**. PBM shall comply with all Blues Brand Regulations, as may be added or modified from time to time by the Blues Association, which are applicable to PBM and/or the Services hereunder. This obligation is in addition to the private labeling/branding obligations set forth in Exhibit 1-0 (Private Label / Branding Services).
- **5.4 Compliance with Regulatory Contracting Requirements**. The Parties agree to the regulatory requirements contained in Regulatory Addendum (*e.g.*, State Law Regulatory Addendum, Marketplace Regulatory Addendum, Medicare Regulatory Addendum, Medicaid Regulatory Addendum, MMP Regulatory Addendum, and FEP Regulatory Addendum). PBM will require that any Approved Subcontractors and downstream entities agree to comply with the provisions applicable to such downstream entities in accordance with applicable Law. In the event of a conflict between the applicable Regulatory Addendum and the remainder of the Agreement, the applicable provisions of the Regulatory Addendum shall control if and to the extent required by Law. The Parties acknowledge and agree that the Regulatory Addendums (including any attachments thereto) may be amended and/or supplemented with additional regulatory addendum and/or attachments upon thirty (30) days advance written notice from IngenioRx to PBM of such amendment provided such amendment shall be limited to those provisions necessary for this Agreement to conform with Law.
- **5.5 Compliance with Diversity Requirements.** PBM acknowledges that IngenioRx is dedicated to promoting businesses owned by minorities, women, veterans, service disabled veterans, gay, lesbian, bisexual, transgender, and persons with disabilities. PBM represents and warrants that PBM meets and shall continue to meet Anthem Inc.'s Supplier Diversity Initiative, as further described in the Guidelines for Prospective Suppliers (found at:

https://www.antheminc.com/cs/groups/wellpoint/@wp_suppliers/documents/wlp_assets/d19l/mji2/~edisp/pw e226860.pdf)

and the requirements set forth in PBM's Diverse-Owned Business Participation Plan attached at <u>Annex 12</u> (PBM Diverse-Owned Business Participation Plan). The PBM Diverse-Owned Business Participation Plan may only be modified through a mutually written amendment to the Agreement. PBM shall provide quarterly written reports to IngenioRx identifying ongoing compliance and updating the information contained therein in a form and media approved by IngenioRx.

- **5.6** Compliance with Schedule C to Form 5500. The Parties acknowledge that IngenioRx may have contractual obligations to Groups that are filing Schedule C to Form 5500 Annual Returns ("Schedule C Groups"), including but not limited to, reporting and disclosure obligations regarding direct and indirect compensation to service providers. PBM will take all actions necessary and appropriate to assist IngenioRx and its Schedule C Groups in complying with applicable Law regarding Form 5500.
- **5.7 Compliance Program**. PBM agrees that it has and will maintain a compliance program (reasonably acceptable to IngenioRx) that is updated from time to time (but no less frequently than annually), including a compliance plan, a code of conduct, and such other documentation (*e.g.*, policies and procedures), as required by Law and in accordance with best practices identified by Governmental Bodies. Written policies, procedures, and standards of conduct shall be updated by PBM as necessary to incorporate any changes in applicable Laws. PBM's compliance program shall be approved by PBM's

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governing body (such as the board of directors) or a committee of the governing body. Upon IngenioRx's request, and upon PBM's material modification to its compliance program, PBM shall make available to IngenioRx documentation supporting PBM's compliance program. At a minimum, PBM shall require its board of directors, key management, executive staff, and staff who are responsible for or involved in the delivery and/or administration of Services hereunder to certify that they have read, understand, and shall comply with PBM's compliance program (including the compliance plan and code of conduct), and PBM shall provide such certifications to IngenioRx within ten (10) Business Days of IngenioRx's request or such shorter time necessary to respond to a request from a Governmental Body. Without limiting the generality of the foregoing, PBM agrees as follows:

- 5.7.1 <u>Exclusions</u>. PBM's compliance program shall provide for and ensure ongoing compliance with Section 3.4 (No Exclusions or Felony Convictions) of this Agreement.
- 5.7.2 Education and Training. PBM shall require that all members of its board of directors, key management, executive staff, and staff who are responsible for or involved in the delivery and/or administration of Services hereunder undergo HIPAA training, general compliance training, and fraud, waste, and abuse education and training upon hire (and in all cases within ninety (90) days of hire) and no less than annually thereafter. PBM shall utilize CMS' fraud, waste and abuse training for such purposes. In addition, PBM shall require that staff who are responsible for or involved in the delivery and/or administration of Services undergo compliance education and training tailored specifically to their particular job functions and the potential risks associated with those areas. The training shall include fraud, waste, and abuse training approved by IngenioRx. PBM shall maintain records of attendance and copies of its training materials, which shall be provided to IngenioRx with an annual certification certifying compliance with this Section 5.7.2 (Education and Training), which shall be provided to IngenioRx within ten (10) Business Days following IngenioRx's request or such shorter time necessary to respond to a request from, or comply with a requirement of, a Governmental Body.
- 5.7.3 Effective Lines of Communication. PBM agrees to cooperate with the compliance programs of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers and to have effective lines of communications with IngenioRx related to non-compliance with Law and/or detecting, correcting, and preventing fraud, waste, and abuse. PBM shall provide a process by which all members of its board of directors, key management, executive staff, and staff who are responsible for or involved in the delivery and/or administration of Services, and all subcontractors and downstream entities may report actual or potential violations of Law, the compliance program, compliance plan, or code of conduct, or applicable policies and procedures, and ask questions about compliance issues or concerns. The process shall be structured in a manner that allows any reports of actual or potential violations to be made anonymously. PBM shall ensure that all members of its board of directors, key management, executive staff, and staff who are responsible for or involved in the delivery and/or administration of Services, and subcontractors (including downstream entities) are aware of the existence of the reporting process and shall emphasize the duty of such individuals to report any compliance violations, issues, or concerns. PBM's compliance staff shall meet with IngenioRx as requested by IngenioRx to review compliance issues and performance of the Services under this Agreement. IngenioRx encourages and expects PBM and its subcontractors (including downstream entities) to ask compliance questions and report potential and actual instances of non-compliance with Law and fraud, waste, and abuse to IngenioRx. Details about how to ask compliance questions and report potential and actual instances of non-compliance and potential and actual instances of fraud, waste, and abuse can be found at 877-725-2702 or ethicsandcompliance@Ingenio-Rx.com. Neither Party will retaliate against anyone for reporting compliance concerns and/or fraud, waste, and abuse issues.
- 5.7.4 <u>Monitoring and Oversight.</u> PBM shall audit and monitor itself and its downstream entities for potential or actual instances of non-compliance with Law and fraud, waste, and abuse, and will provide to IngenioRx such reporting and other data requested by IngenioRx and otherwise necessary for IngenioRx to effectively monitor and/or audit PBM and PBM's downstream entities for potential or actual instances of non-compliance with Law and fraud, waste, and abuse.
- 5.8 Compliance with Policies and Procedures.

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- 5.8.1 <u>IngenioRx Policies and Procedures</u>. Prior to the Services Commencement Date and during the Term of this Agreement and any Extended Services Period, IngenioRx may deliver to PBM applicable IngenioRx Policies for PBM to implement in connection with this Agreement and the Services. Without limiting the generality of the foregoing, PBM and its Approved Subcontractors shall adhere to the thencurrent and applicable IngenioRx Policies described in this Agreement as well as the following: (a) IngenioRx Supplier Code of Conduct; (b) IngenioRx Procurement Process Technology and Electronic Signatures; and (c) IngenioRx Requirements for Onsite Personnel. The IngenioRx Policies are incorporated into this Agreement and are either included as attachments to this Agreement and/or provided to PBM via the following website address (or any successor site or communication designated by IngenioRx): https://www.antheminc.com/Suppliers/index.htm.
- 5.8.2 <u>PBM Policies and Procedures</u>. In addition, PBM shall have, maintain, and update (as needed, and in all cases no less than annually) its own policies and procedures to support this Agreement and all Services hereunder, which policies and procedures shall be current and accurately represent the current practices with respect to the covered subject matter and shall comply with applicable Law and this Agreement. For avoidance of doubt, the policies and procedures and obligations hereunder in connection with policies and procedures to all Lines of Business and, in addition to the operational policies and procedures, include policies and procedures for and related to compliance; fraud, waste, and abuse; HIPAA; and TCPA.
- 5.8.2.1 Copies of PBM Policies and Procedures. Within the time frame set forth in the Performance Guarantees, PBM shall provide IngenioRx with copies of requested policies and procedures, which may be one policy and procedure, multiple policies and procedures, or all policies and procedures related to this Agreement and/or Services hereunder. PBM acknowledges and agrees that PBM policies and procedures may be shared with Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups.
- 5.8.2.2 IngenioRx Review/Required Changes to PBM Policies and Procedures. IngenioRx may review and/or IngenioRx may request a joint review of one, more, or all of PBM's policies and procedures related to this Agreement and/or one or more of the Services as designated by IngenioRx. IngenioRx may request changes to policies and procedures or request creation of new policies and procedures that are necessary and appropriate to ensure compliance with this Agreement and/or compliance with applicable Law by IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and/or PBM with respect to this Agreement and/or the Services hereunder, in which case, PBM shall make such changes to the applicable policies and procedures or create such new policies and procedures and provide IngenioRx with a copy of such revised or new policies and procedures, as the case may be, within the time frame set forth in the Performance Guarantees.
- 5.8.2.3 *Notification of Material Changes by PBM to PBM Policies and Procedures.* PBM shall provide IngenioRx with written notice of any material changes to its policies and procedures applicable to this Agreement and/or the Services hereunder within the time frame and in the manner set forth in the Performance Guarantees.
- 5.8.2.4 *Conflicts*. In the event of any conflict between this Agreement and any PBM policy or procedure, this Agreement shall control.
- **5.9** Reporting of Change of Law. No less than ten (10) Business Days after the end of each month, PBM will provide to IngenioRx a list of any and all Change of Laws applicable to this Agreement, the Services, and/or PBM's obligations hereunder, including a citation to the Law, a summary of the Law, and PBM's proposed implementation plan for compliance with the new Law that documents, in a format and reasonable level of detail acceptable to IngenioRx (including time frame for completion of the Change of Law implementation plan activities), the actions PBM shall take to revise and/or update any relevant Services and/or processes for compliance with the Change of Law.
- **5.10 Change of Law Implementation.** Regardless of whether PBM reports a Change of Law under <u>Section 5.9</u> (Reporting of Change of Law), in the event of a Change of Law, IngenioRx may deliver to PBM a plan for implementing a Change of Law. In the alternative, IngenioRx may request PBM to provide a plan

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for implementing a Change of Law, in which case PBM shall provide to IngenioRx a proposed plan for implementation of the Change of Law within ten (10) Business Days of such request (or such other time agreed to by the Parties, but in all cases within such shorter time required by a Governmental Body) for IngenioRx's review and approval. Upon receipt of IngenioRx's plan for implementation of a Change of Law or receipt of IngenioRx's written approval of PBM's plan for implementation of a Change of Law, PBM shall timely implement and take action pursuant to the Change of Law implementation plan. PBM shall regularly report to IngenioRx in writing (and shall provide updates on IngenioRx's request) the status of the plan to implement the Change of Law, including the status of any specific deliverables/tasks under the Change of Law implementation plan and shall include documentation evidencing the status and/or completion of each deliverable/task under the Change of Law implementation plan. The foregoing shall not relieve PBM of its obligation to timely comply with a Change of Law and this Agreement.

- **5.11 Reporting of Non-Compliance/Errors.** If PBM, PBM Affiliate, and/or an Approved Subcontractor identifies non-compliance with this Agreement (including failure to meet any Performance Guarantee and/or failure to comply with any applicable Law) and/or determines inaccurate data was submitted by PBM, PBM Affiliate, and/or an Approved Subcontractor to IngenioRx, a Designated Affiliate, a Covered Plan, an IngenioRx Customer, and/or a Governmental Body on behalf of any of the foregoing, then PBM shall immediately notify IngenioRx in writing of such non-compliance and/or inaccurate data. Separate from (and in addition to) any other rights and remedies set forth herein, in the event PBM fails to report non-compliance or inaccurate data in accordance with this <u>Section 5.11</u> (Reporting of Non-Compliance/Errors), PBM shall pay IngenioRx triple the amount of any penalties, sanctions, or other damages incurred by IngenioRx or IngenioRx Affiliates as a result of such non-compliance and/or inaccurate data.
- PBM Non-Compliance/Errors. Upon identification of a PBM non-compliance/error and/or inaccurate data submitted by PBM, PBM shall correct such non-compliance/error and/or inaccurate data as follows: (a) if there is a Corrective Action Plan, then PBM shall correct such non-compliance/error and/or inaccurate data in accordance with the Corrective Action Plan; (b) if there is not a Corrective Action Plan but the Agreement specifies the corrective measures and/or time frames for correction, then PBM shall correct such non-compliance/error and/or inaccurate data in accordance with such provisions (e.g., Exhibit 1-B (Eligibility Loading/Updates) at Section 10 (Incorrect Eligibility Information Errors); Exhibit 1-C (Plan Design Set-Up/Changes) at Section 14 (Incorrect Plan Design Errors); Exhibit 1-D (Claims Processing) at Section 16 (Claims Processing Errors)); or (c) if there is not a Corrective Action Plan and the Agreement does not otherwise specify the corrective measure and/or time frame for correction, then PBM shall fully resolve such non-compliance/error and/or inaccurate data within thirty (30) days. In all cases, notwithstanding the foregoing, any and all non-compliance/error and/or inaccurate data shall be fully corrected and resolved in accordance with the requirements and such time period specified or required by a Governmental Body. Correction of a non-compliance/error and/or inaccurate data may include, as designated by IngenioRx, revisions/updates to policies and procedures; reprocessing of Claims; correction of PDEs; correction of Claims history files; correction of EOBs; correction of other applicable data files; reimbursement to IngenioRx, Members, and/or a Governmental Body of overpayments, underpayments, and such other amounts due under Section 9.4 (Overpayments and Underpayments) of the Agreement. Unless otherwise specified in a Corrective Action Plan, PBM shall provide reporting required by IngenioRx in connection with the non-compliance/error and/or inaccurate data and correction thereof, including "before and after" status of any Claim impacted and transactional detail (with Claim values) at a level and in a manner as defined by IngenioRx. Such "before and after" status reports shall be provided to IngenioRx within the time period set forth in the Performance Guarantees (or if no applicable time period is specified in the Performance Guarantees, within three (3) Business Days after reprocessing and making the applicable financial adjustments to the Claims). Within three (3) Business Days of IngenioRx's request, PBM shall provide IngenioRx with documentation evidencing that the non-compliance/error and/or inaccurate data has been fully corrected and remedied. Upon IngenioRx's request, senior leaders of the Parties shall meet to discuss PBM non-compliance/errors and inaccurate data and the corrective measures related thereto, including Corrective Action Plans.
- **5.13 Corrective Action Plans.** Regardless of whether PBM reports a non-compliance and/or inaccurate data under <u>Section 5.11</u> (Reporting of Non-Compliance/Errors), in the event of a non-compliance and/or inaccurate data by PBM and/or an Approved Subcontractor under this Agreement, IngenioRx may deliver to PBM a Corrective Action Plan to be promptly implemented by PBM. In the alternative, IngenioRx

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may request PBM to provide a Corrective Action Plan, in which case PBM shall provide a proposed Corrective Action Plan to IngenioRx within three (3) Business Days of such request (or such other time agreed to by the Parties, but in all cases within such shorter time required by a Governmental Body) for IngenioRx's review and approval. Upon receipt of IngenioRx's Corrective Action Plan or receipt of IngenioRx's written approval of PBM's Corrective Action Plan, PBM shall immediately implement and take action pursuant to the Corrective Action Plan. PBM shall regularly report to IngenioRx in writing (and shall provide updates on IngenioRx's request) the status of the Corrective Action Plan, including the status of the specific deliverables/tasks under the corrective action plan and shall include documentation evidencing the status and/or completion of each deliverable/task under the Corrective Action Plan. PBM acknowledges and agrees that once PBM has provided documentation evidencing that all deliverables/tasks under the Corrective Action Plan have been completed and the non-compliance has been remedied, the Corrective Action Plan will be submitted to the IngenioRx for approval to close the Corrective Action Plan. PBM acknowledges and agrees that the Corrective Action Plan shall not be closed until the closure of the Corrective Action Plan has been approved by IngenioRx.

- **5.14 Compliance Certification.** Without limiting specified certification requirements set forth elsewhere in this Agreement, upon IngenioRx's request, PBM shall provide certifications as required by IngenioRx to certify PBM's compliance with Law with respect to Services provided hereunder and/or the accuracy of data provided hereunder, and as otherwise required by IngenioRx for IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers to respond to and/or support requirements or requests for certifications by Governmental Bodies related to this Agreement and/or the Services provided hereunder. In addition, upon IngenioRx's request, PBM shall provide IngenioRx with reasonable assurances of PBM's compliance with the terms of this Agreement. Such certifications and assurances shall be provided promptly, and in all cases within five (5) Business Days of IngenioRx's request or such shorter time required by Law and/or Governmental Body.
- Non-Compliance Liability. In addition to all other rights and remedies under this Agreement or at law or in equity, PBM shall reimburse IngenioRx, dollar-for-dollar, all fines, penalties, sanctions and other like fees assessed against or incurred by IngenioRx and/or Designated Affiliates by any Governmental Body, the Blues Association, or any other third party, as a result of PBM's failure to comply, in whole or in part, with any Law (including Change of Law), Accreditation Standard, Blues Brand Regulation, or other compliance requirement set forth in this Section 5 (Compliance) within ten (10) Business Days of IngenioRx's written request. In the event PBM fails to reimburse IngenioRx within ten (10) Business Days, IngenioRx may offset the amount due on any invoice without further notice to PBM. Separate from (and in addition to) any other rights and remedies set forth herein, with respect to each non-compliance/error and/or inaccurate data, PBM shall pay IngenioRx \$5,000 for each day: (1) PBM fails to remedy the noncompliance/error and/or inaccurate data within the timeframes required hereunder; and/or (2) PBM fails to deliver to IngenioRx documentation evidencing that a non-compliance/error and/or inaccurate data has been fully remedied, which such amounts shall begin to accrue on the first day after its due date hereunder until fully satisfied to the satisfaction of IngenioRx. The foregoing shall not relieve PBM of its obligation to timely comply with this Agreement and Law (including a Change of Law) and shall not relieve PBM of liability for PBM non-compliance/errors and/or inaccurate data during the time the non-compliance/error and/or inaccurate data has not been cured. PBM shall be responsible for any Losses resulting from a PBM noncompliance/error and/or inaccurate data, including Losses to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Members.
- **5.16 Compliance with Sustainability Efforts.** PBM agrees to meet on a semi-annual basis with the Corporate Sustainability and Responsibility Team of IngenioRx and/or its parent company as identified by IngenioRx to collaborate on ways to increase and improve environmental and social performance. PBM agrees to respond and provide feedback to requests for information or surveys from IngenioRx or IngenioRx Authorized Designees, including, but not limited to, participation in the Carbon Disclosure Project. **SECTION 6 COMMITTEES**
- **Governance Committees.** Within thirty (30) days of the Effective Date (or as otherwise mutually agreed upon), the Parties shall jointly establish the committees identified on Annex 4 (Governance Committees), which shall be chaired by IngenioRx personnel. PBM shall be responsible for fully staffing each Governance Committee with a sufficient number of staff with the requisite skill sets and level within

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the organization as specified <u>Annex 4</u> (Governance Committees). IngenioRx shall set the agenda for each Governance Committee meeting, and upon IngenioRx's request, PBM Governance Committee designees will assist in identifying agenda items for the meetings. Each Governance Committee will meet and collaboratively work together in good faith for the purposes set forth <u>Annex 4</u> (Governance Committees) and shall perform the roles and responsibilities related thereto. Unless otherwise cancelled by IngenioRx, each Governance Committee shall meet as needed and at the frequency set forth on <u>Annex 4</u> (Governance Committees). PBM Governance Committee designees shall timely attend all committee meetings, review the agenda and meeting materials in advance of the meeting, actively participate in the meetings to support interdisciplinary collaboration and interaction, and review the minutes of each meeting for accuracy and promptly report in writing any inaccuracies to IngenioRx.

- 6.1.1 <u>Governance Committee Escalations</u>. If the CRCC, JRC, or JCB cannot resolve an issue/matter in a timely manner, then IngenioRx may escalate the issue/matter to the ESC by providing written notice of such to PBM. If the ESC cannot resolve any issue/matter in a timely manner in accordance with Row 2 (ESC) of <u>Annex 4</u> (Governance Committees) of this Agreement, either Party may pursue dispute resolution in accordance with <u>Section 19.2</u> (Binding Arbitration) of the Agreement.
- **6.2** Participation on IngenioRx and/or Covered Plan Committees. PBM shall make itself available to IngenioRx and/or Covered Plan committees as designated by IngenioRx from time to time, including: (a) compliance committees; (b) government programs strategy committees; (c) cost containment committees; (d) pharmacy policy committees; and (e) business continuity/disaster recovery oversight committee.

SECTION 7 – INGENIORX OBLIGATIONS AND AUTHORITY

- IngenioRx Authority. PBM acknowledges and agrees that as between IngenioRx and PBM: (a) IngenioRx retains sole and absolute authority to design, amend, terminate, or modify, in whole or in part, all or any portion of a Covered Plan, Plan Design, and/or assets of a Covered Plan; (b) IngenioRx has complete discretionary, binding, and final authority to construe the terms of a Covered Plan and/or Plan Design, to interpret ambiguous language of a Covered Plan and/or Plan Design, to direct all aspects of the administration and management of a Covered Plan and/or Plan Design, to make factual determinations regarding the payment of Claims or provision of benefits, to review denied Claims, and to resolve complaints by Members and providers; (c) IngenioRx retains sole and absolute authority for the development and management of Plan Designs, including Formularies, medication coverage policies, and utilization management and care management criteria and programs; (d) IngenioRx retains sole and absolute authority for handling and resolving Member grievances and appeals not delegated to PBM; (e) IngenioRx shall have full control of all aspects of a Member's experience, including approval rights with respect to criteria for prior authorizations and coverage determinations, concurrent DUR edits, retrospective DUR, medication therapy management program requirements, clinical services and program requirements, all other utilization management activities, and all communications with Members; (f) IngenioRx retains sole and absolute authority to direct and manage the financial aspects of Covered Plans, including rebate and other agreements and arrangements with Manufacturers; and (g) IngenioRx has complete discretionary, binding, and final authority to construe the applicability of a Law, to interpret language of a Law, and to direct compliance with a Law with respect to this Agreement and the Services provided hereunder. Any powers not specifically delegated to PBM under this Agreement shall remain the powers of IngenioRx.
- **7.2** IngenioRx Oversight of Delegated Functions. IngenioRx will provide oversight as required by applicable Law and Accreditation Standards with respect to any obligations delegated to PBM pursuant to the terms of the Agreement. PBM shall fully cooperate with IngenioRx's oversight of PBM with respect to Services hereunder.

SECTION 8 - PBM OBLIGATIONS

8.1 All Services. PBM shall provide all Services in a diligent, professional, efficient, expedient, and expert manner, and with qualified, appropriately skilled, and trained personnel who meet all applicable licensure requirements, and in accordance with this Agreement, Laws, and applicable Statements of Work. PBM shall devote such personnel, project management, systems, equipment, technology, tools, and other resources (including PBM Dedicated Personnel and PBM Designated Personnel) to perform Services (including access to Systems in accordance with this Agreement) consistent with the highest standards

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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 87-88 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

- **8.8 Pharmacy Services During Emergency/Disaster.** PBM shall monitor and track local, state, and federal declarations and/or proclamations of emergencies and/or disasters. In the event a local, state, and/or federal emergency and/or disaster is declared or proclaimed that could disrupt continuity of care for Members, PBM shall immediately notify IngenioRx, or if notification is not feasible immediately, as soon as is practicable. Without limiting the obligations set forth in <u>Section 15</u> (Business Continuity and Disaster Recovery), in the event of a local, state, and/or federal emergency and/or disaster, the Parties will work together in good faith to promptly notify one another of the emergency and actions being taken or to be taken in response to the emergency and, in all cases, permit Members in the emergency area to promptly obtain refills of Covered Drugs during the time period of the declared emergency and/or disaster and the duration of such requests. In the event that a local, state, and/or federal emergency and/or disaster causes IngenioRx to close an office, PBM shall provide reasonable assistance to provide necessary services to Members affected by such closure. PBM acknowledges and agrees that IngenioRx may have an obligation to report the actions being taken to Governmental Bodies (*e.g.*, lifting of refill too soon edits by PBM) and shall ensure that this information is immediately reported to IngenioRx.
- 8.9 Inquiries and Request for Information. Unless otherwise prohibited by Law, PBM shall promptly notify IngenioRx in writing of all subpoenas, civil investigative demands, requests for information, complaints, and/or inquires related to IngenioRx's business by Governmental Bodies, Members, attorneys, and/or others regarding this Agreement and/or the Services hereunder. Such written notice shall be provided to IngenioRx: (a) within three (3) Business Days of receipt of such subpoena, request for information, and/or inquiry when such request is specific to IngenioRx; or (b) within three (3) Business Days of PBM's conclusion that such subpoena, request for information, and/or inquiry relates to IngenioRx's business when such request is not specific to IngenioRx. In all cases, PBM shall provide such written notice to IngenioRx prior to any disclosure by PBM of IngenioRx Confidential Information to allow IngenioRx the opportunity to seek an appropriate protective order or modification of any such request or disclosure. PBM shall comply with Section 13 (Confidential Information) when responding to any such subpoenas, requests for information, and/or inquires related to IngenioRx's business. This provision does not apply to routine inquiries from Members that are provided as part of the standard Services provided hereunder).
- **8.10 Continuous Improvement.** PBM shall work with IngenioRx to drive continuous improvements in effectiveness, cost efficiency, and best practices. PBM shall monitor improvements and opportunities for improvements and shall report progress to IngenioRx on a quarterly basis and as otherwise requested by IngenioRx.
- Employee Education and Training. PBM shall have and maintain a comprehensive training program for all employees of PBM and its Approved Subcontractors who provide Services directly or indirectly to IngenioRx. In addition to general compliance education and fraud, waste, and abuse training, employees of PBM and its Approved Subcontractors shall participate in such other training regarding IngenioRx business practices as the Parties may mutually determine is appropriate from time to time, in each case, when hired and periodically thereafter. Additionally, PBM shall require each of these employees, when hired and annually thereafter, to undergo compliance education and training tailored specifically to their particular job functions and the potential risks associated with those areas. For PBM employees dedicated to providing services to IngenioRx under this Agreement, PBM shall require specialized education and training in performing tasks relating to each Service Schedule under this Agreement as well as other key risk area(s) identified by and agreed to by the Parties and also shall address matters related to compliance with applicable antitrust laws. PBM shall maintain records of attendance, topics of training and training materials, which shall be provided to IngenioRx within a reasonable time following IngenioRx's request, but in any event within a time required to respond to a request from a Governmental Body. IngenioRx has the right to review and approve all education and training materials used by PBM for training employees and any Approved Subcontractors who provide Services to IngenioRx, and at IngenioRx's election, PBM shall use education and training materials supplied by IngenioRx for education and training under this Section. PBM shall require that employees, agents and subcontractors of PBM Contracted Pharmacies and PBM Owned Pharmacies receive general and specialized compliance education training that substantially meets the requirements described above. IngenioRx shall have the right to audit PBM's compliance with these requirements in accordance with the audit provisions set forth in this Agreement and PBM shall require Participating Pharmacies to comply with substantially similar requirements and shall audit its Participating Pharmacies' compliance therewith.

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8.12 IngenioRx Dedicated Division. Throughout the Term and any Extended Services Period, PBM shall have and maintain an IngenioRx specific dedicated division (acceptable to IngenioRx) comprised of Dedicated Personnel and Designated Personnel (consistent with this Agreement) to support a successful implementation and ongoing operational support of IngenioRx, which at a minimum shall be consistent with the requirements of this Section 8.12 (IngenioRx Dedicated Division) and Annex 5 (IngenioRx Division Requirements), including Attachment 1 to Annex 5 (IngenioRx Division Support/Staffing Structure) ("IngenioRx Division"). PBM acknowledges and agrees that Attachment 1 to Annex 5 (IngenioRx Division Support/Staffing Structure) is a preliminary draft setting forth the minimum staffing and support requirements for the IngenioRx Division. The Parties shall work together in good faith to expeditiously finalize the IngenioRx Division support/staffing structure in accordance herewith, and shall use best efforts to promptly and expeditiously fill the positions for the IngenioRx Division according to a timeline acceptable to IngenioRx.

SECTION 9 - COMPENSATION AND PAYMENT

- 9.1 PBM Billing. Commencing on the Services Commencement Date for each Covered Plan, PBM will invoice IngenioRx for the Paid Claim amounts, Administrative Fees, and other applicable charges (collectively "Fees") incurred for the prior week in accordance with the terms and conditions set forth herein and in the applicable Fee Schedules, by noon Eastern time on Monday of each week, which such invoice shall (a) include with it an electronic Claims file in a manner and format defined by IngenioRx that balances to the invoice amount and provides the Claims data information at the Covered Plan, Group, and sub-group levels, as applicable; (b) identifies the Administrative Fees and reflects the Administrative Fee for each Claim record on the electronic Claims file; and (c) identifies and itemizes other fees and charges permitted under this Agreement with sufficient information to tie the fee or charge to the specific fee or charge contained in the applicable Fee Schedule and which identifies the Covered Plan, Group, and/or Member, as applicable, to which such other fee or charge applies ("Invoice"). Within two (2) Business Days of a request by IngenioRx for back-up documentation to support a charge(s) identified on an Invoice, PBM shall provide IngenioRx with a record of the Service provided, including identification of the Service date. PBM shall not invoice for any amounts not expressly set forth in this Agreement. Without limiting PBM's obligation to provide timely invoicing to IngenioRx, PBM will not invoice IngenioRx for any Fees (including taxes), more than three (3) months after the Service related to or resulting in the Fee was provided, including any undercharge by PBM to IngenioRx. IngenioRx shall have no obligation to pay any fee or charge not expressly provided for in this Agreement and shall have no obligation to pay any Fee invoiced to IngenioRx more than three (3) months after the Service related to or resulting in the Fee was provided, including any undercharge by PBM to IngenioRx.
- **9.2 Payments to PBM.** Upon receipt of an Invoice meeting the requirements set forth in Section 9.1 (PBM Billing) (including receipt of the required electronic Claims file that balances to the Invoice amount), IngenioRx will pay the Invoice in full (except for those amounts that are disputed in good faith), via wire transfer, electronic funds transfer ("ACH"), or next day mail, by Friday of each week provided that the Invoice meeting the requirements set forth in Section 9.1 (PBM Billing) is received by noon Eastern time on Monday of that week, otherwise IngenioRx will pay the Invoice within six (6) Business Days of receipt of the Invoice meeting the requirements set forth in Section 9.1 (PBM Billing). PBM acknowledges and agrees that IngenioRx has the right to offset any amounts owed to PBM by IngenioRx with the amount of any overpayments made by IngenioRx to PBM and/or the amount of any nonpayment by PBM of amounts owed to IngenioRx (including Rebates).
- **9.3 Payments to IngenioRx.** Pharmacy Pricing Guarantee reconciliation payments, Rebates and Rebate Guarantee amounts, and credits and allowances all shall become immediately due and owing by PBM to IngenioRx as set forth in the Fee Schedules. Performance Guarantee penalty amounts shall become immediately due and owing by PBM to IngenioRx as set forth in the Performance Guarantee Schedules. Sub-Client Pricing Shortfall amounts shall become immediately due and owing by PBM to IngenioRx as set forth in Exhibit 1-N (Sub-Client Pricing Support) of this Agreement. Amounts due to IngenioRx as a result of a PBM error shall become immediately due and owing by PBM to IngenioRx as set forth in Section 5.12 (PBM Non-Compliance/Errors) and/or Section 9.4 (Overpayments and Underpayments) of this Agreement. Amounts due to IngenioRx as a result of any audit (e.g., overpayments)

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discovered through an audit, audit costs due under this Agreement, penalties incurred, etc.) shall become immediately due and owing by PBM as set forth in Section 11.3 (Audit Findings). All other overpayments, remittances, credits, or other amounts payable to IngenioRx under this Agreement shall become immediately due and owing as specified in this Agreement, and if no time period is specified for payment of such amount, it shall be immediately due and owing upon receipt of notice of such from IngenioRx to PBM. PBM shall pay all amounts owing to IngenioRx when they become due in accordance with this Agreement, including this Section 9.3 (Payments to IngenioRx).

- Overpayments and Underpayments. Without limiting PBM's obligations under Section 5.12 (PBM Non-Compliance/Errors) and Section 5.13 (Corrective Action Plans) and without limiting any of IngenioRx's other rights and remedies under this Agreement (or at law or in equity), in the event of an error by PBM resulting in an overpayment or overcharge of a Claim or other amount by or to IngenioRx and/or Member (e.g., Claim processing error, adjudication or payment error, error in Cost Share assessment, Member eligibility error, etc.) and/or an error by PBM resulting in an underpayment to IngenioRx (e.g., error in the set-up or administration of a Plan Design and/or Formulary resulting in less Rebates), within thirty (30) days of identification of the error (or such shorter time required by Law), PBM shall reimburse IngenioRx the full amount of any such overpayment or underpayment (regardless of whether PBM recovers the overpayment or underpayment -i.e., from the pharmacy, Member, or Manufacturer) along with any Administrative Fee paid by IngenioRx in connection with such Claim(s). To the extent such overpayments or overcharges relate to a Claim, unless otherwise directed by IngenioRx, such reimbursement shall be accomplished systematically through Claim adjustments/reprocessing. In addition, PBM shall reimburse IngenioRx: (a) IngenioRx's fair market value of expenses incurred and the cost of commercially reasonable and necessary internal and external resources utilized by IngenioRx in connection with the PBM error; (b) any fines or other penalties imposed on IngenioRx or Designated Affiliates attributable to the PBM error; and (c) any other losses incurred by IngenioRx or Designated Affiliates attributable to the PBM error, including losses incurred by IngenioRx and/or Designated Affiliates in connection with billings to Covered Plans, IngenioRx Customers, Groups, and Members, all of which shall be paid to IngenioRx within thirty (30) days of receipt of notice documenting such expenses, costs, fines, and/or penalties.
- **9.5 Payment Disputes.** In the event IngenioRx objects to amounts reflected as owing to PBM in any invoice, within ten (10) Business Days of PBM's receipt of such objection, PBM shall provide IngenioRx with such information reasonably required to resolve such objection, and the Parties shall then work together in good faith to determine the validity of the costs to which IngenioRx has objected, and if IngenioRx's objection is determined by the Parties to not be valid, IngenioRx will remit such payment to PBM within thirty (30) days of such determination. If IngenioRx's objection is determined by the Parties to be valid, PBM will remove such charges from the next invoice.
- **9.6 Member Hold Harmless.** PBM agrees that in no event, including but not limited to non-payment by IngenioRx, insolvency of IngenioRx, or breach of this Agreement, shall PBM, PBM Owned Pharmacies, or PBM Contracted Pharmacies bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against any Member or persons acting on their behalf for Covered Drugs or Services provided pursuant to this Agreement (other than Cost Share). PBM further agrees that this <u>Section 9.6</u> (Member Hold Harmless) supersedes any oral or written contract to the contrary now existing or hereafter entered into between PBM and a Member or persons acting on a Member's behalf.
- **9.7 Taxes and Assessments.** Any applicable sales, use, excise, or other similarly assessed and administered tax imposed on Covered Drugs dispensed hereunder that PBM is required to collect and remit to the applicable tax authority will be the responsibility of IngenioRx and/or the Member, as designated by IngenioRx. Any other amounts PBM may incur or be required to pay arising from or relating to PBM's performance of Services under this Agreement, in any capacity, including as a pharmacy benefit manager, third-party administrator, or otherwise, will be the responsibility of PBM, including any taxes however styled that reflect a revenue or business tax of any type or nature, state and/or federal income taxes, franchise taxes, Social Security taxes, welfare taxes, unemployment contributions, disability insurance, training taxes, and any prepayments, estimated payments, reports, or withholding required for such taxes. If PBM is legally obligated to collect and remit any sales, use, excise, or other similarly assessed and administered tax in a particular jurisdiction, such amount will be timely reflected on the applicable invoice at the time such obligation becomes due, and shall be separately itemized on the invoice. Upon IngenioRx's request, PBM

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shall provide substantiation to IngenioRx confirming PBM's reporting and remittance of such taxes to the appropriate Governmental Body. To the extent IngenioRx has timely paid PBM for any sales or use type tax, PBM shall indemnify, defend, and hold IngenioRx harmless for any such tax, and any related penalties and interest arising from any failure of PBM to timely report and remit such tax. Any payment by IngenioRx of a PBM tax obligation shall in no way affect or abrogate PBM's obligations under this Agreement and shall not be construed as acceptance by IngenioRx of any Service or as a waiver of any of IngenioRx's rights.

9.8 Late Payment. Either Party shall pay the other Party interest on any past-due amounts owing (e.g., Performance Guarantee penalties, Rebates, etc.) by such Party to the other Party under this Agreement at a rate equal to the greater of Prime Rate or 4% per annum on the amount due until paid/credited in full. A Party shall reimburse the other Party for all collection costs reasonably incurred by such other Party as a result of any payment/credit default by the defaulting Party under this Agreement.

SECTION 10 - RECORD RETENTION, USE, AND ACCESS

- Record Retention. PBM shall maintain, and shall cause its Approved Subcontractors and PBM Contracted Pharmacies to maintain, complete and accurate books and records (including records regarding all amounts charged to IngenioRx, including Claim records) arising out of this Agreement, including books and records sufficient to support and document the compensation hereunder and the performance of the Services hereunder by PBM and its Approved Subcontractors and PBM Contracted Pharmacies, and for IngenioRx to fully exercise its audit rights under this Agreement (including all Claims data files, eligibility files, Plan Design information and documents, Manufacturer agreements, Approved Subcontractor agreements, agreements with PBM Contracted Pharmacies, prescription orders, documents and information related to the reporting and measurement of performance guarantees, MAC Lists, etc.) ("Books and Records"). Such Books and Records shall be maintained for ten (10) years after the end of the applicable calendar year in which such transactions and/or Service occurred or such longer period that is required by applicable Law, which all such Books and Records shall be readily accessible (not archived) for the first seven (7) years of the ten (10) year record retention period. Such Book and Records shall be maintained in accordance with generally accepted accounting principles and Law, in a SSAE 18 compliant format (to the extent applicable), and in a manner sufficient to enable IngenioRx to determine compliance with PBM's obligations under this Agreement (including applicable Laws and terms of each Covered Plan), to permit IngenioRx to verify its payment obligations under this Agreement, and to permit IngenioRx to enforce its rights and entitlements under this Agreement.
- Use of Information. Except as required for the performance of Services in accordance with this Agreement, PBM and its Approved Subcontractors and PBM Contracted Pharmacies shall not use, sell, distribute, transfer, or disclose any data and/or information (in or on any media or form of any kind) relating to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, Members, and/or Prescribers that is obtained in connection with this Agreement and/or the performance of Service hereunder, as well as any and all PBM (or its Approved Subcontractors and PBM Contracted Pharmacies) generated records, data, files, input materials, processed data, information, reports, analyses, statistics, forms, and/or summaries received, computed, developed, used, and/or stored by PBM, Approved Subcontractors, or PBM Contracted Pharmacies, and/or derived from or related to activities of PBM and/or its Approved Subcontractors, and/or PBM Contracted Pharmacies under this Agreement, in all cases whether or not such information is individually identifiable or aggregated/de-identified ("IngenioRx Data and Information"). Without limiting the generality of the foregoing, for avoidance of doubt, PBM and its Approved Subcontractors and PBM Contracted Pharmacies may not: (a) sell or trade any IngenioRx Data and Information regardless of whether it is de-identified, including resulting statistics; (b) disclose, transfer, or distribute any IngenioRx Data and Information to any person (including an Affiliate, employee, agent, or representative of PBM and/or Approved Subcontractor or PBM Contracted Pharmacy) unless necessary to perform the Services for IngenioRx; (c) publicize any IngenioRx Data and Information; and/or (d) produce, use, or distribute written reports containing IngenioRx Data and Information other than as reasonably required to provide the Services. Any breach of this Section 10.2 (Use of Information) shall constitute a material breach of this Agreement, shall be immediately reported in writing to IngenioRx upon discovery of such breach, and any associated monetary gain to PBM resulting from such breach shall be promptly paid to IngenioRx upon the discovery of such breach (without limiting IngenioRx's other rights and remedies hereunder).

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- 10.3 Data Access/Documentation. Upon IngenioRx's request, PBM shall provide IngenioRx with written documentation and supporting data reasonably necessary to verify PBM's compliance with Laws and as necessary for IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers to comply with Laws and Governmental Body and Accreditation Organization reporting requirements, filing requirements, inquiries, and investigations. Upon IngenioRx's request, PBM shall certify to the accuracy, truthfulness, and completeness of any data provided to IngenioRx and that the data was compiled and transmitted in a manner that complies with Law. Such data, documentation, and certifications shall be provided promptly, and in all cases within five (5) Business Days of IngenioRx's request or such shorter time required by Law, Governmental Body, and/or Accreditation Organization. PBM shall ensure that it has arrangements in place with Approved Subcontractors for PBM to meet the requirements of this Section 10.3 (Data Access/Documentation).
- 10.4 Record Retention, Access, and Use Related to Approved Subcontractors and PBM Contracted Pharmacies. PBM shall ensure that it has arrangements in place with Approved Subcontractors and PBM Contracted Pharmacies for PBM to meet the requirements of this Section 10 (Record Retention, Use, and Access).

SECTION 11 - AUDITS

11.1 Audits.

Audits by IngenioRx. During the Term of this Agreement and any Extended Services Period and for three (3) years thereafter, IngenioRx may, upon no less than thirty (30) days prior written notice, inspect and audit the Books and Records and other information of PBM and its Approved Subcontractors to audit compliance with this Agreement (including compliance with financial obligations, performance guarantees, business operations, implementations, and other contractual obligations) and Law, including: Claims adjudication accuracy; Plan Design coding/setup accuracy and timeliness; application of edits and prior authorizations, eligibility accuracy and timeliness; pharmacy networks, including pharmacy contracts; mail order and specialty pharmacy services, including fulfillment accuracy; 340B pharmacy services; Rebate contracting and administration, including Rebate contracts; Formulary administration; Member and customer services; sales and marketing support; account management; private labeling; reporting, data, and systems; IT Services; quality assurance; pricing calculations and reporting (e.g., performance against contracted discounts and fees for all Claims); AWP updates; MAC price accuracy and consistency; Rebate Revenue and Rebate Guarantees; Performance Guarantee performance, reporting, and calculation; price protections; market check; best available prices and best available performance guarantees; non-compete; required disclosures; internal controls; information security compliance; business continuity and disaster recovery; compliance areas necessary to enable IngenioRx to comply with Law, and other compliance requirements. In addition, IngenioRx will have the right to audit for compliance with the OPM PBM transparency standards/requirements in connection with the FEP Line of Business, including audits of (a) the payment and reconciliation of Rebates, and (b) PBM's calculation of PBM Mail Order Pharmacy and PBM Specialty Pharmacy (separately) actual acquisition cost pricing in conformance with OPM PBM Transparency Standards. PBM will not impose any limit on the number of audits that IngenioRx can conduct in any given year (and shall not impose fees in connection with any audits) and shall not impose any limit on the time period for the scope of the audit. Different types of audits can be conducted at varying times (e.g., Claim audits can be conducted separately and at a different time than Rebate audits). PBM will fully and in good faith cooperate with all audits and shall provide IngenioRx with unobstructed access to information, documentation, personnel, facilities (including data centers), and Systems. PBM shall ensure that it has assigned staff with sufficient expertise to assist IngenioRx during the Audit. PBM will timely (and in all cases no later than thirty (30) days after the request) provide all Books and Records requested in connection with an audit, including detailed Claims files; MAC lists/rates; Plan Design information and documents; contracts (including Rebate contracts, PBM Contracted Pharmacy contracts, and Approved Subcontractor contracts); policies and procedures; and job aides. PBM shall research and provide responses to audit questions, inquiries, and findings promptly, and in all cases no later than thirty (30) days after the request. Without limiting the generality of the foregoing, IngenioRx's right to audit includes the following:

11.1.1.1 Pre- and Post-Implementation Audits. IngenioRx shall be entitled to perform pre-implementation and/or post-implementation audits, whereby test claim scenarios shall be processed

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through a test database or via a testing tool prior to implementation and immediately following implementation in order to test go live readiness. In support of such audits: (a) PBM shall provide testing capability to test pharmacy Claims scenarios for IngenioRx Customers and/or Groups pre-implementation and/or post implementation (making these capabilities available to both PBM and IngenioRx to complete testing); (b) testing capability shall include interfaces/connectivity with IngenioRx's systems (including platforms, hardware, software, protocols, firewalls, interfaces, interconnections, architecture, and operating systems, programs, and applications), databases, tools, and files; and (c) testing capability shall mirror set up in PBM's production environment. PBM shall certify compliance with the foregoing during the audit. Without limiting PBM's obligations set forth on the Implementation Plan, PBM also agrees that pre-implementation audit capabilities shall be in place at least one hundred twenty (120) days prior to the Service Commencement Date for any Covered Plan, IngenioRx Customer, and Group that requests a go-live audit readiness.

- 11.1.1.2 *Monthly Claim Audits*. IngenioRx shall be entitled to perform monthly Claim audits, which may include up to 100% of IngenioRx Claims. Notwithstanding <u>Section 11.3</u> (Audit Findings), in the event that a monthly Claims audit reveals any error, PBM shall collaborate with IngenioRx and shall reconcile and correct such errors with thirty (30) days of the final audit report from IngenioRx in a manner acceptable to IngenioRx.
- 11.1.1.3 Audits of PBM Contracted Pharmacies. To the extent not prohibited by the pharmacy contract, IngenioRx shall be entitled through a third-party auditor to directly audit PBM Contracted Pharmacies and shall be entitled to directly request copies of prescription records from PBM Contracted Pharmacies (this shall not limit PBM's obligation to obtain copies of prescription records from PBM Contracted Pharmacies upon IngenioRx's request and to require PBM Contracted Pharmacies to timely provide such prescription records upon request). For avoidance of doubt, IngenioRx may conduct these audits of PBM Contracted Pharmacies itself or through a third-party Auditor in accordance with Section 11.2 (Use of Third-Party Auditors), below.
- 11.1.1.4 Audits of PBM Mail Order Pharmacies and PBM Specialty Pharmacies. IngenioRx shall be entitled to directly audit PBM Mail Order Pharmacies and PBM Specialty Pharmacies.
- be entitled to audit PBM's compliance with its best available pricing, network offerings, and performance guarantees commitments under the Agreement. In this regard, PBM shall provide IngenioRx with access to all data, information, and contracts (all of which shall be blinded so as not to identify other PBM Customers) such that IngenioRx can validate PBM's compliance with Section 6.1 (Best Available Pricing) of Exhibit 3 (Fees and Compensation), Section 6.2 (Best Available Network Offerings) of Exhibit 3 (Fees and Compensation), and Section 2.9.1 (Market Leading Performance Standards/Guarantees) of Exhibit 2 (Implementation and Performance Guarantees), and PBM shall allow a third-party Auditor access to such Books and Records so as to test PBM's compliance with Section 6.1 (Best Available Pricing) of Exhibit 3 (Fees and Compensation) by determining what IngenioRx's costs would have been had the pricing with another PBM Customer been utilized (applying comparable pharmacy networks, etc.), in which case, IngenioRx shall be entitled to both: (a) a refund equal to the difference in cost and (b) such improved pricing terms on a going forward basis (unless IngenioRx elects otherwise).
- discover or identify issues resulting from an error committed by a Participating Pharmacy. By way of example, a Participating Pharmacy error may include, but is not limited to, aberrant billing practices, incorrect drug quantity dispensed, incorrect days' supply of a drug, use of an invalid NPI, use of an invalid NDC, use of an invalid or retired DEA number, and incorrect application of coordination of benefits (COB), and/or duplicate claims issues. In the event IngenioRx identifies a Participating Pharmacy error, PBM shall immediately suspend payment (unless otherwise prohibited by Law) to the Participating Pharmacy in the amount of the error and shall undertake good faith recovery and/or recoupment efforts against the Participating Pharmacy within thirty (30) days of receipt of notice from IngenioRx of the error. PBM's recovery and recoupment efforts shall require it to(a) proactively investigate any Participating Pharmacy error, as identified by IngenioRx, and (b) to pursue recovery or adjust claims for any overpayment without limit with respect to amount, date of service, volume, Line of Business or any other criteria.
- 11.1.1.7 Operational Audits. IngenioRx shall be entitled to conduct and PBM shall fully cooperate in all operational audits of PBM, which may be conducted at any time and may include some or all operational areas and/or functions.
- 11.1.1.8 Audits of Approved Subcontractors. Notwithstanding the foregoing, the audit rights set forth in Section 11.1.1 (Audits by IngenioRx) of Approved Subcontractors shall not apply until six

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- (6) months after the Effective Date for Priority Approved Subcontractors and shall not apply to the remaining Approved Subcontractors until one (1) year after the Effective Date.
- 11.1.2 <u>Audits by IngenioRx Customers/Groups</u>. IngenioRx Customers and/or Groups shall have the right to inspect and audit IngenioRx Customer/Group specific Books and Records and facilities used to provide (or that will be used to provide) the Services or any portion thereof for such IngenioRx Customer/Group, to the same extent and in the same manner as IngenioRx as set forth in <u>Section 11.1.1</u> (Audits by IngenioRx), including the subsections thereunder.
- 11.1.3 Audits by Governmental Bodies and Accreditation Organizations. PBM shall allow Governmental Bodies and Accreditation Organizations and their respective designees to audit PBM in connection with this Agreement and/or the Services hereunder as required by Law, Governmental Bodies, and/or Accreditation Organizations. PBM shall fully cooperate with, and provide reasonable assistance to IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers in connection with audits and/or investigations of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers conducted by Governmental Bodies and Accreditation Organizations with respect to this Agreement and/or the Services hereunder. PBM shall make appropriate staff available to prepare for, assist with, and participate in all such audits, as requested by IngenioRx from time to time.
- Mock Audits. IngenioRx may conduct mock audits in connection with Covered Plans and/or Groups to demonstrate audit readiness. PBM shall provide all necessary support to complete the mock audits to the same extent as any other audit performed under Section 11.1 (Audits) of the Agreement. Use of Third-Party Auditors. IngenioRx may use an independent third-party auditor ("IngenioRx Auditor") in connection with audits under Section 11.1 (Audits by IngenioRx) provided that the IngenioRx Auditor executes a confidentiality agreement substantially in the form attached hereto at Annex 7 (Third-Party Confidentiality Agreement). In the event PBM objects to IngenioRx's selection of an auditor, PBM may notify IngenioRx in writing of its objection, setting forth detailed business justifications for its objection. If PBM does not object to the auditor within five (5) Business Days of receipt of notice of the auditor, the auditor shall be deemed acceptable to PBM. If PBM does object to the auditor within five (5) Business Days of receipt of notice of the auditor, IngenioRx will take into consideration PBM's objection and will not unreasonably refuse to utilize a different auditor. In addition, IngenioRx Customers and/or Groups may use an independent third-party auditor ("IngenioRx Customer Auditor") in connection with their audits under Section 11.1.2 (Audits by IngenioRx Customers/Groups) provided that the IngenioRx Customer Auditor executes a confidentiality agreement with IngenioRx. IngenioRx Auditor and IngenioRx Customer Auditor may be collectively and/or individually referred to herein as "Auditor." Any request by IngenioRx to permit an Auditor to perform an audit will constitute IngenioRx's direction and authorization to PBM to disclose PHI to the Auditor.

11.3 Audit Findings.

- 11.3.1 <u>IngenioRx and IngenioRx Customer/Groups Audit Findings</u>. In the event that any audit performed under <u>Section 11.1.1</u> (Audits by IngenioRx) or <u>Section 11.1.2</u> (Audits by IngenioRx Customers/Groups) of the Agreement reveals any non-compliance/error by PBM, PBM shall have thirty (30) days to dispute the audit findings by providing written notice of such dispute to IngenioRx in writing, setting forth the basis for its dispute with all supporting documentation ("Audit Findings Objection").
- 11.3.1.1 No PBM Audit Findings Objection. In the event PBM does not provide an Audit Findings Objection to IngenioRx within thirty (30) days of receipt of the final audit report, PBM shall be deemed to have accepted the report and shall pay all amounts due within thirty (30) days of receipt of the final audit report.
- 11.3.1.2 PBM Audit Findings Objection. In the event PBM does provide an Audit Findings Objection to IngenioRx within thirty (30) days of receipt of the final audit report, IngenioRx shall review PBM's Audit Findings Objection and determine whether to change its audit findings. In the event IngenioRx disputes PBM's Audit Findings Objection, the Parties will work together in good faith to resolve the objections and audit findings. If the Parties are unable to resolve the objections and audit findings within sixty (60) days of PBM's receipt of the final audit report, the matter shall be sent to the ESC, which shall meet to discuss the matter within ten (10) Business Days of receipt of referral of the matter (regardless of the timing of the next regulatory scheduled ESC meeting). If the ESC is unable to resolve the matter, it shall follow the senior leadership escalation process set forth in Section 6.1.1 (Governance Committee Escalations) of this Agreement. If the Parties are unable to resolve the matter through the ESC/senior leadership process described in Section 6.1.1 (Governance Committee Escalations) of this Agreement,

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either Party may submit the matter to arbitration under <u>Section 19.2</u> (Binding Arbitration) (the Parties will be deemed to have met the information dispute resolution process required under <u>Section 19.1</u> (Informal Dispute Resolution) by following the processes set forth in <u>Section 11.3.1</u> (IngenioRx and IngenioRx Customer/Group Audit Findings)). In the event PBM provides notice of an Audit Findings Objection, PBM shall pay any amounts not disputed in good faith within thirty (30) days of the undisputed audit findings.

- 11.3.2 Governmental Body and Accreditation Organization Audit Findings. In the event that any audit performed under Section 11.1.3 (Audits by Governmental Bodies and Accreditation Organizations) of the Agreement reveals any non-compliance/error by PBM, PBM shall have such time period, if any, designated by the Governmental Body and/or Accreditation Organization to dispute or otherwise respond to the audit findings in accordance with the instructions and requirements of the Governmental Body and/or Accreditation Organization. PBM shall pay all amounts identified as discrepant and any other penalties or amounts assessed by the Governmental Body and/or Accreditation Organization in connection with such audit in accordance with Law, the Governmental Body, and/or Accreditation Organization requirements, as applicable.
- **11.4 Remediation.** PBM shall rectify all audit findings/non-compliance/errors (e.g., benefits set-up issue, claims processing issue) in accordance with <u>Section 5.12</u> (PBM Non-Compliance/Errors) and <u>Section 5.13</u> (Corrective Action Plans), as applicable, including reimbursement of amounts due to IngenioRx and/or Members as identified in the final audit report. In the event the error identified by the audit is systemic, PBM shall reimburse IngenioRx for the full amount of the error as applicable to all similarly situated Claims unless PBM can affirmatively show that the error did not impact all such similarly situated Claims.
- **11.5 Follow Up Audits.** Notwithstanding anything to the contrary set forth in the Agreement, PBM acknowledges and agrees that no audit restrictions and/or charges will apply to IngenioRx when a follow up or additional audit is warranted due to evidence of fraud, waste, or abuse and/or due to evidence of substantial non-compliance by PBM.
- Audit Support. PBM shall fully cooperate with, and in good faith provide reasonable assistance 11.6 to, IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers in connection with audits and/or investigations of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers conducted by Governmental Bodies and/or Accreditation Organizations with respect to this Agreement and/or the Services hereunder. In addition, PBM shall fully cooperate with, and provide reasonable assistance to, IngenioRx in connection with audits of IngenioRx conducted by Covered Plans and/or IngenioRx Customers with respect to this Agreement and/or the Services hereunder. In connection with this Section 11.6 (Audit Support), PBM shall make appropriate staff available to prepare for, assist with, and participate in all such audits, as requested by IngenioRx from time to time. In the event a Governmental Body, Covered Plan, and/or IngenioRx Customer identifies overpayments and/or imposes a fine or other penalty on IngenioRx or Designated Affiliates due to PBM's failure to comply with the Agreement and/or Law, and/or PBM's failure to timely provide information and/or documentation requested by a Governmental Body, Covered Plan, and/or IngenioRx Customer, PBM shall reimburse IngenioRx and/or the Designated Affiliate the amount of any such overpayments, fines, and other penalties attributable to PBM's failure imposed on IngenioRx and/or Designated Affiliates within thirty (30) days of receipt of notice thereof. Further, PBM shall prepare and/or assist IngenioRx, as applicable, in creating any necessary action plans to rectify any such audit finding in a timely manner.
- 11.7 SOC 1 and SOC 2 Audit Reports. PBM shall, at PBM's expense, provide IngenioRx with the following annual Service Organization Control ("SOC") general (i.e., not IngenioRx-specific) reports of PBM in accordance with the Performance Guarantee requirements: (a) SSAE 18 / SOC 1, Type II, Statement on Standards for Attestation Engagements ("SSAE 18/SOC1 Report"); and (b) as of January 2020 (or such sooner date required by a Covered Plan or IngenioRx Customer), a SOC 2, Type II, AT section 101 ("SOC2 Report"). The audits and reports for the SSAE 18/SOC1 Report and the SOC2 Report shall be consistent with state and federal guidelines and requirements and shall be conducted and completed by a credible nationally recognized accounting firm. At a minimum, the SOC2 Report shall include a review of controls relevant to the Security Trust Service Principle, with additional Trust Service Principles potentially required by IngenioRx based on the nature of the Services. The SSAE 18/SOC1 Report and the SOC2 Report shall indicate that PBM is successfully meeting or exceeding all SSAE 18/SOC1 and SOC2 requirements, respectively. For avoidance of doubt, PBM acknowledges and agrees that it shall comply with future guidance relating to SSAE 18/SOC1 and SOC 2 (and/or their successors thereto) as issued by the AICPA,

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the Securities and Exchange Commission, and/or the Public Company Accounting Oversight Board. Both Parties recognize that the report(s) of the third-party auditor do not constitute a certification or an attestation by PBM under the Sarbanes-Oxley Act of 2002 or otherwise, but PBM acknowledges that such SSAE 18/SOC1 Reports and SOC2 Reports may be relied upon by IngenioRx and Designated Affiliates, and their respective auditors. PBM agrees to work collaboratively with IngenioRx to support alignment of PBM's SSAE 18/SOC1 Report and SOC2 Report with financial reporting requirements of IngenioRx and/or its parent company. PBM acknowledges and agrees that PBM's SSAE 18/SOC1 Reports and SOC2 Reports can be shared with Designated Affiliates, Covered Plans, IngenioRx Customers, Groups, Governmental Bodies, and Accreditation Organization.

SECTION 12 - INTELLECTUAL PROPERTY AND SERVICE MARKS

12.1 Ownership of Information. All IngenioRx Data and Information shall be the sole and exclusive property of IngenioRx, and IngenioRx shall have sole rights to all IngenioRx Data and Information (including aggregate compilations thereof) stored in, contained in, or extracted from databases developed by PBM.

12.2 Intellectual Property.

- 12.2.1 <u>Custom IP</u>. PBM acknowledges and agrees that IngenioRx shall be the sole and exclusive owner of all rights in the Custom IP. PBM hereby unconditionally and irrevocably conveys, transfers, delivers and assigns and agrees to unconditionally and irrevocably convey, transfer, deliver and assign to IngenioRx, and IngenioRx accepts and agrees to accept, PBM's entire right, title and interest worldwide in and to such works, free from any liens and encumbrances, including all patents, copyrights, trade secrets and other proprietary rights therein, effective immediately upon the authorship, conception, creation, discovery, or development thereof, together with all federal, state and provincial registrations, applications for registration and all renewals and extensions thereof (including any continuations, continuations-in-part, divisionals, reissues, substitutions and reexaminations), all goodwill associated therewith, and all benefits, privileges, causes of action and remedies relating to any of the foregoing, whether before or hereafter accrued (including the exclusive rights to apply for and maintain all such registrations, renewals and extensions, to sue for all past, present and future infringements or other violations of any rights relating thereto, and to settle and retain proceeds from any such actions).
- 12.2.2 Confirmation of IngenioRx's Ownership of Custom IP. PBM further agrees to execute, or cause to be executed by its employees, agents, or subcontractors, standard assignments of IP rights and ancillary and confirmatory documents that may be required or appropriate so that title to any Custom IP shall be clearly and exclusively held by IngenioRx or any nominee thereof. PBM shall deliver to IngenioRx any source code, if any, incorporated in each Service or Deliverable at the time of completion of such Service or Deliverable. In the event IngenioRx is unable for any reason to secure PBM's signature to any document IngenioRx requests PBM to execute under this Section 12.2.2 (Confirmation of IngenioRx's Ownership of Custom IP), PBM hereby irrevocably designates and appoints IngenioRx and IngenioRx's duly designated authorized officers and agents as PBM's agents and attorneys-in-fact to act for and in PBM's behalf and instead of PBM to execute such document and to file such application and to do all other lawfully permitted acts with the same legal force and effect as if executed by PBM.
- 12.2.3 <u>License; Waiver of Rights.</u> To the extent, if any, that any Custom IP or IP rights therein are not assignable or that, notwithstanding <u>Section 12.2.2</u> (Confirmation of IngenioRx's Ownership of Custom IP), PBM for any reason retains any right, title, or interest in and to any Custom IP or any IP rights therein, PBM (i) unconditionally and irrevocably waives the enforcement of such rights, and all claims and causes of action of any kind against IngenioRx or its Designated Affiliates with respect to such rights, (ii) agrees, at IngenioRx's request, to consent to and join in any action to enforce such rights, and (iii) hereby grants to IngenioRx and its Designated Affiliates a perpetual, irrevocable, fully paid-up, royalty-free, transferable, sublicensable (through multiple levels of sublicensees), exclusive, worldwide right and license under its IP rights to use, reproduce, distribute, display and perform (whether publicly or otherwise), prepare derivative works of and otherwise modify, make, sell, offer to sell, import and otherwise use and exploit (and have others exercise such rights on behalf of IngenioRx and its Designated Affiliates) all or any portion of such Custom IP. The license granted herein shall commence on the Effective Date, and notwithstanding anything to the contrary contained in this Agreement, shall continue in perpetuity and without regard to the

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Term of this Agreement. PBM hereby waives and quitclaims to IngenioRx and its Designated Affiliates any and all claims, of any nature whatsoever, which PBM now or may hereafter have for infringement of any Custom IP or IP rights therein assigned hereunder to IngenioRx.

12.2.4 PBM IP. PBM shall identify all PBM IP to be incorporated into the Services or Deliverables hereunder, if any, in each applicable SOW. PBM hereby grants to IngenioRx and its Designated Affiliates a perpetual, irrevocable, fully paid-up, royalty free, transferable, sublicensable (through multiple levels of sublicensees), worldwide, non-exclusive right and license under its IP rights, to use, reproduce, distribute, display and perform (whether publicly or otherwise), prepare derivative works of and otherwise modify, make, import and otherwise use and exploit (and have others exercise such rights on behalf of IngenioRx and its Designated Affiliates) all or any portion of the PBM IP incorporated into the Services and Deliverables hereunder, for use in connection with IngenioRx's business or the business of any Designated Affiliate (including its distribution of products or provision of services to third-parties but excluding any provision of software development or maintenance services to entities other than IngenioRx or a Designated Affiliate). The license granted herein shall commence on the Effective Date and, notwithstanding anything to the contrary contained in this Agreement, shall continue in perpetuity and without regard to the Term of this Agreement.

12.2.5 IngenioRx IP. Except as may otherwise be provided in a SOW, PBM shall only use the IngenioRx IP in the form provided by IngenioRx and solely in connection with this Agreement. Subject to Section 12.4 (Trade Names, Trade Marks, and Service Marks) and Section 12.5 (Blues Brands) below, IngenioRx hereby grants to PBM, solely for the performance of the Services and creation of the Deliverables hereunder a non-exclusive, non-transferable, non-sublicensable right to access, operate, and use the IngenioRx IP. Upon expiration or termination of this Agreement for any reason, (a) the rights granted to PBM and its Approved Subcontractors in this Section shall immediately revert to IngenioRx, and (b) PBM shall: (i) deliver to IngenioRx, a current copy of all of the IngenioRx IP in the form in use as of the date of such expiration or termination, and (ii) immediately cease use of, and completely destroy or erase all other copies of the IngenioRx IP in PBM's or its Approved subcontractors' possession in any form, including electronic, hard copy, or other memory device, and at IngenioRx's request, have its officers certify in writing that it has so ceased use of, destroyed, or erased all copies of the IngenioRx IP and that it shall not make any further use of the IngenioRx IP. For avoidance of doubt, and without limiting the generality of the foregoing, PBM shall not use, and shall take all necessary precautions to ensure that no other person or entity may use, IngenioRx IP for its own benefit or the benefit of any affiliate, client, subcontractor, or anyone else other than IngenioRx.

12.2.6 Third-Party IP. PBM shall not incorporate third-party IP in any Service or Deliverable hereunder without obtaining IngenioRx's prior written consent. To the extent any third-party IP is required to be so incorporated, PBM shall identify all third-party IP embedded in Services or Deliverables, if any, in each applicable SOW. Such identification shall include, at a minimum, the following information: (i) the nature of the third-party IP; (ii) the owner of the third-party IP; (iii) PBM's authority to include the third-party IP in the Services or Deliverables; and (iv) any restrictions or royalty terms applicable to the incorporation of the third-party IP in the Services or Deliverables. PBM represents and warrants that the Deliverables under this Agreement, including the third-party IP, do not include any embedded software or open source software of any kind or any IP that is subject to licensing terms requiring disclosure of source code under any circumstances. All software a Party licenses from a third-party vendor will be and remain the property of such third party or such third party's licensors. If IngenioRx provides PBM with access to or use of thirdparty IP licensed by IngenioRx from third-parties, PBM shall be responsible for (a) complying with all applicable obligations under any third-party license agreements, (b) indemnifying, defending, and holding IngenioRx harmless from and against any breach by PBM of such license agreements as set forth in Section 17 (Indemnification) below, and (c) treating all such third-party IP as Confidential Information of IngenioRx. Unless provided otherwise in a SOW, PBM shall obtain an irrevocable, fully paid-up, royalty-free, perpetual, worldwide, non-exclusive license for IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customer, Groups, and their agents and assigns, to use the third-party IP incorporated into the Services and Deliverables. PBM will not incorporate, integrate, or bundle Open Source Software in or with any Deliverable, without IngenioRx's prior written consent, and to the extent that PBM uses Open Source Software in the performance of Services, it shall ensure that such use, does not grant, or purport to grant, to any third party any IP rights in the Deliverables, and does not cause a Deliverable, or any part thereof to

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become subject to the terms of such Open Source Software license.

- 12.2.7 Reservation of Rights. Except as provided herein, each Party (and each Designated Affiliate) reserves all rights in its IP and nothing contained herein shall be construed as granting the other Party any ownership interest in its IP. Each Party shall include, maintain, reproduce, and perpetuate all notices or markings on all copies of all tangible media comprising each Party's IP or Confidential Information in the manner in which such notices or markings appear on such tangible media or in the manner in which either Party may reasonably request. Nothing in this Agreement waives or limits extra-contractual rights or remedies available to IngenioRx or its Designated Affiliates to protect IP rights afforded IngenioRx under the Law of any jurisdiction, including trademarks and service marks.
- 12.2.8 <u>Waiver of Moral Rights</u>. PBM hereby forever waives and agrees never to assert against IngenioRx, its Designated Affiliates, Covered Plans, IngenioRx Customers, Groups, and their successors and licensees any and all moral rights PBM may have in the Custom IP, and any elements thereof, and any results or proceeds therefrom, even after expiration or termination of this Agreement, to the extent permitted by applicable Law. However, this <u>Section 12.2.8</u> (Waiver of Moral Rights) shall not be interpreted as a waiver of moral rights as to PBM IP, except as may be embedded in the Custom IP.
- 12.3 Embedded Software. All Open Source Software (as defined herein) and non-Open Source thirdparty software components provided by PBM to IngenioRx shall be considered "Embedded Software" and subject to all warranties, indemnities and other requirements of this Agreement, including scope of license, maintenance and support. "Open Source Software" means any software, programming, or other IP that: (a) contains or is derived in any manner (in whole or in part) from any software that is distributed as free software, open source software, shareware or similar licensing or distribution models; and (b) is subject to any agreement with terms requiring that such IP be (i) disclosed or distributed in source code or object code form; (ii) licensed for the purpose of making derivative works; and/or (iii) freely redistributable by end users to third-parties without payment of compensation. Open Source Software includes but is not limited to software licensed or distributed under any of the following licenses or distribution models: the GNU General Public License, GHN Library General Public License, Artistic License, BSD license, Mozilla Public License, or any similar license, including those licenses listed at www.opensource.org/licenses. PBM has identified each item of Embedded Software in Annex 9 (PBM Embedded Software) to this Agreement. PBM represents and warrants that it has sufficient rights to provide all Embedded Software to IngenioRx for use as permitted hereunder.
- Trade Names, Trade Marks, and Service Marks. Except as explicitly set forth in this Agreement, PBM shall not use (and nothing in this Agreement shall be construed as an implied license by IngenioRx for PBM to use) any trade names, trademarks, symbols, service marks, names, domain names, logos, or the like of IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers. PBM shall not use any trade names, trademarks, symbols, service marks, names, domain names, logos, or the like of IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers in advertising or promotional materials or otherwise, without the prior written consent of IngenioRx. Any consent by IngenioRx to use any trade names, trademarks, symbols, service marks, names, domain names, logos, or the like of IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers may be withdrawn by IngenioRx at any time for any reason upon notice to PBM. IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers retain the exclusive right to their respective trade names, trademarks, symbols, service marks, names, domain names, logos, and the like. IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers may use PBM's trade names, trademarks, symbols, service marks, names, domain names, logos, or the like in materials for Covered Plans, Members, Prescribers, and prospective plan materials to inform them of Services provided by PBM. Without limiting the foregoing, except as may be required by applicable Law or legal process, neither Party shall at any time either during the Term or at any time after any expiration or termination of this Agreement provide a hyperlink from any Internet site that it maintains to any Internet site maintained by the other Party or any of the other Party's Affiliate. PBM shall not extract any information or other data from any Internet site maintained by IngenioRx or any Designated Affiliate, including framing and deep linking, without the express written consent of IngenioRx.
- **12.5 Blues Brands.** PBM has no license to use Blues Brands, and nothing in this Agreement shall be deemed to grant a license to PBM to use the Blues Brands.

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SECTION 13 - CONFIDENTIAL INFORMATION

- **13.1 General Confidentiality Compliance.** The provisions set forth in this <u>Section 13</u> (Confidential Information) are in addition to and not in lieu of any confidentiality, privacy, security, and other requirements imposed on PBM by Law and/or elsewhere in this Agreement, including the Business Associate Addendum, Regulatory Addenda, and <u>Annex 10</u> (Required Information Security Controls).
- Confidential Information. The term "Confidential Information" means information of a confidential or proprietary nature relating to this Agreement and the subject matter described in this Agreement which is taken from or disclosed or exposed by one Party or its Affiliates, agents, or subcontractors ("Disclosing Party") to the other Party or its Affiliates, agents, or subcontractors ("Receiving Party"). "Confidential Information" includes this Agreement and any information (whether oral, written, electronic, visual or fixed, in any tangible medium of expression) regarding a Party's business, services, operations, projects, finances, activities, affairs, research, development, products, technology architecture, business models, business plans, business processes, marketing and sales plans, personnel data, health plan ratings, health plan reimbursement formulas, computer hardware and software, computer systems and programs, procurement processes or strategies, systems, programs, inventions, techniques, suppliers, customers and prospective customers, contractors, ideas, proposals, procedures, formula, underwriting guidelines, costs and pricing data, trade secrets, know-how, processes, plans, designs, clinical and formulary management strategies, and such other information that is designated by either Party as confidential. With respect to IngenioRx only, "Confidential Information" shall include all IngenioRx Data and Information and all Confidential Information of Designated Affiliates, Covered Plans, and IngenioRx Customers. For purposes of the confidentiality obligations under this Section 13 (Confidential Information), the following shall not be considered "Confidential Information": (i) information that is or becomes generally available or known to the public through no fault of the Receiving Party or other breach of this Agreement; (ii) information that was already rightfully known by or available to the Receiving Party on a non-confidential basis prior to the disclosure by the Disclosing Party; (iii) information that is subsequently disclosed to the Receiving Party by a third party who is not under any obligation of confidentiality to the Disclosing Party; (iv) the information has already been or is hereafter independently acquired or developed by the Receiving Party without reference to Confidential Information of the other Party and without violating any confidentiality agreement or other similar obligation.
- Confidentiality Obligations. The Receiving Party agrees to: (a) hold the Disclosing Party's 13.3 Confidential Information in strict confidence; (b) use the Disclosing Party's Confidential Information solely in the course of performing its obligations hereunder; (c) protect such Confidential Information (including marking such information as confidential and proprietary and using all precautions Receiving Party employs with respect to its own Confidential Information); (d) not alter or remove any legend, marking, or notice provided by the Disclosing Party on its Confidential Information regarding the confidential and proprietary nature of such information; (e) not use, analyze, transcribe, transmit, decompile, disassemble, or reverse engineer any Confidential Information of the Disclosing Party unless required in the performance of the Receiving Party's duties under this Agreement; (f) not use any Confidential Information of the Disclosing Party for its own or any third party's benefit unless expressly authorized by this Agreement or by the Disclosing Party in writing; and (g) make no disclosure of the Disclosing Party's Confidential Information except as expressly authorized in accordance with this Agreement. For avoidance of doubt, excluding any legal proceedings related to a dispute or similar action between the Parties, neither Party nor its employees, agents, consultants, or authorized representatives may disclose, or permit to be disclosed, Confidential Information of the other Party as an expert witness in any legal proceeding. A Party's obligation to maintain the confidentiality of Confidential Information shall remain in full force and effect unless and until it falls within one of the permitted disclosures set forth in Section 13.4 (Permitted Disclosure of Confidential Information), in which case the exception from the confidentiality obligations hereunder is only to the extent set forth in the Section 13.4 (Permitted Disclosure of Confidential Information).
- **13.4 Permitted Disclosure of Confidential Information.** The only permitted exceptions to the confidentiality obligations of <u>Section 13.3</u> (Confidentiality Obligations) are as follows:

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- 13.4.1 The Receiving Party shall only permit access to and use of the Disclosing Party's Confidential Information to the Receiving Party's employees, Approved Subcontractors, and employees of the Approved Subcontractors, who need to know/use the information to perform his/her/its obligations under this Agreement, who have been informed of the confidential and proprietary nature of the Disclosing Party's Confidential Information, and who have previously executed a written confidentiality agreement imposing confidentiality obligations no less restrictive than those applicable hereunder.
- 13.4.2 The Receiving Party may disclose the Disclosing Party's Confidential Information to lenders and third-party professional advisors (including accountants, auditors, attorneys, consultants, financial, or other advisors) which are acting solely for the Receiving Party's benefit and on behalf of the Receiving Party provided such lenders and/or professional advisor needs to know/use the information in order to provide advice or services to the Receiving Party, who have been informed of the confidential and proprietary nature of the Disclosing Party's Confidential Information, and who have previously executed a written confidentiality agreement imposing confidentiality obligations no less restrictive than those applicable hereunder.
- 13.4.3 IngenioRx may disclose Confidential Information (including drug pricing information) to brokers, Designated Affiliates, Covered Plans, IngenioRx Customers, Groups, prospective customers, IngenioRx Third-Party Contractors, and IngenioRx Authorized Designees provided that such parties have been informed of the confidential and proprietary nature of the Confidential Information and have previously executed a written confidentiality agreement imposing confidentiality obligations no less restrictive than those applicable hereunder.
- 13.4.4 Either Party may disclose the existence of this Agreement and the terms of this Agreement to the extent required to enforce its terms or the rights of such Party hereunder in a legal proceeding.
- 13.4.5 In the event the Receiving Party (or any of its employees, agents, consultants, or authorized representatives) is requested to disclose Confidential Information of the Disclosing Party in response to a request for information, oral questions, interrogatories, document requests, subpoena, civil investigative demand, or formal or informal investigation by any government or Governmental Body, judicial process, or the like, then the Receiving Party shall give prompt written notice of such to the Disclosing Party to allow the Disclosing Party the opportunity to seek an appropriate protective order or modification of any such request or disclosure. The Receiving Party shall reasonably cooperate with the Disclosing Party in any action by the Disclosing Party to obtain a protective order or other appropriate remedy. If the Receiving Party is ultimately legally required to disclose such Confidential Information of the Disclosing Party based on the good faith opinion of the Receiving Party's legal counsel that disclosure is required by Law or by order of a court or Governmental Body, the Receiving Party shall use diligent, reasonable efforts to limit disclosure and to obtain confidential treatment and shall disclose only the minimum information required pursuant to the court order or other legal compulsion. Each Party shall be responsible for its own costs with respect to the performance of its obligations in connection herewith.
- 13.4.6 The Receiving Party may make disclosures required by Law based on the good faith opinion of the Receiving Party's legal counsel that disclosure is required by Law provided the Receiving Party has given the Disclosing Party prompt written notice of the disclosure required by Law so that the Disclosing Party can object or otherwise intervene and provided that the Receiving Party uses diligent, reasonable efforts to limit disclosure and to obtain confidential treatment. In this regard, PBM acknowledges and agrees that IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers may disclose the terms of this Agreement (including the Agreement as a whole) to any Governmental Body in connection with Governmental Body required filings and/or to any Accreditation Agency in order to obtain a certification or accreditation therefrom. Upon execution of this Agreement, PBM shall provide to IngenioRx a redacted version of the Agreement (reasonably acceptable to IngenioRx) which shall be used for such purposes to the extent permitted by Law.
- **13.5 IngenioRx Non-Disclosable Information.** Notwithstanding the foregoing, PBM acknowledges and agrees that with respect to IngenioRx only, "Confidential Information" shall also include the following: (i) PHI and NPFI; (ii) other medical information and personal information regarding Members, employees, or medical or hospital service providers of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx

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Customers; (iii) other information that IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers are required by Law or company policy to maintain as confidential; (iv) other financial information concerning Members, Groups, and other health plan groups or medical or hospital service providers of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers; (v) personnel and payroll records, Member accounting and billing records, and information contained in those records; (vi) trade secrets of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers; and (vii) information that could aid others to commit fraud, sabotage or otherwise misuse products or services or damage the business of IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers, including without limitation Annex 10 (Required Information Security Controls) and other IngenioRx Policies regarding security (collectively, "IngenioRx Non-Disclosable Information"). Due to the sensitive nature of the IngenioRx Non-Disclosable Information and due to IngenioRx's obligations to maintain the privacy of its customers and providers. PBM acknowledges and agrees that IngenioRx Non-Disclosable Information shall at all times remain confidential and shall not be subject to exceptions, except as set forth in Annex 6 (Business Associate Agreement). In no case shall IngenioRx Non-Disclosable Information be disclosed by PBM to its professional advisors. PBM's obligation to maintain the confidentiality of IngenioRx Non-Disclosable Information shall neither terminate nor expire.

- No Transfer of Right or Title. Receiving Party acknowledges that it shall not acquire any rights or title to any of the Disclosing Party's Confidential Information merely by virtue of its use or access to such Confidential Information hereunder. Neither the execution of this Agreement nor the furnishing of any Confidential Information hereunder shall be construed as granting the Receiving Party, either expressly, by implication, or otherwise, any license under any invention or patent now or hereafter owned by or controlled by the Disclosing Party. None of the information that may be submitted or exchanged by IngenioRx to PBM shall constitute any representation, warranty, assurance, guarantee, or inducement by IngenioRx to PBM with respect to the infringement of patents, copyrights, trademarks, trade secrets, or any other rights of third persons. All Confidential Information, and any and all copies and reproductions thereof, shall upon the expiration or termination of this Agreement, be promptly returned to the Disclosing Party or destroyed at the Disclosing Party's direction; provided, however, that the Receiving Party shall not be required to return or destroy electronic copies of Confidential Information created pursuant to automatic archival backup procedures which cannot reasonably be deleted or to return or destroy Confidential Information to the extent that the return or destruction of such Confidential Information is not otherwise feasible or to the extent the Receiving Party is required to retain such Confidential Information in accordance with applicable Laws or standards of professional pharmacy practice. If Confidential Information does not need to be returned or destroyed pursuant to this Section 13.6 (No Transfer of Right or Title), the Receiving Party will continue to maintain the Confidential Information according to this Agreement.
- Return of Confidential Information. All Confidential Information, and any and all copies, reproductions, summaries, and redactions thereof, and other materials containing such Disclosing Party's Confidential Information, shall upon the expiration or termination of this Agreement (or, in the case of Non-Disclosable Information, at any time upon IngenioRx's request) be promptly, at the Disclosing Party's option, either returned or destroyed (or, if the Disclosing Party so requests, any part of the Confidential Information, and all copies, summaries, and redactions thereof and other materials containing such Confidential Information either returned or destroyed), including deletion from such Party's files and systems. Notwithstanding the foregoing, except for PHI or NPFI (which shall be promptly returned or destroyed), each Party may, subject to the obligations of confidentiality as described in this Section 13 (Confidential Information), retain (a) one (1) copy of the other Party's Confidential Information for archival purposes only, but such retained Confidential Information shall only be accessed by the retaining Party on a limited need basis to, for example, defend a claim by the other Party or for auditing purposes and (b) reasonable archival to, for example defend a claim by the other Party, for auditing purposes, as reasonable archival records of payments, invoices, and similar information for tax compliance, regulatory compliance, accounting, or similar purposes, but only for the period of time required by this Agreement or applicable Law; in each instance, all such retained Confidential Information of the Disclosing Party shall remain the Confidential Information of the Disclosing Party and shall be subject to all of the restrictions contained in this Agreement. Upon the Disclosing Party's request, the Receiving Party shall certify in writing its compliance with this Section 13.7 (Return of Confidential Information).

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13.8 Confidentiality Violations/Remedies. Each Party shall be primarily responsible and jointly and severally liable for any confidentiality breaches by its personnel, its subcontractors, the personnel of its subcontractors, and its professional advisors. Each Party shall immediately advise the other Party of any actual or potential violation of the terms of this Section 13 (Confidential Information), and shall reasonably cooperate with the Disclosing Party in relation thereto. The Parties acknowledge that this Section 13 (Confidential Information) is reasonable and necessary to protect the legitimate interests of each Party and that any disclosure or use of Confidential Information in violation of this Section 13 (Confidential Information) would cause immediate and irreparable injury or loss that may not be adequately compensated by monetary damages. The Parties each acknowledge and agree that in the event of a breach or threatened breach of this Section 13 (Confidential Information), the non-breaching Party shall be entitled to injunctive relief in accordance with Section 19.3 (Injunctive Relief), in addition to all other rights and remedies. Each Party shall be responsible for any breach of this provision by its agents, representatives, and employees.

SECTION 14 - INFORMATION SECURITY

- 14.1 Limited Access to Confidential Information. Without limiting the rights and obligations under Section 13 (Confidential Information), to the extent made accessible to PBM, PBM shall, at all times, limit access to IngenioRx Confidential Information to those employees and Approved Subcontractors that have an actual need to access such data for purposes of providing the Services. Prior to gaining access to IngenioRx Confidential Information, PBM shall require all employees and Approved Subcontractors to comply with confidentiality, security, and IP provisions no less stringent than the provisions set forth in this Agreement and, at IngenioRx's request, shall have an officer of PBM certify in writing its compliance with this requirement.
- Access to IngenioRx Systems. If PBM is given access, whether on-site or through remote 14.2 facilities, to any IngenioRx and/or Covered Plan computer or electronic data storage system in order for PBM to perform any of its obligations hereunder, PBM shall limit such access and use solely to perform such Services or other obligations and will not attempt to access any computer system, electronic file, software or other electronic services other than those specifically required to perform the Services or other obligations. PBM shall limit such access to those of its personnel with an express requirement to have such access in connection with this Agreement, shall advise IngenioRx in writing of the name of each such personnel who will be granted such access (and identifying whether each is an employee of PBM or an employee of an Approved Subcontractor of PBM), and shall comply with any security policies IngenioRx may promulgate from time to time relating to use of IngenioRx electronic resources and systems. All user identification numbers and passwords disclosed to PBM and any information obtained by PBM as a result of PBM's access to, and use of, IngenioRx and/or Covered Plan computer and electronic storage systems shall be deemed to be, and shall be treated as, IngenioRx Confidential Information. PBM shall cooperate with IngenioRx in the investigation of any apparent unauthorized access by PBM to IngenioRx computer or electronic data storage systems or unauthorized release of IngenioRx Confidential Information by PBM. PBM's access shall be subject to such other business control and information protection policies, standards, and guidelines as may be provided to PBM by IngenioRx from time to time and in Annex 10 (Required Information Security Controls). Any other use by PBM of any other IngenioRx or Covered Plan assets or property or systems is strictly prohibited. PBM warrants and agrees that its personnel will not remotely access IngenioRx's and/or Covered Plans' systems from a networked computer unless the network is protected from all third-party networks by a firewall that is maintained with all patches up to date by a 7x24 administrative staff. Said firewall must be certified by the International Computer Security Association (ICSA) (or an equivalent certification as determined by IngenioRx) if the connection to IngenioRx's and/or Covered Plans' networks is an ongoing connection such as frame relay or T1 line. For avoidance of doubt, PBM is responsible for all of its own costs and fees to connect with any IngenioRx system or system utilized by IngenioRx (including any license fees to connect with systems utilized by IngenioRx – e.g., invoicing through ARIBA).
- **14.3 Notification of Security Breaches.** Without limiting PBM's reporting and disclosure obligations related to security breaches set forth elsewhere in this Agreement, PBM shall immediately notify IngenioRx in writing should it discover any breach of the security provisions set forth in this Agreement and shall immediately coordinate with IngenioRx to investigate and remedy such breach(es) in a diligent and timely manner. Except as may be strictly required by applicable Law, PBM agrees that it will not inform any third

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party of any such security breach without IngenioRx's prior written consent; however, if such disclosure is required by applicable Law, PBM agrees to work with IngenioRx, regarding the content of such disclosure so as to minimize any potential adverse impact upon IngenioRx and its Members.

SECTION 15 - BUSINESS CONTINUITY AND DISASTER RECOVERY

- **15.1 Disaster Avoidance.** At all times during the Term of this Agreement and any Extended Services Period, PBM will have and maintain disaster avoidance procedures (*e.g.*, fire detection, sprinkler systems, physical security) designed to safeguard IngenioRx's data and the business continuity of the Services hereunder. These disaster avoidance procedures will be subject to IngenioRx's review as part of the agreed upon BCP. PBM will maintain these procedures so that they are reasonably acceptable to IngenioRx.
- **15.2 Business Continuity and Disaster Recovery.** At all times during the Term of this Agreement and any Extended Services Period, PBM will provide business continuity, disaster recovery, and backup capabilities and facilities, through which PBM will be able to perform its obligations hereunder (including Implementation Guarantees and Performance Guarantees) with minimal disruptions or delays in accordance with a disaster recovery and business continuity plan ("**BCP**"). PBM represents and warrants that it has and agrees to maintain, comply with, and provide the BCP in accordance with this Agreement, which shall be fully funded by PBM (PBM shall not charge IngenioRx any additional fees or costs in connection with the BCP or implementation of the BCP). PBM also represents that its BCP is aligned with the Business Continuity Management System described in ISO 22301:2012, as appropriate or necessary to support PBM's business requirements and the delivery of Services under this Agreement. PBM further agrees as follows:
- 15.2.1 IngenioRx Review of BCP. PBM agrees that the BCP shall be reviewed with IngenioRx prior to execution of this Agreement and thereafter upon any material modifications to the BCP, upon request of a Governmental Body with jurisdiction over a Party, and/or upon IngenioRx's reasonable request, in each case, via an "in camera review" via a secure WebEx session. Upon IngenioRx's request, PBM will meet with IngenioRx to review and/or discuss the BCP. To the extent IngenioRx raises any concerns with respect to PBM's BCP, PBM will make reasonable changes to the BCP as requested by IngenioRx and shall work in good faith with IngenioRx to address and resolve all such concerns; provided, however, in all cases, in the event PBM fails to address and resolve BCP deficiencies identified by IngenioRx that jeopardizes or put IngenioRx's business at risk, in IngenioRx's commercially reasonable judgment, IngenioRx shall have the right to terminate this Agreement or any affected Service under this Agreement. PBM agrees to meet with Governmental Bodies and IngenioRx to review PBM's BCP upon their request.
- 15.2.2 Minimum BCP Requirements. In all cases, the BCP shall meet the following minimum requirements: (a) ensure a resumption of the ability for pharmacies to accurately submit Claims and for PBM to accurately process Claims according to this Agreement within an RTO of four (4) hours or less, from the time of a disruption, and an RTO of twenty-four (24) hours or less, for other critical services with capacity of not less than sixty percent (60%) of full capacity prior to the disruption, and an RTO of seventy-two (72) hours for non-critical services; (b) ensure that IngenioRx's Confidential Information is backed up and restored in the event of any data loss to support an RPO of less than fifteen (15) minutes from the time of a disruption, (with respect to (a) and (b), PBM shall not make changes to those RTOs and RPOs applicable to PBM Services without IngenioRx's prior approval) (c) ensure that interface capabilities contemplated under this Agreement are restored and maintained by PBM; (d) ensure that it is aligned with IngenioRx's Critical Path Curriculum or an equivalent BCP standard (e.g. ISO 22301, DRI (Disaster Recovery Institute) or BCI (British Continuity Institute); (e) comply with IngenioRx Policies (including governance and oversight); (f) comply with Law (including Change of Law); and (g) address or consider, as appropriate, the following:
 - Scope and severity of disaster
 - Disaster response team roles and responsibilities
 - Communications with media
 - Identification of emergency services in each city
 - · Description of facilities at all locations

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- Disaster response team members for each facility
- · Alternate locations for each facility for the different disaster levels
- Plan review and update parameters
- Plan testing parameters
- Contact information
- Risk mitigation for base infrastructure for various scenarios
- · Diesel generator in data center
- Uninterruptable power supplies for critical equipment
- Fire detection and protection system
- Computer room
- Voice communication
- Transportation arrangement to and from the facility for employees
- Transportation arrangement between facilities in a city
- High uptime contracts for critical equipment
- All non-production projects shall employ a system whereby backups are completed and securely stored off-site, at a minimum, every two (2) weeks, including both full and incremental backups and a validation that such backups of data were successfully made
- Offsite storage of full backups and incremental backups of production data is required, including notification to IngenioRx of the location of such offsite storage, which must be within the Continental United States.
- Documentation of the decision tree for invocation, including basis points 1 to 4 and coordination with IngenioRx business continuity personnel and IngenioRx disaster recovery personnel to execute business recovery strategies and disaster recovery plans, as required to support the delivery continuity of the Services in accordance with this Agreement, including stated RTOs and RPOs.
- Annually, as part of the test of the BCP, validation of all processes
- 15.2.3 BCP Validation and Testing. After delivery of the BCP to IngenioRx, the Parties shall conduct an initial exercise to validate that the BCP will be able to meet the operational requirements of the business continuity strategy (including capacities and service quality) that will provide for the response to and recovery from the disruption event and the restoration of Services in accordance with the agreed upon recovery time objectives ("RTOs") and recovery point objectives ("RPOs") contained in Section 15.2.2 (Minimum BCP Requirements) and reflected in the BCP. PBM will provide to on completion of the exercise, an annual summary of the results, including all material issues and deficiencies. Thereafter, PBM agrees to update and test the BCP (response, recovery and resumption) at regular intervals (no less frequently than once annually) and to deliver to IngenioRx written results that relate to the Services provided hereunder within thirty (30) days after the completion of each such test on an annual basis, except results regarding material deficiencies shall be delivered within ten (10) days. PBM will provide IngenioRx with sufficient written notice of DR tests, a full review of the DR test results and any corrective actions identified as a result of the DR tests. PBM will work with IngenioRx to make reasonable changes to DR plans and processes to meet IngenioRx requirements to allow IngenioRx to observe and/or participate in PBM's review of the BCP test results or debriefs covering services provided to IngenioRx, subject to appropriate safeguards of PBM's other client confidential information.
- 15.2.4 <u>BCP Business Impact Analysis</u>. If requested by IngenioRx, PBM will carry out a business impact analysis along with the IngenioRx BCP and business teams, utilizing IngenioRx's "Critical Path Curriculum" Methodology. The objective shall be to: (a) validate any existing assumptions on Services (taken down to task and activity level, assess for regulatory, compliance, financial, and customer impact) to understand the journey from that point in time until solution identification; (b) validate RTOs and RPOs for the Services; and (c) prioritize processes for recovery and required functional knowledge at an alternate site, taking into account the RTOs and RPOs and then the importance of the applicable Service and its use to end users.
- 15.2.5 <u>BCP Deficiencies</u>. Upon IngenioRx's request, PBM will deliver an action plan to correct any material deficiencies in its BCP (whether found through a validation/exercise, business impact analysis, or otherwise) in accordance with <u>Section 5.13</u> (Corrective Action Plans). In addition to the requirements

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set forth in Section 5.13 (Corrective Action Plans), such BCP Corrective Action Plan shall be designed to provide for mitigation of all material deficiencies within thirty (30) days of identification of the deficiency. If Provider becomes aware that it is in material non-compliance with its BCP and such non-compliance would likely prevent Provider from recovering the Services in accordance with the BCP in the event of an incident, Provider shall (a) promptly notify IngenioRx in writing, and (b) summarize the action plan that Provider is implementing to address such concerns, which shall be implemented within ten (10) Business Days thereafter, or if the non-compliance cannot reasonably be cured within such period, Provider shall use its commercially reasonable efforts to cure the non-compliance as soon as practicable and in accordance with Section 15.2.9 (Non-Compliance with BCP) below.

- 15.2.6 <u>Annual BCP Attestation</u>. Upon execution of this Agreement and on an annual basis thereafter, PBM shall provide IngenioRx with a certification or attestation by an officer or director of PBM compliance with this Section 5.14 (Compliance Certification).
- 15.2.7 <u>Notification of Business Disruption</u>. If a business disruption shall impact Services, PBM shall provide IngenioRx with timely verbal and written notification and regular updates of the disruption, including expected impact, expected duration, action plan, and status.
- 15.2.8 Restoration of Services/Execution of BCP. To the extent Services are impaired or disrupted due to a disaster, system failure, process disruption and/or other incident, PBM agrees to execute recovery of the Services in accordance with the BCP. Without limiting any other rights or obligations hereunder, PBM covenants and agrees that it will restore Services to meet Implementation Guarantees and Performance Guarantees in accordance with the BCP to support full restoration of Services, including Implementation Guarantees and Performance Guarantees, within the RTOs and RPOs set forth in Section 15.2.2 (Minimum BCP Requirements) and further reflected in the approved BCP, but in no event shall a disruption of Services exceed one (1) day for full Claims processing restoration and two (2) days for other critical services, and seven (7) days for non-critical services. For clarity, the RTOs and RPOs of Section 15.2.2 (Minimum BCP Requirements) take precedence.
- 15.2.9 Non-Compliance with BCP. In the event PBM is not in compliance with the BCP (e.g., outside of the context of a disaster/interruption event, PBM becomes aware that the procedures or resources supporting PBM's BCP/DR strategies are not adequate), PBM shall follow the notification and Corrective Action Plan processes set forth in Section 5.13 (Corrective Action Plans). In addition to the requirements set forth in Section 5.13 (Corrective Action Plans), such BCP Corrective Action Plan shall be designed to cure any such non-compliance within five (5) days thereafter. If the non-compliance cannot reasonably be cured within such period, PBM shall use commercially reasonable efforts to cure the noncompliance as soon as practicable. If such non-compliance results in risks unacceptable to IngenioRx, IngenioRx may, at its option: (a) terminate this Agreement or any affected Service under this Agreement, without providing any right to cure; or (b) either in-source and/or resource the Services that are disrupted ("step in rights") and, in doing so, may take other action as is reasonably necessary to restore such disrupted Services). PBM shall cooperate fully with IngenioRx and its agents in the exercise of such stepin rights and provide reasonable assistance at no charge to IngenioRx to promptly restore such disrupted Services. PBM shall not be entitled to receive any fees or other compensation to the extent they relate to disrupted Services in-sourced or resourced by IngenioRx, and PBM shall promptly reimburse IngenioRx for all costs associated with the exercise of such step-in rights upon receipt of an invoice of such costs from IngenioRx. Such step-in rights shall continue until PBM demonstrates to IngenioRx's reasonable satisfaction that PBM is able to resume performance of the Services with appropriate mitigation in place designed to prevent further BCP failures for the Services. Such exercise of step-in rights shall not constitute a waiver by IngenioRx of any other of its rights, including termination rights and rights to pursue a claim for damages arising out of the failure that led to the step-in rights being exercised. The foregoing does not limit PBM's liability with respect to any default or non-performance by PBM under the Agreement.
- 15.2.10 <u>Disaster Recovery Sites</u>. Unless otherwise specified by IngenioRx, PBM shall provide at least two (2) geographically diverse facilities, within the continental United States, from which Services may be performed so that, if a location from which Services are provided becomes unavailable (and subject to the applicable business continuity and disaster recovery provisions of this Agreement) and an alternate

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location is required in order to provide the Services, PBM shall restore the Services at the secondary or backup sites, including staffing, at no additional charge to IngenioRx.

15.2.11 <u>Training</u>. Each Party shall train and have sole responsibility for training its own personnel on the Party's respective roles and responsibilities under the BCP. PBM shall provide IngenioRx as part of the annual review a training status report and roles and responsibilities roster. Key roles shall be identified in the BCP.

SECTION 16 - INSURANCE

- **16.1 Minimum Insurance Requirements.** PBM and its Affiliates involved in providing Services hereunder (including PBM Mail Order Pharmacies and PBM Specialty Pharmacies) shall procure and maintain at all times during the Term of this Agreement and any Extended Services Period the following policies with insurers with an A.M. Best rating of A- or better that meet the following minimum requirements:
- 16.1.1 <u>Commercial General Liability</u> insurance with a limit of not less than \$10,000,000 per occurrence and \$20,000,000 in the aggregate for bodily injury and property damage to include personal injury and contractual liability coverage;
- 16.1.2 <u>Business Automobile Liability</u> insurance with a minimum \$1,000,000 per occurrence combined single limit for owned, non-owned and hired automobiles;
- 16.1.3 Workers' Compensation coverage with statutory limits and employer's liability insurance with a \$1.000.000 limit:
- 16.1.4 <u>Professional Liability/Druggist's Liability</u> insurance with a minimum \$10,000,000 it for each wrongful act and aggregate of not less than \$20,000,000. In the event of cancellation of said errors and omissions insurance policy, an extended reporting period endorsement ("tail policy") is required for the term of two years in the amount of not less than the same limits above;
- 16.1.5 <u>Commercial Crime/Employee Fidelity Bond</u> with a limit of not less than \$5,000,000 per occurrence;
- 16.1.6 <u>Network Security and Privacy</u> liability coverage with a minimum of not less than \$20,000,000 if the PBM has access to IngenioRx and Covered Plans' systems or Protected Health Information or Personally Identifiable Information; and
 - 16.1.7 Umbrella Liability Coverage with a minimum of not less than \$25,000,000.

The forgoing coverage amounts, with the exception of the Umbrella Liability coverage, may be met in part by an appropriate umbrella or excess liability policy. If any liability policies are on a "claims made" basis, PBM shall purchase adequate "tail" coverage upon the termination of this Agreement.

Proof of Insurance; Notice of Cancellation. PBM shall, prior to execution of this Agreement and upon IngenioRx's request, provide to IngenioRx certificates of insurance indicating the coverage required, naming IngenioRx as an additional insured under the commercial general liability, and containing a waiver of subrogation with respect to IngenioRx for commercial general liability and workers' compensation. Also, when applicable, under its commercial crime coverage program, PBM will name IngenioRx as Loss Payee to the extent their interests may appear. IngenioRx shall be the certificate holder. Promptly upon IngenioRx's written request for same, PBM shall cause its insurers or insurance brokers to issue certificates of insurance evidencing that the policies and minimum coverages required under this Agreement are maintained and in force. In addition, PBM will use reasonable efforts to give thirty (30) days prior written notice to IngenioRx prior to cancellation or non-renewal of any of the policies providing such coverage; provided, however that PBM shall not be obligated to provide such notice if, concurrently with such cancellation or non-renewal, PBM provides self-insurance coverage as described below or obtains coverage from another insurer meeting the requirements described above. This notice requirement does not relieve PBM of its minimum policy and coverage requirements set forth herein.

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- **PBM's Right to Self-Insure Coverage.** Notwithstanding the foregoing, PBM has the right to self-insure coverage, in whole or in part, in the amounts and categories designated above, in lieu of PBM's obligations to maintain insurance as set forth above, at any time. A qualified self-insurance program will include, at a minimum, the following: Actuarially validated reserve adequacy for incurred claims, IBNR claims and future claims based on past experience; designated claim TPA or appropriately licensed and employed claims professional or attorney; excess insurance/re-insurance above self-insured layer; self-insured retention and insurance combined must meet minimum coverage requirements; and evidence of surety bond, reserve or line of credit as collateral for the minimum self-insured coverage requirements. Promptly upon IngenioRx's written request for same, PBM shall deliver certificates of insurance to confirm what coverage is in place. Upon IngenioRx's request, PBM shall provide sufficient financial data to support and validate PBM's ability to cover such liability coverage requirements.
- **16.4 Insurance Not a Liability Limitation.** This <u>Section 16</u> (Insurance) does not replace or otherwise amend or limit PBM's liability under and/or in connection with this Agreement.
- **16.5 Failure to Maintain Insurance.** Failure to maintain the required insurance coverage shall be deemed a material breach of the Agreement by PBM. If PBM fails to keep in effect the insurance coverage required, IngenioRx may, in addition to and cumulative with any other remedies available at law, equity, or hereunder, acquire such insurance and deduct the cost thereof from its payment of any amounts owed PBM hereunder or terminate this Agreement for cause.
- **16.6 PBM Contracted Pharmacy Insurance.** PBM will require each PBM Contracted Pharmacy to have and maintain (and upon joining the network to provide assurances that the PBM Contracted Pharmacy has) policies of general and professional liability insurance as shall be necessary to insure it and its employees against those claims for damages arising by reason of personal injury or death occasioned directly or indirectly in connection with dispensing of Covered Drugs and all other activities by the PBM Contracted Pharmacy. Each such policy shall be in an amount of not less than \$1,000,000 per occurrence and \$2,000,000 the aggregate per policy year.

SECTION 17 - INDEMNIFICATION

- PBM Indemnification Obligations. In addition to any indemnification obligations set forth in the Business Associate Agreement and elsewhere in this Agreement, PBM shall indemnify and hold IngenioRx and Designated Affiliates, and their respective officers, directors, employees and agents and their members, parents, subsidiaries, corporate affiliates, and their officers, directors, employees, and agents (each an "IngenioRx Indemnified Party") harmless from and against any Losses asserted against, imposed upon, or incurred by any IngenioRx Indemnified Party arising out of or resulting from a breach of this Agreement by PBM or the negligence, or intentional conduct of PBM and/or its Approved Subcontractors. Without limiting the generality of the foregoing, PBM shall indemnify and hold IngenioRx Indemnified Parties harmless from and against any Losses asserted against, imposed upon, or incurred by any IngenioRx Indemnified Party arising out of or resulting from: (a) any allegation that any portion of the PBM IP and/or Services, as applicable, provided by PBM to IngenioRx pursuant to this Agreement, infringes, misappropriates, or violates any IP right of any person or entity; (b) a breach of PBM's representations and warranties; (c) the failure by PBM to comply with applicable Laws; (d) a breach of PBM's obligations with regard to PHI and NPFI as set forth in Section 13 (Confidential Information) and/or the BAA; (v) a breach of PBM's obligations under any Regulatory Addendum, (e) a breach of PBM's security obligations as set forth in Section 14 (Information Security) and Annex 10 (Required Information Security Controls); (f) any claim relating to any act, omission, negligence, or willful misconduct on the part of PBM, its personnel, subcontractors, and/or agents, resulting in personal injury, death, or damage to property; (g) any claim of a PBM subcontractor against IngenioRx; and (h) any act or conduct by a subcontractor based on a claim falling within the foregoing categories (a) through (g), inclusive.
- 17.2 IngenioRx Indemnification Obligations. IngenioRx shall indemnify and hold PBM, its officers, directors, employees, agents, and its members, parents, subsidiaries, corporate affiliates, and their officers, directors, employees, and agents (each an "PBM Indemnified Party") harmless from and against any Losses asserted against, imposed upon, or incurred by any PBM Indemnified Party arising out of or

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resulting from (a) any allegation that the Confidential Information provided by IngenioRx to PBM pursuant to this Agreement infringes, misappropriates, or violates any IP right of any person or entity; (b) any claim relating to any act, omission, negligence, or willful misconduct on the part of IngenioRx or its personnel resulting in personal injury, death, or damage to property; (c) breach of IngenioRx's representations and warranties; and (d) breach of IngenioRx's confidentiality obligations as set forth in Section 13 (Confidential Information).

- 17.3 Notice and Participation. The indemnified Party may, at its own expense, assist in the defense of any indemnifiable claim described in this Section 17 (Indemnification) if it so chooses, provided that, as long as the indemnifying Party can demonstrate sufficient financial and legal resources, indemnifying Party shall control such defense and all negotiations relative to the settlement of any such claim, and further provided that any settlement intended to bind the indemnified Party or which may adversely affect the indemnified Party shall not be final without such indemnified Party's prior written consent, not to be unreasonably withheld or delayed. Notwithstanding the foregoing, if the claim relates to a violation of Law or to a breach of PBM's obligations relating to PHI and NPFI, and IngenioRx determines in its own discretion it has a compelling interest in conducting its own defense, then PBM shall indemnify IngenioRx for IngenioRx's reasonable costs of defense (including attorneys' fees) and for all related damages, assessment of fines, penalties, and/or other regulatory assessments, and/or settlement or compromise (and provided IngenioRx gives PBM an opportunity to comment on any proposed settlement or compromise). The indemnified Party shall provide the indemnifying Party with reasonable written notice of any claim that such indemnified Party believes falls within the scope of this Section 17 (Indemnification).
- **17.4 Limitation of Liability.** Except for the indemnification obligations under this Agreement, each Party's liability to the other hereunder will in no event exceed the actual proximate losses or damages caused by breach of this Agreement; No Party will be liable to the other Party for any consequential, punitive, special, or exemplary damages arising under or in connection with this Agreement.

SECTION 18 - DEFAULT AND REMEDIES

- **18.1 PBM Default.** A default by PBM under this Agreement shall include a material breach under Section 20.4 (Termination for Breach) and any one or more of the conditions under Section 20.8 (Immediate Termination)
- **18.2** Remedies for PBM Default. In the event of a default by PBM, in addition to all other rights and remedies under this Agreement and at law and/or in equity, IngenioRx shall have the following rights and remedies:
- 18.2.1 <u>Termination</u>. IngenioRx may terminate the Agreement in accordance with <u>Section 20.4</u> (Termination for Breach) or Section 20.8 (Immediate Termination);
- 18.2.2 <u>Injunctive Relief</u>. IngenioRx shall be entitled to injunctive relief under <u>Section 19.3</u> (Injunctive Relief);
- 18.2.3 <u>Cure the Default</u>. To the extent practicable, IngenioRx may cure the PBM default at PBM's expense (e.g., obtain required insurance coverage); and/or
- 18.2.4 Other Remedies. IngenioRx shall have the right to pursue any other remedy now or hereafter available to IngenioRx under the Agreement or at law and/or in equity or otherwise.

SECTION 19 - DISPUTE RESOLUTION

19.1 Informal Dispute Resolution. Except for those emergent matters subject to injunctive relief, PBM and IngenioRx agree to first meet and confer in good faith to resolve any dispute, controversy, or claim arising out of or relating to this Agreement, or the breach thereof, whether involving a claim in tort, contract, or otherwise, through the ESC process set forth in Section 6.1.1 (Governance Committee Escalations) and Row 2 (ESC) of Annex 4 (Governance Committees) of this Agreement. Within ten (10) Business Days of receipt of a written notice of dispute delivered by one Party to the other Party, ESC shall meet to discuss

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the matter (regardless of the timing of the next regulatory scheduled ESC meeting). If the Parties are unable to resolve the dispute through the ESC process described Row 2 (ESC) of <u>Annex 4</u> (Governance Committees) of this Agreement, the Party that sent the notice of dispute may submit the matter to binding arbitration in accordance with <u>Section 19.2</u> (Binding Arbitration) of this Agreement.

19.2 Binding Arbitration.

- 19.2.1 Arbitration. Except as otherwise provided below in this paragraph, all disputes that arise from or relate to this Agreement shall be decided exclusively by binding, non-appealable arbitration in New York City, New York under the JAMS Rules, provided, however, the Parties may agree in writing to further modify the Rules. The dispute shall be decided by a panel of three (3) arbitrators, who shall be retired or former judges or attorneys with at least ten (10) years of experience in the health care industry, and be mutually acceptable to the Parties. The panel of arbitrators shall be selected as follows: Each Party shall select an arbitrator and the two arbitrators shall together designate a third to serve with them on such panel. The arbitrator panel shall issue a written statement setting forth its decision and reasons therefore. The Parties agree that the arbitrator panel's award shall be final, and may be filed with and enforced as a final judgment by any court of competent jurisdiction.
- 19.2.2 <u>Arbitration Costs and Fees</u>. Subject to <u>Section 21.6</u> (Attorneys' Fees and Costs), each Party initially will bear its own attorneys' fees and its own costs and expenses (including filing fees), and will also bear one half of the total arbitrator's and other administrative fees of arbitration.
- 19.2.3 <u>No Power to Alter Agreement</u>. The arbitrator shall have no power to alter any of the provisions of this Agreement. Either Party may seek interim measures of protection concerning any subject matter of the dispute subject to arbitration, including but not limited to interim injunctive relief in accordance with Section 19.3 (Injunctive Relief).
- 19.3 Injunctive Relief. The Parties agree that any proceeding to enjoin a breach or threatened breach of this Agreement shall be submitted exclusively to the jurisdiction of the United States District Court for the Southern District of New York. The Parties acknowledges that money damages would not be a sufficient remedy for any failure to comply with the following provisions of this Agreement and that, in connection with any such failure, the non-breaching Party shall be entitled to preliminary and permanent injunctive relief (without proof of irreparable injury and without the necessity of posting a bond, even if otherwise typically required), as well as an equitable accounting of all earnings, profits, and other benefits arising from such violation, which rights are cumulative and in addition to any rights and remedies to which the non-breaching Party may be entitled: Section 3.3 (Conflict of Interest Disclosure/Affiliation with Competitors); Section 3.6 (No Conflicting Implementation Engagements); Section 4.4 (Customer Non-Solicitation/Bidding); Section 4.5 (Firewalls); Section 13 (Confidential Information); Section 20.14 (Reliance on Extended Services, Transition-Out, and Post-Termination). Nothing herein precludes the Parties from seeking and/or obtaining preliminary and/or permanent injunctive relief in connection with any other provision of this Agreement as permitted by Law.
- **19.4 Consent to Jurisdictions.** The Parties consent and agree to the exclusive jurisdiction of the tribunals mentioned in this <u>Section 19</u> (Dispute Resolution), and waive any and all objections to such forums, including but not limited to objections based on improper venue or inconvenient forum. Each Party agrees that such tribunals shall have in personal jurisdiction over it.
- **19.5 Waiver of Jury Trial.** Each Party hereby unconditionally waives any right to a jury trial with respect to and in any action, proceeding, claim, counterclaim, demand, dispute or other matter whatsoever arising out of this Agreement.
- **19.6 Statute of Limitations**. The statute of limitations with respect to any claim or matter submitted to arbitration shall be suspended as of the date of a demand for arbitration hereunder (or, if not determinable, as of the date of receipt of such request), and shall be tolled until the date of any formal settlement agreement entered into by the Parties or the date of any final determination issued by an arbitrator, as the case may be.

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- **19.7 Electronic Self-Help.** PBM agrees that in the event of any dispute with IngenioRx regarding an alleged breach of this Agreement or for any other reason, PBM will not use any type of electronic means to prevent or interfere with IngenioRx's use of any System or access to Services under this Agreement without first obtaining a valid court order authorizing same. IngenioRx shall be given proper notice and an opportunity to be heard in connection with any request for such a court order. PBM understands that a breach of this provision could foreseeably cause substantial harm to IngenioRx and to numerous third-parties having business relationships with IngenioRx. No limitation of liability shall apply to a breach of this paragraph.
- **19.8 Performance During Dispute Period.** PBM expressly acknowledges and agrees that it is required to continue timely performance of all Services under this Agreement during such periods when the Parties are involved in a dispute, whether the dispute is formal or informal. If PBM discontinues or does not timely perform such Services or other obligations, IngenioRx shall be entitled to a temporary and/or permanent injunction or similar order in accordance with <u>Section 19.3</u> (Injunctive Relief) for the sole purpose of compelling continued and timely performance of PBM's obligations hereunder.

SECTION 20 - TERM AND TERMINATION

- **20.1 Initial Term.** The initial term of this Agreement shall commence on the Effective Date with Implementation Services followed by PBM Services beginning on the Service Commencement Date, with the Agreement ending on December 31, 2024, unless terminated earlier in accordance with this Agreement ("**Initial Term**").
- **20.2 Renewal Term.** Unless terminated in accordance with this Agreement, the Agreement shall automatically renew for successive terms of one (1) year each (each a "Renewal Term") unless either: (a) PBM provides written notice of non-renewal to IngenioRx at least eighteen (18) months prior to the end of the Initial Term or any Renewal Term; or (b) IngenioRx provides written notice of non-renewal to PBM at least one hundred eighty (180) days prior to the end of the Initial Term or any Renewal Term.
- **20.3 Termination for Convenience.** IngenioRx may terminate this Agreement at any time during the Initial Term or a Renewal Term for convenience, with or without cause, as follows: (a) upon ninety (90) days' written notice to PBM if prior to January 1, 2020; or (b) upon one hundred eighty (180) days' written notice to PBM.
- Termination for Breach. In the event of a material breach of this Agreement, either Party may give the other Party written notice of the material breach. If (a) the breach is not capable of cure and/or (b) the breaching Party has not cured the breach within thirty (30) days from the date such notice was received, this Agreement may be terminated at the option of the non-breaching Party. If the amount of time commercially reasonable for a breach that is capable of cure is longer than thirty (30) days to cure, this Agreement may not be terminated by the non-breaching Party pursuant to this provision until such commercially reasonable period of time has elapsed. In all cases, however, in no event will such notice period exceed sixty (60) days from the date the original notice was received or such shorter time required by Law. For purposes of this provision, material breach includes: (i) substantial and/or continuing failures by PBM to meet any of the Implementation Guarantees or Performance Guarantees; (ii) failure to obtain written consent for the use of a subcontractor to perform Services; (iii) if PBM makes a material modification to its Services or Systems without IngenioRx prior written approval (see Section 8.7 (Material Changes to Services and/or Systems); (iv) a material breach by PBM of its obligations as a business associate under the Business Associate Agreement; (v) material and/or continuing violations of Law by PBM with respect to or that impact this Agreement; and/or (vi) material and/or continuing eligibility and/or Plan Design set-up errors and/or failure to meet required timelines. For avoidance of doubt, continuing failures to meet Performance Guarantees and/or continuing eligibility and/or Plan Design set-up errors are grounds for termination even if each such failure was subsequently cured. Section 5.13 (Corrective Action Plans) shall not apply in the case where IngenioRx provides notice of termination due to a material breach.
- **20.5 Market Check Termination.** IngenioRx may terminate this Agreement in accordance with <u>Section 7.1</u> (Price Protection -- Market Check) of <u>Exhibit 3</u> (Fees and Compensation).

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- **20.6 Termination Due to Government Contract Termination.** In the event a Government Contract terminates or expires, this Agreement will terminate as to such Covered Plan concurrently with the termination or expiration of such Government Contract unless otherwise notified by IngenioRx in writing.
- **20.7 Termination Due to Non-Approval by Governmental Body.** In the event a Governmental Body does not approve this Agreement or later withdraws its approval of this Agreement, this Agreement will terminate as to such Covered Plan(s) for which the Governmental Body regulatory approval was required, which such termination shall be effective on the date required by the Governmental Body or such other date specified by IngenioRx in writing.
- **20.8 Immediate Termination.** IngenioRx may terminate this Agreement upon written notice to PBM for any one or more of the following:
 - 20.8.1 Fraud. PBM commits fraud in the performance of its obligations under this Agreement.
- 20.8.2 <u>Representation and Warranty Violations</u>. PBM violates any of its representations and warranties set forth in <u>Section 3</u> (Representations and Warranties) of this Agreement.
- 20.8.3 <u>Sanction Exclusion List</u>. PBM is listed on a Sanction Exclusion List and/or is otherwise barred, excluded, or suspended from participation in government funded healthcare programs.
- 20.8.4 <u>Cease and Desist Order</u>. Any court or Governmental Body issues an order to PBM to cease and desist from doing business or providing services with respect to the Services required hereunder.
- 20.8.5 <u>Substantially Impaired Due to Legal Proceeding</u>. PBM has a legal or regulatory proceeding commenced against it which substantially impairs its performance hereunder.
- 20.8.6 <u>Substantially Impaired Due to Financial Condition</u>. PBM's financial condition substantially deteriorates and IngenioRx reasonably determines that PBM is, or reasonably could be expected to become, unable to fully perform and satisfy all of its obligations under this Agreement.
- 20.8.7 <u>Assignment for Creditors</u>. PBM makes a general assignment for the benefit of its creditors or a trustee or receiver is appointed for PBM or for any of its property, or any petition by or on behalf of PBM is filed to take advantage of any debtor's act or to reorganize under the bankruptcy or similar laws.
- 20.8.8 <u>Jeopardize Health, Safety, or Welfare</u>. Continuation of this Agreement will jeopardize the health, safety, or welfare of Members in IngenioRx's reasonable, good faith determination.
- 20.8.9 <u>Change of Control</u>. In the event of a Change of Control of PBM, IngenioRx shall have the right to terminate this Agreement. This provision in no way limits the assignment restrictions set forth in <u>Section 21.12</u> (Assignment) of the Agreement. In the event of a Change of Control, PBM shall provide IngenioRx with at least thirty (30) days' advance written notice in the event of any transaction(s) resulting in a Change of Control.
- 20.8.10 <u>Conflicting Interests/Competitor</u>. In the event PBM or an Affiliate of PBM (a) is acquired by or acquires an entity that strategically conflicts with the corporate strategies of IngenioRx, Designated Affiliates, and/or Covered Plans; and/or (b) is or becomes an Affiliate of a competitor of IngenioRx, Designated Affiliates, and/or Covered Plans (including in connection with offering of medical benefits).
- **20.9** Ongoing Compliance Following Termination Notice. PBM shall continue to comply with the terms and conditions of this Agreement through termination of the Agreement and any Extended Services Period, including continuing to provide the full IngenioRx Division through the final date Services are required to be provided hereunder.
- **20.10** Whole and Partial Termination Rights. IngenioRx's termination and non-renewal rights under this Agreement apply with respect to any and/or all Lines of Business and/or Covered Plans collectively and/or separately, in each case as specified by IngenioRx. Similarly, without limiting the generality of the foregoing, IngenioRx may terminate this Agreement with respect to particular Services for any and/or all

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Lines of Business and/or Covered Plans due to a breach with respect to such Service(s), and a termination with respect to such specific Service(s) for the particular Line of Business and/or Covered Plan(s) shall not result in termination of the Agreement as to the other Lines of Business, Covered Plans, and/or Services.

- **20.11 Extension of Services Post-Termination.** For purposes of facilitating a successful and seamless transition of services, at the option of IngenioRx, PBM shall continue to provide some or all of the Services with respect to some or all Lines of Business or Covered Plans (as determined by IngenioRx) in accordance with this Agreement ("**Extended Services"**) for a period of up to three (3) years following the termination of the Agreement ("**Extended Services Period"**) for the same pricing terms, conditions, and guarantees in effect as of the termination date. In the event IngenioRx elects to extend the Services to be provided hereunder post-termination: (a) IngenioRx shall provide PBM notice of its election for the extension of Services post-termination prior to the scheduled end of the Term; (b) IngenioRx shall have the right to terminate the extension of some or all such extended Services at any time upon written notice to PBM; and (c) the three (3) year post-termination extension period shall begin on the final day of the Term. All of the terms and conditions of this Agreement (including pricing guarantees and Performance Guarantees) shall continue to apply in connection with the Services extended post-termination until such extended Services are terminated in accordance with this Agreement.
- 20.12 Transition-Out Services. Upon notice of termination and/or non-renewal and through the date the final business under this Agreement is transitioned out, PBM shall cooperate in good faith with IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and any third-parties (including any successor pharmacy benefits managers and/or other service providers) in connection with the transition of Services to either in-house and/or to a successor pharmacy benefits manager(s) and/or other service providers as designated by IngenioRx. Without limiting the generality of the foregoing, upon notice of termination and/or non-renewal, PBM shall provide the Services set forth in Exhibit 1-U (Transition-Out Services) as designated by IngenioRx. The obligations set forth in Exhibit 1-U (Transition-Out Services) apply upon termination of the Agreement as a whole and also apply to any partial termination under this Agreement, including termination of certain Covered Plans, the termination of certain Lines of Business, and/or the termination of certain Services hereunder.
- **20.13 Post-Termination Services.** Upon termination or expiration of the Agreement, PBM shall provide the Services set forth in Exhibit 1-V (Post-Termination Services) as designated by IngenioRx. The obligations set forth in Exhibit 1-V (Post-Termination Services) apply upon termination of the Agreement as a whole and also apply to any partial termination under this Agreement, including termination of certain Covered Plans, the termination of certain Lines of Business, and/or the termination of certain Services hereunder.
- **20.14** Reliance on Extended Services, Transition-Out, and Post-Termination. PBM acknowledges and agrees that IngenioRx is relying on the commitments from PBM under Section 20.11 (Extension of Services Post-Termination), Section 20.12 (Transition-Out Services) and Section 20.13 (Post-Termination Services) to provide for a successful and seamless transition out from this Agreement. As such, in addition to all other rights and remedies, PBM acknowledges and agrees that in the event of a breach or threatened breach of PBM's obligations under Section 20.11 (Extension of Services Post-Termination), Section 20.12 (Transition-Out Services) and Section 20.13 (Post-Termination Services), IngenioRx shall be entitled to injunctive and other relief in accordance with Section 19.3 (Injunctive Relief) of the Agreement.
- 20.15 Survival. Termination or expiration of the Agreement will not affect the rights and obligations of the Parties accruing prior to the effective date of such termination or expiration. In all events, the Parties shall remain bound by and continue to be subject to the following provisions, which survive the termination or expiration of this Agreement for any reason: Section 4.4 (Customer Non-Solicitation/Bidding); Section 4.12 (Non-Solicitation of Employees); Section 5.11 (Reporting of Non-Compliance/Errors); Section 5.12 (PBM Non-Compliance/Errors); Section 5.13 (Corrective Action Plans); Section 5.15 (Non-Compliance Liability); Section 8.5.2 (License of PBM Adjudication Platform); Section 8.9 (Inquiries and Requests for Information); Section 9.4 (Overpayments and Underpayments); Section 9.6 (Member Hold Harmless); Section 9.8 (Late Payment); Section 10 (Record Retention, Use, and Access), Section 11.1 (Audits); Section 11.2 (Use of Third-Party Auditors); Section 11.3 (Audit Findings); Section 11.4 (Remediation); Section 11.5 (Follow Up Audits); Section 11.6 (Audit Support); Section 12 (Intellectual Property and Service

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- Marks); Section 13 (Confidential Information); Section 14 (Information Security); Section 17 (Indemnification); Section 18 (Default and Remedies); Section 19 (Dispute Resolution); Section 20.11 (Extension of Services Post-Termination); Section 20.12 (Transition-Out Services); Section 20.13 (Post-Termination Services); Section 20.15 (Survival); Section 20.16 (Effect of Termination); Section 20.18 (Transition Out Costs); Section 21 (Miscellaneous Provisions); Exhibit 1-U (Transition-Out Services); Exhibit 1-V (Post-Termination Services) and such other provisions that by their nature survive termination, and those provisions required by Law to survive termination.
- **20.16 Effect of Termination.** Each Party shall remain liable for any breach by such Party of the terms and provisions of this Agreement that survive the termination of this Agreement or for any breach by such Party of the terms and provisions of this Agreement to the extent such breach occurred prior to the expiration or termination of this Agreement. Expiration or termination of this Agreement shall not impair the right of any Party to exercise its rights and remedies under this Agreement, including to compel specific performance by any other Party of its surviving obligations under this Agreement.
- **20.17 Non-Interference.** PBM shall not communicate with Designated Affiliates, Covered Plans, IngenioRx Customers, and/or Members concerning the termination of this Agreement. PBM shall not attempt directly or indirectly by implication or otherwise to advise or encourage Covered Plans, IngenioRx Customers, and/or Members to switch to either another plan or to dis-enroll for any reason.
- **20.18 Transition Out Costs.** In the event of a termination by IngenioRx under Section 20.4 (Termination for Breach), Section 20.5 (Market Check Termination), and Section 20.8 (Immediate Termination), PBM shall reimburse IngenioRx the fair market value of its transition costs associated with IngenioRx transitioning its business from PBM to a new vendor(s) or in-house (e.g., changes to member materials, postage). PBM shall reimburse IngenioRx such transition costs within thirty (30) days of receipt of an invoice or other documentation setting forth such transition costs.
- **20.19 Rx Brand Customer Care Center and Dedicated Personnel.** Upon termination of this Agreement, with respect to the IngenioRx branded customer care center provided under Section 4.2.1 of this Agreement, IngenioRx shall have the right (but not the obligation) to assume the then existing lease (and PBM shall assign such lease) subject to mutually agreed upon terms that consider the overall cost of ownership (e.g., amortized expenses, severance, and benefit costs). With respect to the personnel servicing such customer care center and all Dedicated Personnel servicing IngenioRx under the Agreement, PBM will cooperate in good faith to facilitate the transition and rebadging of all such personnel to IngenioRx to support a successful and seamless transition out from this Agreement. CVS will provide access to such personnel to enable interviews and other activities to support the transition.

SECTION 21 - MISCELLANEOUS PROVISIONS

- 21.1 Rules of Interpretation. The terms and conditions of this Agreement are the result of an arm's length negotiations between the Parties and each Party has had the opportunity to obtain the advice of legal counsel regarding the negotiations and execution of this Agreement and any rule of construction to the effect that any ambiguities are to be resolved against the drafting Party is not applicable in the interpretation of this Agreement. The Parties agree that no presumption shall attach to the Party drafting this Agreement regarding the construction, operation, or interpretation of this Agreement. Except as otherwise expressly provided in this Agreement, the following rules of interpretation apply to this Agreement: (a) "or" and "any" are not exclusive and "include" and "including" are not limiting; (b) the plural form shall be interpreted to include the singular and the singular form shall be interpreted to include the plural; (c) headings used in this Agreement are solely for convenience and shall have no effect on the interpretation of this Agreement; (d) references to Law includes any amendment, modification, or interpretation of such Law and any rules or regulations issued thereunder; (e) a reference to an entity includes its permitted successor and assigns; and (f) references in this Agreement to a Section, Annex, Exhibit, Schedule, Attachment, Appendix, or Addendum is to the Section, Annex, Exhibit, Schedule, Attachment, Appendix, and Addendum of this Agreement.
- **21.2 Force Majeure.** A delay by a Party in the performance of all or any portion of its obligations under this Agreement shall not be deemed a default of this Agreement to the extent that such delay is attributable

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to a Force Majeure Event and could not have been prevented or minimized by the non-performing Party by means of the exercise of reasonable precautions, or cannot reasonably be circumvented by the nonperforming Party in a commercially reasonable manner, including through the use of alternate sources or work-around plans. A "Force Majeure Event" shall mean those events that prevent a Party from performing all or any portion of its obligations under this Agreement due to a cause or causes beyond its reasonable control, and which is not caused by the negligence, intentional conduct or misconduct of the defaulting Party, such as acts of God or public enemy, fires, floods, storms, earthquakes, riots, acts of terrorism, acts of war or war-operations, restraints of government, communication line failures. In no event shall power outages, work stoppages, labor actions, strikes, or work slowdowns caused by or relating to a labor dispute constitute a Force Majeure Event. In addition, in no event shall any judgment, ruling, or order of any court or Governmental Body or Change of Law constitute a Force Majeure Event. No delay or other failure to perform will be excused under this Section 21.2 (Force Majeure) to the extent resulting from the acts or omissions of PBM's subcontractors, suppliers, or other third persons providing products or services to PBM. In the case of a Force Majeure Event, the Party affected shall, upon giving prompt written notice to the other Party, use its commercially reasonable efforts to avoid or remove the cause of nonperformance and the unaffected Party will be excused from performance of its obligations to the extent such Party's obligations are related to the performance so interfered with. Both Parties shall proceed to perform their respective obligations once the Force Majeure Event has been removed or ceases. Notwithstanding the foregoing, PBM shall comply with the disaster recovery and business continuity requirements sets forth in Section 15 (Business Continuity and Disaster Recovery). Notwithstanding the foregoing, PBM acknowledges and agrees that this Section 21.2 (Force Majeure) shall not limit PBM's obligation to initiate the applicable business continuity plan and provide timely and effective disaster recovery for the Services described in this Agreement, including any applicable SOW and any Exhibits and Schedules hereto. If a Force Majeure Event prevents PBM from performing its obligations under this Agreement, excluding its disaster recovery and business continuity requirements sets forth in Section 15 (Business Continuity and Disaster Recovery), for more than eight (8) hours after prompt notice of the event of Force Majeure Event is given, and the Parties are unable to agree upon other remedies, then IngenioRx may terminate this Agreement by providing prior written notice to PBM, with such termination effective on the date specified in the termination notice.

- **21.3 No Minimum Commitment.** PBM acknowledges and agrees that IngenioRx makes no promises or representations whatsoever as to the amount of Services it will require or volume of Claims that PBM will receive during the term of this Agreement.
- **21.4 Third-Party Beneficiaries.** Designated Affiliates and Covered Plans are intended third-party beneficiaries under this Agreement. With the exception of Designated Affiliates and Covered Plans, this Agreement has been entered into solely for the benefit of IngenioRx and PBM and is not intended to create any legal, equitable, or beneficial interest in any third party or to vest in any third party any interest as to enforcement or performance, including but not limited to, Participating Pharmacies, Members, or Approved Subcontractors.
- **21.5 Governing Law/Venue.** To the extent not preempted by Federal Law, this Agreement will be interpreted and enforced according to the Laws of the state of New York (without giving effect to principles of conflicts of law), except that coverage issues specific to a Covered Plan or Member shall be governed by the Laws where the Covered Plan is issued unless otherwise preempted by Federal Law.
- **21.6 Attorneys' Fees and Costs.** In the event that either Party initiates legal proceedings to enforce this Agreement or enjoin its breach, the prevailing Party shall be awarded its reasonable attorneys' fees and costs, expert fees, arbitrator fees, administrative fees of the proceeding, and court costs and filing fees incurred in connection therewith.
- **21.7 Rights and Remedies.** No right or remedy contained herein is intended to be exclusive of any other right or remedy contained herein or provided by Law, and every such right or remedy shall be cumulative and not alternative. For avoidance of doubt, a Party's right to terminate this Agreement as permitted herein will not be exclusive of any other remedies available to the terminating Party under this Agreement or otherwise, at law or in equity.

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Notices. All notices under the Agreement shall be in writing and shall be given or made by delivery in person, by facsimile, by courier service, or by certified mail (with postage prepaid and return receipt requested) to the respective Party at the following addresses set forth below or at such other address as such Party may hereafter notify the other Party in accordance with this Section 21.8 (Notices). Notices may also be electronically mailed; provided, however, that a copy of the notice shall be sent via email to each of the General Counsel, the lead business contact, and the lead attorney contact for the respective Party. The Parties shall designate the proper email addresses for such contacts via written notice to the other Party in accordance with this Section 21.8 (Notices) within five (5) Business Days after the Effective Date. The Party receiving notice via email shall have an obligation to acknowledge receipt of the notice received via email within two (2) Business Days of receipt. Notice will be effective as follows: (a) as of the date actually delivered if delivered by personal courier to the office location of the recipient during normal business hours: (b) as of the day transmitted by facsimile if receipt has been electronically confirmed: (c) as of the date actually delivered if sent by a recognized commercial express delivery service that uses delivery tracking technology; (d) four (4) Business Days after the date actually deposited with the U.S. mail if sent postage-paid First Class; and (e) as of the date emailed if receipt has been electronically confirmed or so long as a duplicate copy is contemporaneously provided by another Notice methodology set forth in this Section 21.8 (Notices).

If to IngenioRx: IngenioRx, Inc. 220 Virginia Avenue Indianapolis, IN 46204 Attn: General Counsel Facsimile: (317) 488-6821

With copies to the following (at the address and facsimile above): Lead Business Contact: Senior Vice President, IngenioRx Lead Attorney: Chief Legal Officer, IngenioRx

If to PBM:

2211 Sanders Road, 10th Floor Northbrook, Illinois 60062

Attn: Senior Legal Counsel, Health Care Services

Email: Contractnotice@cvscaremark.com; with a copy to Karen.kohl@cvshealth.com

Facsimile: (847) 559-4879

With a copy to: 9501 E. Shea Boulevard Scottsdale, Arizona 85260

Attn: Senior Vice President, Health Care Services

Facsimile: (480) 391-4704

- **21.9 Waiver.** No failure on the part of any Party to exercise, and no delay in exercising, any right under this Agreement shall operate as waiver of any right, nor shall any single or partial exercise of any right under this Agreement by any Party preclude any other or further exercise of any other right, and no waiver whatsoever shall be valid unless in a signed writing executed by the Party granting such waiver, and then only to the extent specifically set forth in that writing. No waiver of any right under this Agreement shall operate as a waiver of any other or of the same or similar right on another occasion. No notice to or demand on one Party will be deemed to be a waiver of any obligation of that Party or of the right of the Party giving such notice or demand to take further action without notice or demand as provided in this Agreement.
- **21.10 Severability.** In the event any term or provision contained in this Agreement shall be determined to be invalid or unenforceable by a court of competent jurisdiction or a Governmental Body, such invalidity or unenforceability shall not affect the validity or enforceability of any other term or provision of this Agreement and all other provisions of this Agreement shall nevertheless remain in full force and effect. Further, to the extent such provision is determined to be invalid or unenforceable due to any periods of

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time, territory, or business activities contained therein (*e.g.*, if the non-solicitation provision is declared unenforceable by a court of competent jurisdiction for being of too long a duration or too broad in scope), such provision shall continue to be valid and enforceable to the fullest extent permitted by Law and shall be deemed limited to the extent necessary to render it valid, legal, and enforceable.

- **21.11 Authority.** Each Party represents and warrants that it has the necessary power and authority to enter into this Agreement and to consummate the transactions contemplated by this Agreement. Each Party agrees to execute and deliver any instruments and other documents, and to take such other actions as the other Party may reasonably request at any time during the Term of this Agreement and any Extended Services Period for the purpose of carrying out or evidencing any of the transactions contemplated by this Agreement.
- **21.12 Assignment.** Except for assignment of this Agreement by IngenioRx, in whole or in part, to any entity that controls, is controlled by, or is under common control with IngenioRx or Affiliates of IngenioRx, neither Party may assign all or part of this Agreement (or any of the rights, benefits, interests, obligations, or duties hereunder) without the express written consent of the other Party to this Agreement, whether by operation of law or otherwise. Any attempted assignment without the other Party's express written consent shall be void and of no force and effect. This Agreement shall be binding on, and shall inure to the benefit of, the Parties and their respective successor and permitted assigns.
- **21.13 Entire Agreement.** This Agreement, including all documents referred to herein and attached hereto, constitutes the entire agreement of the Parties with respect to the subject matter hereof and supersedes any and all prior oral or written representations, understanding, and agreements between the Parties and/or any Affiliates of the Parties with respect to the subject matter hereof. The Annexes, Exhibits, Schedules, Attachments, Appendices, and other attachments hereto are incorporated into and made a part of this Agreement. In the case of any inconsistency within this Agreement (including between the base agreement and the various attachments thereto as well as among the various attachments (*e.g.*, Annexes, Exhibits, Schedules, Attachments, Appendices, and other attachments hereto)), the more stringent requirement applicable to PBM shall apply unless otherwise notified by IngenioRx in writing.
- 21.14 Amendment. This Agreement may be amended only in writing when signed by a duly authorized representative of each Party. All such amendments shall be initially drafted by PBM and provided to IngenioRx for IngenioRx's review within ten (10) Business Days of IngenioRx's request. Upon receipt of any comments/redlines to the amendment draft, PBM shall review and provide its comments/redlines back to IngenioRx within five (5) Business Days of receipt of IngenioRx's comments/redlines. PBM shall sign the Agreement and any amendments, addenda, and SOWs in accordance with Section 21.17 (Electronic Signatures) within five (5) Business Days of being finalized by the Parties (unless otherwise subject to regulatory approval, in which case the final amendment shall be signed by PBM in accordance with Section 21.17 (Electronic Signatures) within five (5) Business Days of IngenioRx's request). Notwithstanding the foregoing, IngenioRx may amend this Agreement or any exhibit without signature (i) to the extent expressly permitted in this Agreement (including any exhibit) and (ii) to the extent necessary to comply with any new or amended Law that may become applicable during the Term and any Extended Services Period; provided, however, that in no event shall any delay in IngenioRx's amendment of this Agreement, or failure of IngenioRx to so amend this Agreement, limit PBM's obligations to comply with all applicable Laws. IngenioRx shall give notice of any such amendment to PBM and any such amendment shall be effective when specified in such notice.
- **21.15** Amended and Restated Agreement. Upon IngenioRx's request, PBM shall provide IngenioRx with an amended and restated agreement within thirty (30) days of IngenioRx's request, accurately reflecting the then current version of the Agreement, taking all amendments, addenda, etc. into consideration, which shall thereafter be executed in accordance with <u>Section 21.17</u> (Electronic Signatures).
- **21.16 Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed to be an original and all of which together shall constitute one and the same agreement.
- **21.17 Electronic Signatures.** The Parties agree electronic signatures may (and upon IngenioRx's request shall) be utilized for execution of this Agreement and any attachments hereto, including but not

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limited to, amendments, addenda, and SOWs. The Parties acknowledge and agree that (i) the issuance of an electronic signature shall be valid and enforceable as to the signing Party to the same extent as an inked original signature; and (ii) these documents shall constitute "original" documents when printed from electronic files and records established and maintained by either Party in the normal course of business.

21.18 Regulatory Approvals. The Parties acknowledge and agree that this Agreement, including any amendments hereto, is subject to review and approval by applicable Regulatory Bodies.

[SIGNATURES ON NEXT PAGE / REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]



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The Parties hereto have caused this Agreement to be executed by their duly authorized representatives.

CaremarkPCS Health, L.L.C.

Date Signed: 12/21/2018 | 4:23 PM PST

IngenioRx, Inc.

Date Signed: 12/21/2018 | 4:33 PM PST

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Annex 1 DEFINED TERMS

In addition to the defined terms set forth in this <u>Annex 1</u> (Defined Terms), additional defined terms appear in <u>Section 1</u> (Additional Defined Terms - Pricing) of <u>Exhibit 3</u> (Fees and Compensation).

- **1.1 "340B Network"** means a network of 340B Pharmacies.
- **1.2 "340B Pharmacies"** mean Participating Pharmacies contracted with a 340B Covered Entity as defined in Section 340B of the Public Health Service Act to dispense 340B drugs to patients covered under the 340B program in accordance with the HRSA guidelines.
- **1.3** "ACA" means the Patient Protection and Affordable Care Act, as amended and the regulations promulgated thereunder.
- **1.4** "Accreditation Organizations" mean NCQA, URAC, and such other accreditation organizations mutually agreed upon.
- **1.5** "Accreditation Standards" mean the requirements of NCQA and URAC applicable to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and PBM related to this Agreement and/or the Services hereunder, and such other accreditation standards mutually agreed upon, including accreditation standards applicable to credentialing, web and mobile services.
- **1.6 "Accumulators"** means any compilation of benefits (dollars, visits, treatments, etc.) that is tracked throughout the benefit period defined by IngenioRx (generally a calendar year or a plan year) and applied to either an individual, family, or combined accumulation of benefits. A deductible is managed through an Accumulator and is tracked until the defined deductible (aggregate or embedded) is met in the benefit period, at which time no further dollars are applied to that deductible until the beginning of the next benefit period. An out of pocket maximum is tracked until the Member or family (as defined in the Plan Design information) has incurred out of pocket expenses equal to the amount defined in the Plan Design information, at which time IngenioRx is responsible for any Covered Drugs payable in excess of the out of pocket maximum defined in the Plan Design information until the beginning of the next benefit period.
- **1.7 "Acquired Plan"** shall mean those Plan(s) acquired by Anthem Inc., IngenioRx, or a Designated Affiliate after the Effective Date.
- **1.8 "Affiliate"** means with respect to an entity, either directly or indirectly, controlling, controlled by, or under common control with a Party at the time of execution of this Agreement and any time thereafter. The term "control" as used in this provision means: (a) the ownership of at least fifty percent (50%) of the equity or beneficial interest of such entity, or (b) the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of such entity, whether through the ownership of voting securities, contract, or otherwise (e.g., through significant management or operational responsibility).
- **1.9 "Agreement"** shall mean and include this Pharmacy Benefit Management Services Agreement and all Annexes, Exhibits, Schedules, Appendices, Amendments, Addenda, and Attachments thereto.
- **1.10 "Annual Maximum Penalty"** shall have the meaning set forth in <u>Section 2.4</u> (Annual Maximum Penalty) of <u>Exhibit 2</u> (Implementation and Performance Guarantees).
- **1.11 "Approved Subcontractor(s)"** mean the subcontractors and vendors of PBM identified on <u>Annex 3</u> (Approved Subcontractors) that will have access to IngenioRx Data and Information and/or that provide or assist in the performance of services under this Agreement, as specified on <u>Annex 3</u> (Approved Subcontractors) for the applicable Line(s) of Business for each such subcontractor as set forth therein.
- **1.12 "ASES"** means ancillary supplies, equipment, and services provided or coordinated by PBM Specialty Pharmacy in connection with PBM Specialty Pharmacy's dispensing of Specialty Drugs. ASES may include all or some of the following: telephonic and/or in-person training, nursing/clinical services, in-

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home infusion and related support, patient monitoring, medication pumps, tubing, syringes, gauze pads, sharps containers, lancets, test strips, other supplies, and durable medical equipment. The aforementioned list is illustrative only (not exhaustive) and may include other supplies, equipment, and services based on the patient's needs, prescriber instructions, payer requirements, and/or the Specialty Drug manufacturer's requirements.

- **1.13** "Audit Findings Objection" shall have the meaning set forth in <u>Section 11.3.1</u> (IngenioRx and IngenioRx Customer/Groups Audit Findings) of the Agreement.
- **1.14** "Auditor" shall have the meaning set forth in <u>Section 11.2</u> (Use of Third-Party Auditors) of the Agreement.
- 1.15 "BCP" or "Business Continuity Plan" shall have the meaning set forth in <u>Section 15.2</u> (Business Continuity and Disaster Recovery) of the Agreement.
- **1.16** "Best Available Pricing" shall have the meaning set forth in Section 6.1 (Best Available Pricing) of the Agreement.
- **1.17** "Blues Association" means the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Companies.
- **1.18 "Blues Association Regulations"** means any and all standards and rules promulgated by the Blues Association that set standards and/or requirements regarding and/or related to the use of any Blues Association products, services, programs, and/or Blues Brand, including member touch measures.
- **1.19 "Blues Brand"** means the trade names, trademarks, symbols, service marks, names, domain names, logos, or the like of the Blues Association.
- **1.20 "Blues Partner Plan"** means a Blues Association licensee, including those for pharmacy benefit only, medical benefit only, and combined pharmacy/medical benefit, but excluding those Blues Association licensees that have opted out of obtaining a joint bid.
- **1.21** "Books and Records" shall have the meaning set forth in <u>Section 10.1</u> (Record Retention) of the Agreement.
- **1.22** "Business Day" means all days except Saturday, Sundays, and federal holidays, and other holidays mutually agreed upon by the Parties. All references to "day(s)" in this Agreement are to calendar days unless "Business Day" is specified.
- **1.23** "Change of Control" shall occur if, as a result of one or a series or related transactions: (a) all or substantially all the assets of an entity are disposed of to another entity not wholly owned and controlled by the first entity, outside the ordinary course of business; (ii) an entity effects a merger with one or more other entities in which the first entity is not the surviving entity; or (c) an entity engages in a transaction that results in any entity holding securities possessing a majority of the voting power that does not hold such voting power as of the Effective Date of this Agreement.
- **1.24 "Change of Law"** means a legislative, regulatory, or judicial action, decision, or order, or an action of a Governmental Body, court of law, Accreditation Organization, and/or Blues Association having the effect of adding, deleting, and/or altering the language or existing interpretation or enforcement of any Law.
- **1.25 "Claims"** means those claims processed through PBM's on-line claims adjudication system or otherwise transmitted or processed in accordance with the terms of this Agreement for drugs and products in connection with Covered Plans.
- 1.26 "CMS" means the Centers for Medicare and Medicaid Services.
- 1.27 "COB" shall have the meaning set forth in Section 12 (COB) of Exhibit 1-D (Claims Processing).

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- **1.28** "Commercial Line of Business" or "Commercial LOB" means IngenioRx's book of business comprised of Commercial Plans.
- **1.29** "Commercial/Marketplace Lines of Business" or "Commercial/Marketplace LOBs" mean IngenioRx's Commercial Line of Business and Marketplace Line of Business collectively in the aggregate.
- **1.30** "Commercial Plan" means a Plan that is not a Marketplace Plan, Medicaid Plan, Medicare Part D Plan, MMP Plan, or FEP Plan.
- **1.31 "Competitive Market Prices"** shall have the meaning set forth in <u>Section 7.1</u> (Price Protection Market Check) of Exhibit 3 (Fees and Compensation).
- **1.32** "Confidential Information" shall have the meaning set forth in <u>Section 13.2</u> (Confidential Information) of the Agreement.
- **1.33 "Contract Quarter"** means the three (3) month period (or portion thereof) commencing on the Service Commencement Date and each January 1, April 1, July 1, or October 1, as applicable, thereafter that this Agreement remains in effect.
- **1.34 "Contract Year"** means the twelve (12) month period (or portion thereof) commencing on the Service Commencement Date and each January 1 thereafter that this Agreement remains in effect.
- **1.35** "Core Rebate Guarantee Assumptions" shall have the meaning set forth in <u>Section 2.3.1</u> (PBM Rebate Contract Transparency) of Exhibit 1-I (Rebate Contracting and Administration).
- 1.36 "Corrective Action Plan" means a written plan to remedy a non-compliance and/or inaccurate data under this Agreement, which shall include time frames for completion of the activities to resolve any issues associated with the non-compliance, the actions PBM shall take to revise, update, and correct any relevant Services, Systems, processes, and/or data (including correction of Claims history files, reprocessing of Claims, PDE corrections, EOBs, and other applicable data files), and to adjust any payments to or from IngenioRx, Members, and/or a Governmental Body in accordance with Section 9.4 (Overpayments and Underpayments). PBM acknowledges and agrees that it will be required to provide transactional detail in connection with Corrective Action Plans at a level and in a manner as defined by IngenioRx.
- **1.37 "Cost Share"** means the amount which a Member is required to pay for a Covered Drug in accordance with applicable Law and under the terms of the applicable Plan Design, which may be referred to as an allowance, coinsurance, copayment, deductible, or other Member payment responsibility/charge/penalty, and may be a percentage of the applicable payment for the Covered Drug, a fixed amount, and/or other charge or penalty.
- 1.38 "Covered Drug" means any FDA approved drug or product (which may include over-the-counter drugs, devices, supplies, equipment, and other items such as insulin, disposable insulin syringes, and other diabetic supplies) which is covered under and subject to the terms and conditions (including Covered Quantity, Covered Refill, or other limiting provisions) of a Covered Plan as set forth in the Plan Design information, and shall include all services usually and customarily rendered by a pharmacy in the normal course of business, including counseling and product consultation. For avoidance of doubt, this includes medically necessary drugs and products approved for coverage following utilization management coverage determinations.
- **1.39 "Covered Plan"** means all Commercial Plans, Marketplace Plans, Medicaid Plans, Medicare Part D Plans, MMP Plans, and the FEP Plan, excluding Optional Plans unless and until IngenioRx elects to treat an Optional Plan as a Covered Plan, in which case, such Optional Plan shall thereafter be considered a Covered Plan unless otherwise designated by IngenioRx. In the event IngenioRx elects to add an Optional Plan under this Agreement, such Optional Plan shall become a Covered Plan on the date specified by IngenioRx in the notice to PBM under the applicable terms and conditions of this Agreement (*e.g.*, a new

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commercial plan would fall under the Commercial Line of Business, including the Commercial Line of Business services, performance guarantees, pricing, and regulatory requirements).

- **1.40 "Covered Quantity"** means a quantity of a Covered Drug as allowed by Law and the Covered Plan as set forth in the Plan Design information and authorized by the Prescriber.
- **1.41 "Covered Refill"** means a refill of a Covered Quantity of a Covered Drug as allowed by Law and the Covered Plan as set forth in the Plan Design information and authorized by the Prescriber.
- **1.42 "CRCC" or "Contract and Regulatory Compliance Committee"** shall have the meaning set forth in Annex 4 (Governance Committees) of the Agreement.
- **1.43 "Custom IP"** means IP made, conceived, or developed by PBM or any subcontractor for IngenioRx or its Affiliates in creating the Deliverables or performing the Services; provided, however, any existing PBM IP utilized in the creation of Custom IP shall remain PBM IP. For example, if PBM has capability "A" and IngenioRx has capability "B", and PBM creates capability "C" for IngenioRx utilizing capability "A" and capability "B", then capability "A" on its own shall continue to be PBM IP (which PBM can use with others), but capability "B" and capability "C" shall be IngenioRx IP (which PBM cannot use with others).
- **1.44** "Daily Eligibility Load Confirmation Report" shall have the meaning set forth in Section 2 (Loading of Eligibility Information) of Exhibit 1-B (Eligibility Loading/Updates).
- **1.45** "Dedicated Personnel" means those personnel of PBM whose job functions relate exclusively to IngenioRx and who have received special training specifically with respect to IngenioRx for the performance of such job functions and who fully understand IngenioRx's requirements and spend 100% of his/her work time performing Services for IngenioRx (no other customers of PBM).
- **1.46** "Delegated Services" mean the Services described in any delegation agreement or addendum entered by the Parties in connection with Services hereunder.
- **1.47** "Deliverable" or "Deliverables" means the tangible or intangible items produced by PBM for IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups pursuant to this Agreement and/or a SOW. Deliverables are a subset of Services and any reference to "Services" hereunder shall be deemed to include any Deliverables to be provided under an applicable SOW.
- **1.48** "Derivative Intellectual Property" shall have the meaning set forth in <u>Section 12.2</u> (Intellectual Property) of the Agreement.
- **1.49** "Designated Affiliates" mean the Affiliates of IngenioRx receiving or to receive Services under this Agreement as identified by IngenioRx .
- **1.50** "Designated Drug" shall have the meaning set forth in Section 2.1 (IngenioRx Rebate Contracting) of Exhibit 1-I (Rebate Contracting and Administration).
- **1.51 "Designated Groups"** shall have the meaning set forth in <u>Section 2.7</u> (Designated Group Performance Guarantees) of <u>Exhibit 2</u> (Implementation and Performance Guarantees).
- **1.52** "Designated Manufacturer" shall have the meaning set forth in <u>Section 2.3</u> (PBM Rebate Contracting Transparency) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration).
- **1.53** "Designated Personnel" means those personnel of PBM whose job functions relate to IngenioRx (but not exclusively), but who have otherwise received special training specifically with respect to IngenioRx for the performance of the job functions and who are familiar with IngenioRx's requirements and regularly spend a portion of his/her time servicing IngenioRx.
- **1.54** "Designated Period" shall have the meaning set forth in <u>Section 2.3</u> (PBM Rebate Contracting Transparency) of Exhibit 1-I (Rebate Contracting and Administration).

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- **1.55** "Disclosing Party" shall have the meaning set forth in <u>Section 13.2</u> (Confidential Information) of the Agreement.
- **1.56** "Discount Card Line of Business" or "Discount Card LOB" means IngenioRx's book of business comprised of Discount Card Plans.
- **1.57** "Discount Card Plan" means a Plan that provides access to discounts on prescription products and supplies to consumers through prescription savings programs (not insurance) pursuant to which the consumer pays 100% of the applicable price at the point of sale at the pharmacy. For avoidance of doubt, a Claim does not fall under this definition of Discount Card Plan in situations where the Member is responsible to pay 100% of the Cost Share during a deductible or other donut-hole type of phase under an insured product, situations where the Member is responsible to pay 100% of the Cost Share based on a Formulary tier under an insured product, and/or Zero Balance Claims under an insured product.
- 1.58 "Downstream Entity" shall have the meaning given to it by CMS and the Medicare Part D Laws.
- **1.59** "DUR" shall have the meaning set forth in <u>Section 9</u> (Concurrent Drug Utilization Review ("DUR") Services) of <u>Exhibit 1-D</u> (Claims Processing).
- **1.60** "Effective Date" shall have the meaning set forth in the Preamble.
- **1.61** "Eligibility Information" means the persons eligible for coverage under a Covered Plan as determined by IngenioRx and provided to PBM in accordance with Exhibit 1-B (Eligibility Loading/Updates).
- **1.62 "Eligibility Transaction Summary Report"** shall have the meaning set forth in <u>Section 5</u> (Eligibility Transaction Summary Reports) of <u>Exhibit 1-B</u> (Eligibility Loading/Updates).
- **1.63** "Embedded Software" shall have the meaning set forth in Section 12.3 (Embedded Software) of the Agreement.
- **1.64 "Engaged Members"** shall have the meaning set forth in <u>Section 30</u> (CareTeam Choice) of <u>Exhibit</u> <u>1-G</u> (PBM Specialty Pharmacy Services).
- **1.65 "ERISA"** means the Employee Retirement Income Security Act of 1974, as amended, and the regulations promulgated thereunder.
- **1.66** "ESC" or "Executive Steering Committee" shall have the meaning set forth in Annex 4 (Governance Committees) of the Agreement.
- **1.67 "Extended Services"** shall have the meaning set forth in <u>Section 20.11</u> (Extension of Services Post-Termination) of the Agreement.
- **1.68 "Extended Services Period"** shall have the meaning set forth in <u>Section 20.11</u> (Extension of Services Post-Termination) of the Agreement.
- **1.69** "FDA" means the United States Food and Drug Administration.
- 1.70 "Fees" shall have the meaning set forth in Section 9.1 (PBM Billing) of the Agreement.
- **1.71 "Fee Schedules"** mean Exhibit 3 (Fees and Compensation) and each Attachment 3 (LOB Fees and Compensation) to each Line of Business Schedule.
- **1.72 "FEHBP"** means the Federal Employees Health Benefits Program.
- **1.73 "FEP Line of Business"** or **"FEP LOB"** means IngenioRx's book of business comprised of the FEP Plan.

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- **1.74 "FEP Medicare Plan"** means the Medicare Part D Plan pursuant to which prescription drug benefits coverage is provided to active and/or retired Federal employees covered by both the FEHBP and Medicare under a contract between IngenioRx or a Designated Affiliate and OPM.
- **1.75 "FEP Plan"** means the FEP Medicare Plan and the FEP PPO Plan (in the event IngenioRx elects to treat the FEP PPO Plan as a Covered Plan under this Agreement), individually and collectively.
- **1.76 "FEP PPO Plan"** means the Plan offered pursuant to the FEHBP under a contract between the Blues Association and OPM under which IngenioRx participates.
- **1.77 "Force Majeure Event"** shall have the meaning set forth in <u>Section 21.2</u> (Force Majeure) of the Agreement.
- 1.78 "Formulary" means the list or lists of drugs or products (which may include over-the-counter drugs, devices, supplies, equipment, and other items such as insulin, disposable insulin syringes, and other diabetic supplies) established and modified from time to time by IngenioRx, including any drug or product exclusions, formulary positioning/tiering, coverage rules and protocols, and clinical rules and protocols applicable to each formulary. In the alternative and/or in addition to, in IngenioRx's sole and absolute discretion for a Line of Business and/or particular Covered Plans, IngenioRx Customers, or Groups, IngenioRx, IngenioRx may utilize list or lists of drugs or products (which may include over-the-counter drugs, devices, supplies, equipment, and other items such as insulin, disposable insulin syringes, and other diabetic supplies) established by PBM's Pharmacy and Therapeutics Committee, as modified from time to time upon agreement of PBM and IngenioRx. In all cases, IngenioRx will maintain final authority to determine the formulary, including any drug or product exclusions, formulary positioning/tiering, coverage rules and protocols, and clinical rules and protocols applicable to each formulary. Notwithstanding the foregoing, PBM will ensure that its formulary is developed and maintained in compliance with Law and does not result in discrimination based on health status of individuals with chronic or high cost conditions.
- **1.79** "Governance Committees" shall mean the committees identified on Annex 4 (Governance Committees) of this Agreement and such other joint PBM and IngenioRx committees required by IngenioRx.
- **1.80 "Governmental Body"** means any government or quasi-governmental entity or municipality or political or other subdivision thereof, whether federal, state, city, county, regional, local, provincial, foreign, or multinational, or any agency, district, division, department, board, self-regulating authority, bureau, branch, commission authority, official, or instrumentality of any of the foregoing, or any court, tribunal, or arbitrator, including the U.S. Department of Health and Human Services, the U.S. Comptroller General, CMS, and the State Departments of Health and Insurance, applicable state licensing boards.
- **1.81** "Government Contract" means any contract between IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers in which a Governmental Body is a party to the contract, including Medicaid Contracts and Medicare Part D Contracts.
- **1.82 "Group"** means a corporation, association, or other entity or group that has a contract or other arrangement for insurance or administrative services (including administrative services only) in effect with an IngenioRx Customer through which the Members covered under or through such Group are entitled to Covered Drugs and Services pursuant to this Agreement.
- **1.83 "HEAT"** means Health Care Fraud Prevention and Enforcement Action Team of the United States Department of Justice and HHS.
- **1.84** "HHS" means the United States Department of Health and Human Services.
- **1.85** "HIF Pharmacies" mean home infusion pharmacies, as defined by CMS.
- **1.86** "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, as amended, including by the Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH"),

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and the regulations promulgated thereunder, including but not limited to the transaction code, security standards, and patient privacy rules, each as may be modified, amended, supplemented, and interpreted from time to time.

- **1.87 "HRSA"** means Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Service.
- **1.88** "Identification Cards" means a card that may be produced by PBM or IngenioRx and used by Members as a method of identifying themselves to the Participating Pharmacies as eligible to participate in a Covered Plan.
- **1.89** "Implementation and Performance Guarantees" shall mean the performance standards/service levels, their corresponding penalty amounts, and the terms and conditions set forth in Exhibit 2 (Implementation and Performance Guarantees), Exhibit 2-A (Implementation Guarantees), Exhibit 2-B (Performance Guarantees), Exhibit 2-B (Designated Group Performance Guarantees), including any subexhibits thereunder, and each Attachment 2 (LOB Performance Guarantees) to each Line of Business Schedule.
- **1.90** "Implementation Guarantees" shall mean performance standards/service levels, their corresponding penalty amounts, and the terms and conditions set forth in <u>Exhibit 2</u> (Implementation and Performance Guarantees) and <u>Exhibit 2-A</u> (Implementation Guarantees), as finalized in accordance with <u>Exhibit 1-A</u> (Implementation Services).
- **1.91** "Implementation Milestones" mean the implementation milestones and deadlines set forth in the Implementation Plan.
- **1.92** "Implementation Milestones Amounts" mean those amounts identified on Exhibit 2-A (Implementation Guarantees) that are payable to IngenioRx for PBM's failure to comply with the applicable Implementation Milestones.
- **1.93 "Implementation Plan"** shall mean the implementation, transition, and migration plan agreed upon by the Parties, including the services, milestones, and deadlines related thereto.
- **1.94** "Implementation Services" shall mean the services described in Section 8.2 (Implementation Services), Exhibit 1-A (Implementation Services), the Implementation Plan(s), and the Implementation Guarantees set forth in Exhibit 2-A (Implementation Guarantees).
- **1.95** "Independent Review Process" shall have the meaning set forth in <u>Section 8.1.3</u> (Independent Review Process) of Exhibit 3 (Fees and Compensation).
- **1.96** "IngenioRx" shall have the meaning set forth in the Preamble.
- **1.97** "IngenioRx Auditor" shall have the meaning set forth in <u>Section 11.2</u> (Use of Third-Party Auditors) of the Agreement.
- **1.98** "IngenioRx Authorized Designees" shall have the meaning set forth in Section 4.15 (IngenioRx Authorized Designees) of the Agreement.
- **1.99** "IngenioRx Claims Adjudication System" shall have the meaning set forth in <u>Section 8.5.1</u> (Use of In-House or Third-Party Adjudication Platform) of the Agreement.
- **1.100** "IngenioRx Contracted **340B Pharmacies**" mean 340B Pharmacies with which IngenioRx and/or an IngenioRx Affiliate has contracted to provide 340B pharmacy services, as designated by IngenioRx.
- **1.101** "IngenioRx Contracted Facility Pharmacies" mean an entity with which IngenioRx and/or an IngenioRx Affiliate has contracted to provide retail medical clinic services which owns and/or operates a pharmacy (e.g., pharmacies at urgent care facilities; pharmacies at retail mini-clinics such as CVS Minute

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Clinics) and/or manages one or more entities which provide retail medical clinic services to Members of one or more Covered Plans, as designated by IngenioRx.

- **1.102** "IngenioRx Contracted Mail Order Pharmacies" means pharmacies owned and/or operated by IngenioRx and/or its Affiliates and/or contracted with IngenioRx for mail order pharmacy services, as designated by IngenioRx.
- **1.103** "IngenioRx Contracted Pharmacies" mean IngenioRx Contracted 340B Pharmacies, IngenioRx Contracted Facility Pharmacies, IngenioRx Contracted Mail Order Pharmacies, IngenioRx Contracted Retail Pharmacies, and IngenioRx Contracted Specialty Pharmacies.
- **1.104** "IngenioRx Contracted Rebates" shall have the meaning set forth in <u>Section 2.1</u> (IngenioRx Rebate Contracting) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration).
- **1.105** "IngenioRx Contracted Retail Pharmacies" means pharmacies owned and/or operated by IngenioRx and/or its Affiliates and/or contracted with IngenioRx for retail pharmacy services, as designed by IngenioRx.
- **1.106** "IngenioRx Contracted Specialty Pharmacies" means pharmacies owned and/or operated by IngenioRx and/or its Affiliates and/or contracted with IngenioRx for specialty pharmacy services, as designated by IngenioRx.
- **1.107** "IngenioRx Customer" means a corporation, association, or other entity that has a contract or other arrangement for insurance or administrative services (including administrative services only) in effect with IngenioRx and/or its Designated Affiliates through which the Members are entitled to Covered Drugs and Services pursuant to this Agreement.
- **1.108** "IngenioRx Customer Auditor" shall have the meaning set forth in <u>Section 11.2</u> (Use of Third-Party Auditors) of the Agreement.
- **1.109** "IngenioRx Customer Pharmacies" means a pharmacy wholly or partially owned and/or operated, directly or indirectly, by an IngenioRx Customer and/or any IngenioRx Customer Affiliate, regardless of pharmacy type (e.g., retail, mail, specialty, long term care, home infusion, 340B, etc.).
- **1.110** "IngenioRx Data and Information" shall have the meaning set forth in $\underline{\text{Section } 10.2}$ (Use of Information) of the Agreement.
- **1.111** "IngenioRx Designated Issue Tracking Management System" means the issue tracking and management system that tracks member services issues, reports trends, and escalates issues.
- **1.112** "IngenioRx Division" shall have the meaning set forth in <u>Section 8.12</u> (IngenioRx Dedicated Division) of the Agreement.
- **1.113** "IngenioRx Existing Customer" means an entity that, at the time of solicitation, is a customer of IngenioRx, Designated Affiliates, and/or Blues Partner Plans, including pharmacy benefit only customers, medical benefit only customers, and combined pharmacy/medical benefit customers. IngenioRx will provide PBM with a list of IngenioRx Existing Customers, as updated from time to time.
- **1.114** "IngenioRx Indemnified Party" shall have the meaning set forth in <u>Section 17.1</u> (PBM Indemnification Obligations) of the Agreement.
- **1.115** "IngenioRx Intellectual Property" shall have the meaning set forth in <u>Section 12.2</u> (Intellectual Property) of the Agreement.
- **1.116** "IngenioRx IP" means (a) any IP made, conceived, developed, purchased, or licensed by IngenioRx or its Designated Affiliates, or by third-parties under contract to IngenioRx or its Designated Affiliates, prior to the Effective Date, (ii) any IP provided by IngenioRx or its Designated Affiliates or their

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respective agents to PBM for incorporation into the Deliverables or use in connection with the Services (including any IngenioRx Data, images, programming, computer code, photographs, illustrations, graphics, audio clips, video clips and text), and (iii) any modifications or enhancements to the foregoing.

- **1.117** "IngenioRx Key Personnel" shall have the meaning set forth in <u>Section 4.12</u> (Non-Solicitation of Employees) of the Agreement.
- **1.118** "IngenioRx Non-Disclosable Information" shall have the meaning set forth in <u>Section 13.5</u> (IngenioRx Non-Disclosable Information) of the Agreement.
- **1.119** "IngenioRx Owned Pharmacies" mean pharmacies wholly or partially owned and/or operated, directly or indirectly, by IngenioRx and/or any IngenioRx Affiliate, now or in the future, regardless of pharmacy type (e.g., retail, mail, specialty, long term care, home infusion, 340B, etc.).
- **1.120** "IngenioRx Policies" mean any and all IngenioRx and its parent's programs, policies and procedures, as may be adopted and revised from time to time by IngenioRx in its sole discretion, relating directly or indirectly to the provision of Services hereunder, including: (i) delegated activities requirements; and (ii) policies and procedures relating to access standards; quality management and quality assurance programs; regulatory compliance and Accreditation Standards; data collection and reporting; Formulary; audit programs; fraud, waste, and abuse; record retention; privacy and security, including HIPAA; and such other requirements designed to ensure compliance with applicable Law; and (c) vendor procurement policies and procedures.
- **1.121** "IngenioRx Prospective Customer" means an entity that is identified by IngenioRx in writing to PBM as a prospective customer of IngenioRx and/or Designated Affiliates, as updated by IngenioRx from time to time.
- **1.122** "IngenioRx Rebate Contracts" shall have the meaning set forth in <u>Section 2.1</u> (IngenioRx Rebate Contracting) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration).
- **1.123** "IngenioRx Sales Activities" shall have the meaning set forth in Section 4.5 (Firewalls) of the Agreement.
- **1.124** "IngenioRx Third-Party Contractors" shall have the meaning set forth in <u>Section 8.6</u> (Cooperation with Integrated Services) of the Agreement.
- **1.125** "Initial Term" shall mean the Service Commencement Date through and including December 31, 2024.
- **1.126** "Integrated Services" shall have the meaning set forth in <u>Section 8.6</u> (Cooperation with Integrated Services) of the Agreement.
- 1.127 "Invoice" shall have the meaning set forth in Section 9.1 (PBM Billing) of the Agreement.
- 1.128 "IP" means all concepts, inventions (whether or not protected under patent laws), works of authorship, information fixed in any tangible medium of expression (whether or not protected under copyright laws), moral rights, mask works, trademarks, trade names, trade dress, trade secrets, publicity rights, names, likenesses, know-how, ideas (whether or not protected under trade secret laws), processes, programs, pilots, and all other subject matter protected under patent (or which is not patented, but is subject matter that is protected under patent law), copyright, mask work, trademark, trade secret, or other laws, whether existing now or in the future, whether statutory or common law, in any jurisdiction in the world, for all media now known or later developed, including all new or useful art, combinations, discoveries, formulae, algorithms, specifications, manufacturing techniques, technical developments, systems, computer architecture, artwork, software, programming, applets, scripts, designs, processes and methods of doing business.

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- **1.129** "IT Services" mean any form of application development services, maintenance services, testing services, hosting services, Implementation Services, or other information technology services, including the Services described in Exhibit 1-Q (Information Technology Systems and Services), Annex 8 (Information Technology and Systems) and Annex 10 (Required Information Security Controls).
- **1.130** "ITU Pharmacies" mean the Indian Health Services, Indian tribes, tribal organizations, and urban Indian organizations pharmacies, all as defined by CMS and the Medicare Part D Laws.
- 1.131 "JAMS Rules" means the JAMS Comprehensive Arbitration Rules & Procedures.
- **1.132** "JCB" or "Joint Change Board" shall have the meaning set forth in Annex 4 (Governance Committees) of the Agreement.
- **1.133** "JRC" or "Joint Reliability Committee" shall have the meaning set forth in Annex 4 (Governance Committees) of the Agreement.
- **1.134** "Law" means any and all international, federal, state, and local act, statute, law, code, ordinance, rule, regulation, standard, order (applicable to IngenioRx, Covered Plans, or PBM), licenses, permits, and sub-regulatory guidance promulgated by any Governmental Body with jurisdiction over a Party, any requirements under any Government Contract applicable to PBM, this Agreement, or the Services provided hereunder, and any guidance or requirements of any Governmental Body in whatever form, including any requirements, instructions, policies, and guidance, as interpreted and required by a Governmental Body with jurisdiction over a Party, Covered Plans, any Accreditation Standard, and any Blues Association Regulations.
- **1.135** "Line(s) of Business" or "LOB" mean the Commercial Line of Business, the Marketplace Line of Business, the Medicaid Line of Business, the Medicare Line of Business, the MMP Line of Business, and the FEP Line of Business, each individually and/or collectively, as applicable.
- **1.136** "Losses" means all claims, liabilities, demands, damages, losses, costs, or expenses of any kind, including, without limitation, reasonable attorneys' fees and expenses, whether directly, indirectly, or through a third-party claim. Losses incurred by IngenioRx shall include Losses of IngenioRx and Designated Affiliates.
- **1.137** "LTC Pharmacies" mean long-term care pharmacies, as defined by CMS and the Medicare Part D Laws.
- **1.138** "Mail Order Pharmacies" means PBM Mail Order Pharmacies, PBM Contracted Pharmacies that dispense primarily through mail order delivery (excluding PBM Contracted Pharmacies that dispense primarily Specialty Drugs), IngenioRx Contracted Mail Order Pharmacies, and IngenioRx Owned Pharmacies that dispense primarily through mail order delivery (excluding IngenioRx Owned Pharmacies that dispense primarily Specialty Drugs).
- **1.139 "Manufacturer"** means a pharmaceutical, biotech, medical equipment, or medical device manufacturer, and/or any other entity that performs sales, distribution, and/or marketing functions (including wholesalers and distributors) with respect to any such manufacturer's products.
- **1.140 "Marketplace Contract"** means the written agreement that a Covered Plan enters into with a Governmental Body in connection with an offering on a public exchange under the ACA.
- **1.141** "Marketplace Line of Business" or "Marketplace LOB" means IngenioRx's book of business comprised of Marketplace Plans.
- **1.142** "Marketplace Plan" means a Plan offered through a state-based marketplace, a federally facilitated marketplace, a federally supported state-based marketplace, and/or state and federal partnership marketplace, each established pursuant to Section 1311(b) of the ACA.

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- **1.143** "Material Modifications" shall have the meaning set forth in <u>Section 8.7</u> (Material Changes to Services and/or Systems) of the Agreement.
- **1.144** "Maximum Initial Implementation Penalty" shall have the meaning set forth in Section 1 (Implementation Guarantees) of Exhibit 2 (Implementation and Performance Guarantees).
- **1.145** "Medicaid Contract" means the written agreement that a Covered Plan enters into with a state Governmental Body that administers a program defined at 42 USC 1320a-7(h), as amended.
- **1.146** "Medicaid Line of Business" or "Medicaid LOB" means IngenioRx's book of business comprised of Medicaid Plans.
- 1.147 "Medicaid Plan" means a Plan offered pursuant to a Medicaid Contract.
- **1.148** "Medicare Line of Business" or "Medicare LOB" means IngenioRx's book of business comprised of Medicare Part D Plans.
- **1.149** "Medicare/MMP Lines of Business" or "Medicare/MMP LOBs" means IngenioRx's Medicare Line of Business and MMP Line of Business collectively in the aggregate.
- **1.150** "Medicare Part B Claims" mean Claims for Covered Drugs covered under Medicare Part B that are paid through the pharmacy benefit of a Covered Plan. PBM shall provide IngenioRx with a list of the drugs covered by Medicare Part B for IngenioRx's review.
- **1.151** "Medicare Part D" means the prescription drug benefits offered pursuant to the Medicare Prescription Drug, Improvement and Modernization Act of 2003, enacted at Public Law 108-173 and codified at Social Security Act 1860D-1, and the regulations promulgated thereunder at 42 CFR Parts 422 and 423.
- **1.152** "Medicare Part D Contract" means the written agreement that a Covered Plan sponsor enters into with CMS pursuant to the Medicare Part D Laws.
- **1.153** "Medicare Part D Plan" means a Plan offered pursuant to a Medicare Part D Contract, including PDP, MA-PD, EGWP, SNP, 800 series employer group products, all as defined by CMS and the Medicare Part D Laws.
- **1.154** "Member" means each individual who is eligible for benefits under a Covered Plan as of the date the Covered Drug is provided as indicated by IngenioRx in the Eligibility Information or as otherwise updated by IngenioRx in accordance with this Agreement.
- **1.155** "MLR Data" means the data in PBM's possession or control necessary for IngenioRx and/or the Covered Plans to calculate the information to be reported under Section 2718 of the Public Health Service Act and 45 CFR Part 158.
- **1.156** "MMP Line of Business" or "MMP LOB" means IngenioRx's book of business comprised of MMP Plans.
- **1.157** "MMP Plan" means a Plan which is a component of the Capitated Financial Alignment Demonstration (CFAD) established by CMS through the capitated financial alignment demonstration in which the state, CMS, and the Plan have entered into a three-way contract that governs the provision of health care services to Members eligible for both Medicaid and Medicare Part D.
- **1.158** "NCPDP" means the National Council of Prescription Drug Programs.
- **1.159** "NCPDP Standards" means the most current version of online pharmacy claims adjudication standards promulgated by NCPDP.

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- 1.160 "NCQA" means the National Committee for Quality Assurance, an accreditation organization.
- **1.161** "NDC" mean for each pharmaceutical product or device a unique eleven (11) digit number assigned in part by the FDA and in part by the Manufacturer for the product, identifying the labeler, specific strength, dosage form, and package size of such product.
- **1.162** "NPFI" shall have the same meaning as "Nonpublic Personal Information" in 15 USC, Subchapter 1, Sec. 6801-6809, of the Gramm-Leach-Bliley Act.
- **1.163** "NPI" means the National Provider Identifier, which is a HIPAA administrative simplification standard.
- **1.164** "OIG" means the office of inspector general or any equivalent office of any Governmental Body, including the Office of Inspector General of the United States Department of Health and Human Services, the United States Department of Defense, the United States Office of Personnel Management, and the United States General Services Administration.
- 1.165 "Open Source Software" shall have the meaning set forth in Section 12.3 (Embedded Software).
- 1.166 "OPM" means the United States Government, the Office of Personnel Management.
- **1.167** "Optional Plans" mean (i) HealthNow New York Inc. / BlueCross BlueShield of Western New York managed Medicaid plan administered by Amerigroup Partnership Plan; (ii) New England Joint Enterprise; (iii) Kansas Joint Venture; (iv) CareFirst Virginia; (v) FEP PPO Plan; (vi) Acquired Plans; and (vii) such other plans designated by IngenioRx that are not otherwise Covered Plans.
- **1.168** "Participating Pharmacy" means all PBM Contracted Pharmacies, PBM Owned Pharmacies (including, for avoidance of doubt, PBM Mail Order Pharmacies and PBM Specialty Pharmacies), and IngenioRx Contracted Pharmacies.
- **1.169** "Party" or "Parties" shall have the meaning set forth in the Preamble.
- 1.170 "PBM" shall have the meaning set forth in the Preamble.
- **1.171 "PBM Administered Rebates"** shall have the meaning set forth in <u>Section 3.2.3</u> (PBM Administered Rebates) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration).
- **1.172** "PBM Affiliated PDP" shall have the same meaning set forth in Section 4.4.7 (Exceptions) of the Agreement.
- **1.173** "PBM IngenioRx-Specific Rebate Contracts" shall have the meaning set forth in Section 2.2 (PBM Rebate Contracting) of Exhibit 1-I (Rebate Contracting and Administration).
- **1.174** "PBM Contracted Pharmacies" means all retail pharmacies, mail order pharmacies, specialty pharmacies, ITU Pharmacies, HIF Pharmacies, LTC Pharmacies, and other pharmacies contracted with PBM and/or its Approved Subcontractors, including all such pharmacies located in Territories, to provide services under this Agreement.
- **1.175** "PBM Contracted Rebates" shall have the meaning set forth in Section 2.2 (PBM Rebate Contracting) of Exhibit 1-I (Rebate Contracting and Administration).
- **1.176** "PBM Customer" means a corporation, association, or other entity or Affiliate that has a contract or other arrangement for pharmacy benefit management or other related services, including mail order and specialty pharmacy services.
- **1.177** "PBM Indemnified Party" shall have the meaning set forth in <u>Section 17.2</u> (IngenioRx Indemnification Obligations) of the Agreement.

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- 1.178 "PBM IP" means IP made, conceived, developed, purchased, or licensed by PBM or its Approved Subcontractors, or by third-parties under contract to PBM or its Approved Subcontractors, (a) prior to the effective date of the applicable SOW or (b) independent of the Services, that, in case of both (a) and (b) above: neither contains IngenioRx IP or any derivative works thereof; nor uses, includes or refers to Confidential Information of IngenioRx. For the avoidance of doubt, PBM IP does not include Custom IP or any other IngenioRx IP. For avoidance of doubt, PBM acknowledges and agrees that it shall not acquire any rights or title to any IngenioRx Data and Information by virtue of its use or access to such information hereunder.
- **1.179** "PBM Mail Order Pharmacies" mean pharmacies wholly-owned and/or operated by PBM and/or its Affiliates that primarily dispense prescription drugs (but not primarily Specialty Drugs) through mail delivery service. In the event a PBM Mail Order Pharmacy dispenses a Specialty Drug under this Agreement, the member will receive the same level of service the Member would receive from the PBM Specialty Pharmacy for that particular Specialty Drug.
- **1.180** "PBM Owned Pharmacies" mean pharmacies wholly or partially owned and/or operated, directly or indirectly, by PBM and/or any PBM Affiliate that is an Approved Subcontractor, and shall include the PBM Mail Order Pharmacies and the PBM Specialty Pharmacies.
- **1.181** "PBM Proposed Rebate Guarantee Modification" shall have the meaning set forth in <u>Section 6.1</u> (Rebate Guarantee Impact Notice/Analysis) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration).
- **1.182** "PBM Rebate Contracts" shall have the meaning set forth in <u>Section 2.2</u> (PBM Rebate Contracting) of Exhibit 1-I (Rebate Contracting and Administration).
- **1.183** "PBM Restricted Personnel" shall have the meaning set forth in <u>Section 4.5</u> (Firewalls) of the Agreement.
- **1.184** "PBM Services" mean the services described in <u>Section 8.3</u> (PBM Services), the Service Schedules (excluding Implementation Services), the Performance Guarantees, and any addendum or amendment bereto.
- **1.185** "PBM Specialty Pharmacies" mean pharmacies wholly-owned and/or operated by PBM and/or its Affiliates that primarily dispense Specialty Drugs; provided, however, that where appropriate, the PBM Mail Order Pharmacy may dispense a Specialty Drug, in which case, the PBM Mail Order Pharmacy shall be considered a PBM Specialty Pharmacy hereunder for purposes of that Claim and the PBM Specialty Pharmacy requirements and pricing would apply with respect to such Specialty Drug Claim.
- **1.186** "Performance Guarantees" shall mean performance standards/service levels, their corresponding penalty amounts, and the terms and conditions set forth in <u>Exhibit 2</u> (Implementation and Performance Guarantees), <u>Exhibit 2-B</u> (Performance Guarantees), including any sub-exhibits thereunder, and each <u>Attachment 2</u> (LOB Performance Guarantees) to each Line of Business <u>Schedule</u>.
- **1.187 "PG Escalation Event"** shall have the meaning set forth in <u>Section 2.5</u> (Performance Guarantee Escalations) of <u>Exhibit 2</u> (Implementation and Performance Guarantees).
- 1.188 "PHI" or "Protected Health Information" shall have the meaning given such term by HIPAA.
- **1.189** "Plan" means a health benefit plan for employer groups or individuals that provides prescription drug benefits, including fully insured plans, self-insured plans, government plans, managed care plans, preferred provider organizations, exclusive provider organizations, health maintenance organizations, point-of-service plans, traditional indemnity plans, consumer-driven health plans, high deductible health plans and products, hospital only and limited benefit plans and products, prescription benefit plans, and other hybrid plans, as well as discount card plans and/or programs administered by IngenioRx.

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- **1.190** "Plan Design" means the processing parameters and other information identified by IngenioRx in this Agreement and as otherwise communicated by IngenioRx to PBM that describe the benefits, services, exclusions, limitations, conditions, and specific coverage rules and programs (*e.g.*, quantity limits, prior authorizations, administrative overrides, step therapy program, mandatory generic program, pharmacy fulfillment limitations (*e.g.*, prohibit fulfillment of Specialty Drugs at retail pharmacies and require fulfillment at specified specialty pharmacies; prohibit extended day supply at retail pharmacies and require fulfillment at mail order pharmacies), etc.) for Members under a Covered Plan or for an IngenioRx Customer or Group, including Covered Drugs, Formulary and Cost Share structure (*e.g.*, what portion of a Claim is payable by IngenioRx and what portion is payable by Members), as may be amended by IngenioRx in its sole discretion. PBM shall use such Plan Design information for purposes of administering the prescription drug programs for Covered Plans, IngenioRx Customers, and Groups under this Agreement.
- **1.191** "Prescriber" means a doctor of medicine or other health care professional who is legally authorized to prescribe drugs.
- **1.192** "Pricing Change Conditions" shall have the meaning set forth in Section 8.1.1 (Pricing Change Triggering Events) of Exhibit 3 (Fees and Compensation).
- **1.193** "Pricing Change Objection" shall have the meaning set forth in Section 8.1.2.2 (Right to Object) of Exhibit 3 (Fees and Compensation).
- **1.194** "Pricing Change Proposal" shall have the meaning set forth in <u>Section 8.1.2.1</u> (Notification of Pricing Change Condition) of Exhibit 3 (Fees and Compensation).
- **1.195** "Priority Approved Subcontractor" shall have the meaning set forth in <u>Section 3.3.1</u> (Subcontractor Conflicts of Interest Disclosures/Affiliation with Competitors) of the Agreement.
- **1.196** "Rebate Administration System" shall have the meaning set forth in <u>Section 1</u> (Rebate Administration System) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration).
- **1.197** "Rebate Remittance Report" shall have the meaning set forth in <u>Section 5</u> (Rebate Remittance) of Exhibit 1-I (Rebate Contracting and Administration).
- **1.198** "Receiving Party" shall have the meaning set forth in <u>Section 13.2</u> (Confidential Information) of the Agreement.
- **1.199** "Regulatory Addendum" means Exhibit 4 (Regulatory Addendum), each Attachment 4 (LOB Regulatory Addendum) to each Line of Business Schedule (and any corresponding attachments thereto), and in connection with the Medicaid LOB, each Attachment 1 to Schedule C (LOB Description of Services Medicaid Line of Business), which contain requirements imposed by the Medicaid Contract and/or Governmental Bodies.
- **1.200** "Renewal Term" shall have the meaning set forth in <u>Section 20.2</u> (Renewal Term) of the Agreement.
- **1.201** "Retail Network" means the network of Retail Participating Pharmacies.
- **1.202 "Retail Participating Pharmacies"** mean all PBM Contracted Pharmacies, IngenioRx Contracted Retail Pharmacies, IngenioRx Contracted Facility Pharmacies, IngenioRx Customer Pharmacies, IngenioRx Owned Pharmacies, and PBM Owned Pharmacies, but excluding all Mail Order Pharmacies and Specialty Pharmacies.
- **1.203** "RPO" or "Recovery Point Objectives" shall have the meaning set forth in $\underline{\text{Section } 15.2.3}$ (BCP Validation and Testing) of the Agreement.
- **1.204** "RTO" or "Recovery Time Objective" shall have the meaning set forth in Section 15.2.3 (BCP Validation and Testing) of the Agreement.

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- **1.205** "Sanction Exclusion Lists" means the General Services Administration's List of Parties Excluded from Federal Programs, the Health and Human Services Department/Office of Inspector General List of Excluded Individuals/Entities, Medicaid and/or any state specific participation exclusion list, or as otherwise designated as excluded, debarred, suspended, or otherwise prohibited from participation in federal and/or state health care programs or in federal procurement or non-procurement programs by a Governmental Body.
- **1.206** "Schedule C Groups" shall have the meaning set forth in <u>Section 5.6</u> (Compliance with Schedule C to Form 5500) of the Agreement.
- **1.207** "Schedules" mean the Schedules attached to this Agreement, which set forth requirements that are specific to a Line of Business that vary from and/or are in addition to the general terms and conditions set forth in this Agreement (e.g., Schedule A Commercial Line of Business; Schedule B Marketplace Line of Business; Schedule C Medicaid Line of Business; Schedule D Medicare Line of Business; Schedule E MMP Line of Business; and Schedule F FEP Line of Business).
- **1.208** "Service Commencement Date" means the latest of: (a) a date between May 1, 2019 at 12:00 A.M. and January 1, 2020 at 12:00 A.M., as designated by IngenioRx upon written notice to PBM; or (b) the date that all requirements in the Implementation Plan have been met to the reasonable satisfaction of IngenioRx, as designated by IngenioRx in writing to PBM. In IngenioRx's sole discretion, Covered Plans may have Service Commencement Dates that are staggered. For Covered Plans implemented thereafter, the Service Commencement Date shall be the date mutually agreed upon for such Covered Plan.
- **1.209** "Service Schedules" mean Exhibit 1 (Description of Services), each sub-Exhibit 1 thereunder (except Exhibit 1-A (Implementation Services)), and Attachment 1 (LOB Description of Services) to each Line of Business Schedule, and each sub-attachment thereunder. Each Attachment 1 to Schedule C (LOB Description of Services Medicaid Line of Business) shall be deemed to be both a Service Schedule and a Regulatory Addendum to the extent it contains requirements imposed by the Medicaid Contract and/or Governmental Bodies.
- **1.210** "Services" means the Implementation Services, PBM Services, and IT Services for IngenioRx and its Covered Plans.
- **1.211** "SIGC" or "Strategy, Innovation & Growth Committee" shall have the meaning set forth in $\underline{\text{Annex 4}}$ (Governance Committees) of the Agreement.
- **1.212** "Similar PBM Services" shall have the meaning set forth in <u>Section 4.4</u> (Customer Non-Solicitation/Bidding) of the Agreement.
- **1.213** "SOC" shall have the meaning set forth in <u>Section 11.7</u> (SOC 1 and SOC 2 Audit Reports) of the Agreement.
- **1.214** "SOW" shall have the meaning set forth in <u>Section 5</u> (System and IT Services Projects) of <u>Exhibit 1-Q</u> (Information Technology Systems and Services).
- 1.215 "Specialty Drugs" mean certain pharmaceuticals, biotech or biological injectable and non-injectable drugs typically having one or more of several key characteristics, including but not limited to high cost, frequent dosing adjustments and/or intensive clinical monitoring, specialized product handling, and/or intensive member training and compliance to facilitate therapeutic goals. For avoidance of doubt (notwithstanding anything to the contrary in this Agreement, including all Annexes, Exhibits, Schedules, Appendices, and other attachments hereto, and in addition to any other rights), during the Term of the Agreement and for any Extended Services Period, regardless of what is included on the Specialty Drug Pricing List, IngenioRx shall have the sole authority to make determinations with respect to what constitutes a Specialty Drug for purposes of clinical programs and services, coverage, and plan design, and how Specialty Drugs are managed in connection with all clinical programs and services, coverage, and plan design for all Covered Plans, IngenioRx Customers, Groups, and Members. For avoidance of doubt, this

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list of Specialty Drugs is separate and distinct from the Specialty Drug Pricing List. Under this Agreement, the Specialty Drug Pricing List is for purposes of pricing only versus the Specialty Drugs as defined in this Section, which is for purposes of clinical programs and services, coverage, and Plan Design.

- **1.216** "Specialty Pharmacies" means PBM Specialty Pharmacies and PBM Contracted Pharmacies that dispense primarily Specialty Drugs, IngenioRx Contracted Specialty Pharmacies, and IngenioRx Owned Pharmacies that dispense primarily Specialty Drugs.
- **1.217** "SSAE 18" or "SSAE 18/SOC1" means the Statement of Standards for Attestation Engagements, Number 18, Reporting on Controls at a Service Organization, as finalized by the Auditing Standards Board of the American Institute of Certified Public Accountants (or successor thereto).
- **1.218** "STF" or "Specialty Task Force" shall have the meaning set forth in Annex 4 (Governance Committees) of the Agreement.
- **1.219** "Sub-Client Pricing" shall have the meaning set forth in <u>Section 1</u> (Sub-Client Pricing Arrangements) of <u>Exhibit 1-N</u> (Sub-Client Pricing Support).
- **1.220** "Sub-Client Pricing Shortfall" shall have the meaning set forth in Section 6 (PBM Non-Compliance/Error Sub-Client Pricing Arrangements/Support) of Exhibit 1-N (Sub-Client Pricing Support).
- **1.221 "Systems"** mean PBM's and its Approved Subcontractors' information technology systems (including its claims adjudication system) utilized (directly or indirectly) in connection with this Agreement. For purposes of this Agreement, "Systems" includes any and all computer systems, networks, platforms, hardware, software, firmware, protocols, firewalls, interfaces, interconnections, architecture, and operating systems, programs, and applications.
- **1.222** "TCPA" shall have the meaning set forth in <u>Section 5</u> (Telemarketing Laws and IngenioRx TCPA Guidelines) of <u>Exhibit 4</u> (Regulatory Addendum).
- **1.223** "TCPA Guidelines" shall have the meaning set forth in <u>Section 5</u> (Telemarketing Laws and IngenioRx TCPA Guidelines) of Exhibit 4 (Regulatory Addendum).
- 1.224 "Term" shall mean the Initial Term, as extended by any Renewal Term, if any.
- **1.225** "URAC" means the American Accreditation Health Care Commission/URAC, which is an independent organization that accredits utilization review functions and offers a variety of other accreditation and certification programs for health care organizations, including mail order pharmacy and specialty pharmacy accreditations.

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Annex 2

[Reserved]



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Annex 3 APPROVED SUBCONTRACTORS*

*Within ten (10) Business Days of the Effective Date, PBM shall provide IngenioRx with a full and complete list of all subcontractors it desires to provide Services under this Agreement (providing all of the information required in the chart below). PBM shall cooperate with IngenioRx in IngenioRx's review of such subcontractors, including promptly providing IngenioRx with IngenioRx's required information and documentation in connection with the review process. Upon IngenioRx's approval of subcontractors, the Parties will promptly amend the Agreement to update this <u>Annex 3</u> (Approved Subcontractors) to reflect the subcontractors approved by IngenioRx, including all of the information required in the chart below. The Parties acknowledge that further amendments may be required to this <u>Annex 3</u> (Approved Subcontractors) through the implementation phase and thereafter.

| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---|---|--|--|---------------------------|----------------------------------|
| Keystone Park Secretarial and Answering Service Inc. (d.b.a. A Better Answer, Inc.) | 1410 G Ave., Plano, TX 75074 | Keystone Park Secretarial and Answering Service Inc. (d.b.a. A Better Answer, Inc.) Service Agreement 2016-2019: Vendor provides after hours answering service to answer customer calls and direct urgent prior authorization calls to pharmacists | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business | Yes | Yes |
| Credit Management Company Inc. | 2121 Noblestown Road, Pittsburgh, PA 15205 | Credit Management Corporation provides debt collection services to the A/R Specialty group. Services include both pre-collection | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|-------------------------|---------------------------|---------------------------|---|---------------------------|----------------------------------|
| | | | | | |
| | | services and bad debt | Medicare Line of | | |
| | | collections. | Business | | |
| | | | MMP Line of Business | | |
| | | | FEP Line of Business Discount Card Line of | | |
| | | | Business | | |
| Fiserv Solutions, Inc. | 2465 Lindbergh Blvd | Fiserv is a print vendor | Commercial Line of | Yes | Yes |
| | Hazelwood, MO 63042 | that handles the printing | Business | | |
| | | of Member Benefit | Discount Card Line of | | |
| | | Communications. | Business | | |
| | | | | | |
| SCIOinspire Corp. aka | 433 South Main Street, | Subcontractor will audit | Commercial Line of | Yes | No |
| Hospital Audit Locus, | Suite 203, West Hartford, | | Business | | |
| Inc. DBA National Audit | CT 06110 | of Caremark of CVS- | Marketplace Line of | | |
| | | owned pharmacies. | Business | | |
| | | | Medicaid Line of | | |
| | | | Business | | |
| | | | Medicare Line of Business | | |
| | | _ | MMP Line of Business | | |
| | | | FEP Line of Business | | |
| | | | Discount Card Line of | | |
| | | | Business | | |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------------|--|---|---|---------------------------|----------------------------------|
| Language Line Services, | 1 Lower Ragsdale Drive, | Provides call center | Commercial Line of | Yes | Yes |
| | | | Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of | | |
| MedForce | 2 Executive Blvd, Suite 410, | | Business Commercial Line of | Yes | No |
| Technologies, Inc. | Suffern, NY 10901 | MedForce Database, Prohibit offshore access, and allow for more accurate document filing | Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business | | |
| O'Neil Data Solutions LLC | 12655 Beatrice Street Los Angeles, CA 90066 | trusted provider of Welcome Kits and ID Cards and continues provide services to this | Marketplace Line of Business Medicaid Line of Business Medicare Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---|---|---|---|---------------------------|----------------------------------|
| | | | MMP Line of Business FEP Line of Business Discount Card Line of Business | | |
| SecureOne Data Solutions, LLC | 2801 N 33rd Ave #1, Phoenix, AZ 85009 | Provides preprocessing of CVS Caremark Rx submissions every business day. | Commercial Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business | Yes | No |
| Welltok fka Silverlink Communications, LLC | 67 South Bedford Street, Suite 300E, Burlington, MA 01803 | Silverlink provides outbound IVR (automated) calls to our members for various programs and business units throughout the PBM. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|-----------------------------------|---------------------------------------|--|--|---------------------------|----------------------------------|
| Cognizant Technology Solutions | 24721 NETWORK PL CHICAGO, IL 60673 | Vendor provides staff augmentation services | Commercial Line of Business | Yes | No |
| Solutions | CHICAGO, IL 00073 | for CVS Health to assist with implementing | Marketplace Line of Business | | |
| | | different project initiatives for our | Medicaid Line of Business | | |
| | | internal business | Medicare Line of | | |
| | | processes. | Business | | |
| | | | MMP Line of Business FEP Line of Business | | |
| | | | Discount Card Line of Business | | |
| RMK Consulting, Inc. | 2 Oregon Hollow, Armonk, | | | Yes | No |
| | NY 10504 | augmentation services for CVS Health to assist | Commercial Line of Business | | |
| | | with implementing | Marketplace Line of | | |
| | | different project | Business | | |
| | | initiatives for our | Medicaid Line of | | |
| | | internal business | Business | | |
| | | processes. | Medicare Line of Business | | |
| | | | MMP Line of Business | | |
| | | | FEP Line of Business | | |
| | | | Discount Card Line of | | |
| | | | Business | | |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|--|--|--|---|---------------------------|----------------------------------|
| Tata America International Corp. (TCS) | 101 Federal St. # 2110 Boston, MA 02110 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |
| Genpact | 200 West Adams Street Chicago, IL 60606 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---------------|---|--|---|---------------------------|----------------------------------|
| | 150 Presidential Way, 4th floor Woburn, MA 01801 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |
| , | 550 American Avenue, Suite 301, King of Prussia, PA 19406 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------|---|---|---|---------------------------|----------------------------------|
| BluePeak Advisors, LLC | 14648 Sunrise Canyon Road Poway, CA, 92064 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |
| Infosys Ltd. | 6100 Tennyson Parkway Suite 200 Plano, TX 75024 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---------------------------------|--|--|---|---------------------------|----------------------------------|
| Diversity Direct Corporation | 68 Culver Road, Suite 100 Monmouth Junction, NJ 08852 United States | services for CVS Health to assist with implementing different project initiatives for our internal business processes. Specifically, Diversity Direct will provide IT staffing to work on program | Business • Marketplace Line of Business • Medicaid Line of | Yes | No |
| Med-Metrix, LLC | 9 Entin Road 3rd Floor Parsippany, NJ 07054 United States | debt collection services in support of the IngenioRx/CVS relationship. Services include Claim Resolution and Retrospective Underpayment Review and Recovery of previously paid third party balances to | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business EPP Line of Business Discount Card Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|-----------------------|---|--|---|---------------------------|----------------------------------|
| | | underpayments made by insurance carriers. | | | |
| e-Zest Solutions Ltd. | 1570 Woodward Ave, 2nd Floor, Detroit, Michigan 48226 | e-Zest provides a solution to compare claims, create claim request files, process response files and apply business rules to arrive at a false positive or failure result. E-Zest also provides machine learning algorithms and visual dashboards for human analysis and verification. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicaid Line of Business Medicare Line of Business | Yes | No |
| CoverMyMeds, L.L.C. | 2 Miranova Pl., Columbus, Ohio 43215 | CoverMyMeds Solution and the Caremark PA Gateway to support | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------|-------------------------|---|---|---|----------------------------------|
| | | | | | |
| | | "Caremark PA | FEP Line of Business Discount Card Line of | | |
| | | | | , in the second | |
| | | System Users and pharmacies which utilize | Business | | |
| | | | | | |
| | | the CoverMyMeds | | | |
| | | Solution. | | | |
| Mattersight | 200 South Wacker Drive | Mattersight provides a | Commercial Line of | Yes | No |
| Corporation | Suite 820, Chicago, IL | SaaS based behavioral | Business | | |
| | 60601 | analytics software which | | | |
| | | | Business | | |
| | | centers to track client | Medicaid Line of | | |
| | | and employee | Business | | |
| | | interactions and | Medicare Line of | | |
| | | behaviors. The | Business | | |
| | | software's analytics | MMP Line of Business | | |
| | | helps CVS improve our | FEP Line of Business | | |
| | | return on every | Discount Card Line of | | |
| | | interaction with our | Business | | |
| | | clients. | | | |
| ScanData Systems, Inc. | 9701 Brodie Lane, Suite | Creation of shipping | Commercial Line of | No | No |
| | 104 Austin, TX 78748 | | Business | | |
| | | name and address. | Marketplace Line of | | |
| | | Manifesting of packages. | Business | | |
| | | Sending of electronic | Medicaid Line of | | |
| | | (Package Level Detail) to | | | |
| | | the carriers. | Medicare Line of | | |
| | | | Business | | |
| | | | MMP Line of Business | | |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------|---|--|--|---------------------------|----------------------------------|
| | | | FEP Line of Business Discount Card Line of Business | | |
| Surescripts, LLC | 2800 Crystal Drive Arlington, VA 22202 | prescription transactions—including NewRx, RefillRx, RxChange and CancelRX—to allow prescribers and pharmacists to securely complete an e- prescription within their existing workflows; | Discount Card Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|--|---|---|---|---------------------------|----------------------------------|
| eGain Corporation | 1252 Borregas Avenue Sunnyvale, CA 94089 | eGain is the email and SMS gateway service provider that sends out pharmacy messaging communications. Webbased email management software enables remote administration of email and SMS and delivery. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |
| Change Healthcare Operations, LLC | 3055 Lebanon Pike Nashville, TN 37214 | Change Healthcare prints, assembles and mails member checks and EOBs, as well as Med D denial and appeals letters. | -Commercial Line of Business -Marketplace Line of Business -Medicaid Line of Business -Medicare Line of Business -MMP Line of Business -FEP Line of Business | Yes | Yes |
| Capgemini America, Inc. (aka iGate) | 79 5th Avenue, New York NY 10003 | Pre & Post Enrollment Services for Medicare Part D. These services include – 1. Enrollments Data Capture & BEQ Processing | Medicare Line of Business MMP Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------|-------------------------|---|--|---------------------------|----------------------------------|
| | | | | (103/110) | Wiembers (Tes) No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 2. Enrollment Exception | | | |
| | | Management | | | |
| | | 3. TRC Management | | | |
| | | 4. Correspondence | | | |
| | | Management | | | |
| | | Routed Calls | | | |
| | | Reconciliation Services | | | |
| McKesson High Volume | 470 Lapp Road, Malvern, | McKesson High Volume | Commercial Line of | Yes | No |
| Solutions, Inc. | PA 19355 | Solutions' pharmacy | Business | | |
| | | automation systems and | | | |
| | | order fulfilment | Business | | |
| | | software will be utilized | Medicaid Line of | | |
| | | by CVS' Specialty | Business | | |
| | | Dispensing Operations | Medicare Line of | | |
| | | team for mail order | Business | | |
| | | services. | MMP Line of Business | | |
| | | | FEP Line of Business | | |
| GetixHealth, fka | 2201 N. Waukegan Road, | Early Out vendor and | Commercial Line of | Yes | Yes |
| ALORICA fka EGS | | collection agency and | Business | | |
| , | 60015 | Call Center Services. | Marketplace Line of | | |
| NCO Financial Systems, | | | Business | | |
| Inc. | | | Medicaid Line of | | |
| | | | Business | | |
| | | | Medicare Line of | | |
| | | | Business | | |
| | | | MMP Line of Business | | |
| | | | FEP Line of Business | | |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---|---|---|---|---------------------------|----------------------------------|
| | | | Discount Card Line of Business | | |
| R.R. Donnelley & Sons Company | 111 South Wacker Dr. Chicago, IL 60606 | RR Donnelley provides programming, data processing, printing, inserting, mailing, and archival services for the above-mentioned programs as well as parcel delivery from mail order pharmacies. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business | Yes | Yes |
| Verint Americas, Inc. fka Witness Systems, Inc. | 330 S. Service Rd. #108 Melville, NY 11747 | Recording | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business Medicare Line of Business MMP Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---|-------------------|---|---|---------------------------|----------------------------------|
| | | | FEP Line of Business Discount Card Line of Business | | |
| Apex Print Technologies, LLC | Paul, MN 55117 | Apex will assist with Patient statement services. Apex will digitally print, collate, mail and provide archive services for patient statements with a turnaround time of 3 business day upon data validation. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |
| Credit Bureau Collection Services, Inc. D.B.A. CBCS | () | Credit Bureau Collection Services, Inc. D.B.A. CBCS will assist with Bad Debt Collection services. CBCS will collect on outstanding patient pay balances. The patients | of Business | Yes | Yes |

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F

| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI | Contact with |
|---------------|-------------------|----------------------------|--------------------|---------------|---------------------|
| Subcontractor | Corporate Address | Delegated Fullction | Lille Of Busilless | (Yes/No) | Members (Yes/No) |
| | | | | (163/140) | Wiellibers (Tes/No) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | referred to CBCS would | Medicare Line of | | |
| | | have received two | Business | | |
| | | patient statements from | | | |
| | | CVS Specialty (Apex). | Business | | |
| | | Date of service self pay | • FEP Line of | * | |
| | | balances will be = or | Business | | |
| | | >120 days. CBCS will take | | | |
| | | all actions reasonably | Discoulit Card | | |
| | | necessary consistent | Line of Business | | |
| | | with usual and | | | |
| | | customary collection | | | |
| | | practices and state and | | | |
| | | federal law to maximize | | | |
| | | its collections efforts on | | | |
| | | patient pay balances. | | | |
| | | CBCS will make | | | |
| | | telephone calls to collect | | | |
| | | the debt or send | | | |
| | | statement/letters on | | | |
| | | their own (vendor) | | | |
| | | letterhead. CBCS will | | | |
| | | receive inbound calls | | | |
| | | from the patients | | | |
| | | regarding their | | | |
| | | outstanding debt | | | |
| | | representing themselves | | | |
| | | as the named vendor. | | | |
| | | Legal activity by CBCS | | | |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|--|--|--|---|---------------------------|----------------------------------|
| | | needs prior approval of CVS Specialty. | | | |
| Medical Accounts Receivable Solutions, Inc. (MARS) | 7077 Orangewood Avenue, Suite #100 Garden Grove, CA 92841 United States | Vendor will provide aged claims collections services. Vendor will have access to patient data for verification purposes. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |
| Transworld Systems, Inc. (TSI) | 2235 Mercury Way Ste 275 Santa Rosa, CA 95407 United States | collection attempts by sending letters to member with mail order | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business | No | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---|---|---|---|---------------------------|----------------------------------|
| Zeta Global, LLC (fka Zeta Interactive, LLC) | 185 Madison Ave, 5th Floor New York, NY 10016 | Zeta will send email communications on behalf of CVS to IngenioRx/Ingenio members | Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of | Yes | Yes |
| | | | Business Discount Card Line of Business | | |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------|---|--|--|---------------------------|----------------------------------|
| Vision Solutions, Inc. | 15300 Barranca Parkway, Ste. 250 Irvine, California 92618 | Vision Solutions is a leading provider of business resilience solutions – high availability, disaster recovery, migration, data replication and security. Vision Solutions product "Dtshare" is the replication tool used in Voyager project. | Business | No | No |
| Fifth Third Bank | 38 FOUNTAIN SQUARE PL CINCINNATI, OH 45202 | The PBM A/R Operations Team will utilize Fifth Third Bank for E-Check processing services. On the ECP settlement file, the main elements are Originating ID, Company ID and Originating DFI- ID. The transaction level fields are: Routing Number Account Number Amount Pay-Ref-ID | of Business Marketplace Line of Business Medicaid Line of Business | No | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|-----------------------|--|--|--|---------------------------|----------------------------------|
| | | Patient Name (First- Name Last-Name) Web/Non-Web transaction indicator | | | |
| Red-Card Systems, LLC | 7700 Bonhomme Avenue Suite 200 St. Louis, MO 63105 | Print services for member checks and claim details (EOBS) may include CMS required letters. Vendor will have access to Check Payment Information including, names, address, check number, issue date, amount and claim details provided on EOBs. | of Business Medicaid Line of Business Medicare Line of Business | Yes | Yes |
| Quad Graphics, Inc. | PO BOX 644840 PITTSBURGH, PA 15264 United States | Vendor will provide various print services in support of this service offering. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------------|--|---|---|---------------------------|----------------------------------|
| | | | | | |
| | | | Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | | |
| Kirkwood Printing Company | 904 MAIN ST WILMINGTON, MA 01887 United States | Vendor will provide various print services in support of this service offering. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---|---|--|---|---------------------------|----------------------------------|
| RX Automation Solutions, Inc. (RXAS) | 1314 Sherman Drive Longmont, CO 80501 United States | Vendor will provide the dispensing system platform and conveyance we use in our specialty pharmacies. | Commercial Line of Business Marketplace Line of Business FEP Line of Business Discount Card Line of Business | No | No |
| Stericycle, Inc. | P.O.BOX 6575 CAROLL STREAM, IL 60197 United States | Vendor will provide the management, transport, treatment and disposal of hazardous and nonhazardous waste. | | No | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|-----------------------|---|---|---|---------------------------|----------------------------------|
| | 11845 IH 10 WESTSTE 400 SAN ANTONIO, TX 78230 United States | Carenet will provide outbound calls in support of this service offering. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |
| Universal Wilde, Inc. | 26 Dartmouth St, Westwood, MA 02090 | Vendor will provide various print services in support of this service offering. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|-----------------------------------|--|---|---|---------------------------|----------------------------------|
| Universal Printing Company LLC | 1205 O'Neill Highway Dunmore, PA 18512 United States | Vendor will provide various print services in support of this service offering. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | Yes |
| Polaris Direct, LLC | 300 Technology Drive Hooksett, NH 03106-2520 United States | Vendor will provide various print services in support of this service offering. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business | Yes | Yes |

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F

| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|---------------------|--|---|-----------------------------------|---------------------------|----------------------------------|
| | | | Discount Card Line of Business | | |
| Infoworks.io, Inc. | 490 S. California Avenue, Ste. 200 Palo Alto, CA 94306-1986 United States | Info Works provides the software that automates data engineering for end-to-end big data workflow processes for ingestion into Hadoop data lake. | | Yes | No |
| Bank of America, NA | 100 North Tryon Street Charlotte, North Carolina 28255 | CVS Specialty utilizes Bank of America for our insurance and patient banking needs. Bank of America will receive payment and payment information from both patients and insurances. CVS Specialty will need Bank of America to work with us to create separate lockboxes in support of the IngenioRx branding initiative. This will allow us to produce | • FEP Line of Business | Yes | Yes |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|----------------------|--|---|---|---------------------------|----------------------------------|
| | | versions of the patient statement and direct them to the appropriate lockbox. | | | |
| Wells Fargo Bank, NA | 171 17th Street, NW 2nd Floor Atlanta, Georgia 30363 | Wells Fargo is responsible for our disbursement bank account. The bank is responsible for our pharmacy and member check and ACH funding. Wells Fargo will process all pharmacy and member disbursement/funding. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | No | Yes |
| AT&T Corporation | 175 Cambridge St Suite #160 Boston, MA 02114 | AT&T is a reseller of OpenText's cloud based fax solution which CVS utilizes to send faxes to prescribers from CVS' Order Entry and Rx Entry applications. All data in | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business | No | No |

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F

| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|----------------|--|---|---|---------------------------|----------------------------------|
| | | transit and at rest on OpenText's system is encrypted under a 256 bit encryption key held by CVS. All fax service offerings are sold through a telecom partner as a telephony signal sent by a telephone exchange or private branch exchange (PBX) to a fax device is required. | | | |
| Open Text, Inc | 8717 Research Drive Suite 100 Irvine, CA 92618 | CVS utilizes OpenText's cloud based fax solution to send faxes to prescribers from CVS' Order Entry and Rx Entry applications. All data in transit and at rest on OpenText's system is encrypted under a 256 bit encryption key held by CVS. | of Business Marketplace Line of Business | Yes | No |

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| Subcontractor | Corporate Address | Delegated Function | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|------------------------------------|---|---|---|---------------------------|----------------------------------|
| Shred-it USA LLC | 11101 Franklin Ave., Suite 100, Franklin Park, IL 60131 | Vendor will provide confidential waste destruction for Retail and PBM locations. | Commercial Line of Business Marketplace Line of Business Medicaid Line of Business Medicare Line of Business MMP Line of Business FEP Line of Business Discount Card Line of Business | Yes | No |
| Beacon Hill Staffing Group, LLC | 152 Bowdoin St., Boston, MA 02108 | Vendor provides staff augmentation services for CVS Health to assist with implementing different project initiatives for our internal business processes. | Commercial Line of Business Medicaid Line of Business Medicare Line of Business | Yes | No |

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| Subcontractor | Subcontractor Corporate Address Delegated Function | | Line of Business | Access to PHI (Yes/No) | Contact with Members (Yes/No) |
|----------------------|--|---|---|---------------------------|----------------------------------|
| Curate Partners, LLC | 105 Central St Suite 1200, Stoneham, MA 02180 | This Staffing Vendor will source and staff for CVS digital product management contractors who will engage in product management agile development of business requirements and testing for digital portal and mobile app. | of Business Medicaid Line of Business Medicare Line of Business | No | No |

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Annex 4 GOVERNANCE COMMITTEES

| | Committee | Committee Composition | Meeting Frequency | Committee Purpose | Committee Responsibilities |
|---|---|---|--|--|--|
| 1 | "SIGC" or "Strategy, Innovation & Growth Committee" | Leaders within IngenioRx, PBM, other vendors and independent experts as determined by IngenioRx | Quarterly or more frequent as determined by IngenioRx | The committee will be dedicated to ensuring IngenioRx is delivering innovative strategies to the marketplace while retaining, winning and growing its Pharmacy business. | Identify opportunities for further strategic collaboration and leveraging the partnership between IngenioRx and PBM to support membership growth Review market intelligence Review progress against joint initiatives Develop differentiated and innovative strategies to position IngenioRx to drive growth, retention, reputation, and market competitive advantage for IngenioRx Determine joint investments in technology, capabilities, and enhancements in support of IngenioRx's go-to-market strategy Maintain oversight of IngenioRx Member and Client experience The SIGC will meet separately for each LOB (e.g., Commercial LOB, Medicaid LOB, etc.), or as otherwise determined by IngenioRx. |
| 2 | "ESC" or "Executive Steering Committee" | Vice Presidents of multi-disciplinary group Legal counsel Appropriate IngenioRx leadership and PBM leadership for the issue at hand Relevant business owners from IngenioRx and PBM with respect to the issue at hand | Monthly | Enhance communications between the Parties and attempt to resolve disputes between the Parties | Meet and collaboratively work together in good faith to review any issues/matters regarding this Agreement and the relationship of the Parties, including: • Disputes • Planning of anticipated projects • Planning for anticipated changes (including annual pipeline planning) • Budget planning • Resource allocation • Pricing issues • New business projects |

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| | Committee | Committee Composition | Meeting Frequency | Committee Purpose | Committee Responsibilities |
|---|--|---|--|--|--|
| 3 | "CRCC" or "Contract and Regulatory Compliance Committee" | Compliance managers and directors Legal counsel Appropriate IngenioRx leadership and PBM leadership for the issue at hand Relevant business owners from IngenioRx and PBM with respect to the issue at hand | Every 2 weeks | Ensure compliance with Laws (including Change of Laws) for IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers in connection with this Agreement and the Services hereunder | Other executive leadership issues in IngenioRx's discretion Meet and collaboratively work together in good faith to review any issues regarding compliance with Laws and/or any Change of Laws to ensure full compliance therewith. Without limiting the generality of the foregoing: PBM shall ensure that appropriate subject matter experts attend the CRCC meeting and are prepared to answer questions in connection with the agenda. PBM CRCC designees shall cooperate in good faith to discuss and resolve outstanding compliance with Law issues and appropriate corrective action plans, which shall be documented in accordance with Section 5.13 (Corrective Action Plans). PBM CRCC designees shall cooperate in good faith to discuss and resolve any outstanding Change of Law issues and appropriate implementation plans related to any Change of Laws, which shall be documented in accordance with Section 5.10 (Change of Law Implementation). |
| 4 | "JRC" or "Joint Reliability Committee" | Management and leadership level positions with PBM representation from the following business areas: Account management Strategy and contract compliance | Weekly with one meeting per month to be face to face | Ensure operational oversight and process improvement in connection with this Agreement and the Services | Meet and collaboratively work together in good faith to facilitate the mitigation of operational risks. Without limiting the generality of the foregoing: • PBM shall ensure that appropriate subject matter experts attend the CRCC meeting and are prepared to answer questions in connection with the agenda. • JRC shall review and assess complex and critical processes associated with new product |

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| | Committee | Committee Composition | Meeting Frequency | Committee Purpose | Committee Responsibilities |
|---|----------------------------------|--|--|--|--|
| | | Information Technology Service Delivery CBA | | | implementation, expanding service areas, deploying business enhancements, and issue management across all of the various functional areas with focus on proactively identifying issue prevention to avoid future points of failure. JRC shall oversee issue management and conduct root cause analysis and identify preventative measures. JRC shall review trends/these and proactively identify potential risks. JRC shall support IngenioRx implementations department with a clear escalation path for IngenioRx Customer/Group/Member issues. JRC shall provide visibility to future roadmap activities related to operating the business. JRC shall act as an adviser in operational matters. JRC shall identify clear business and project ownership for issue resolution and project management. |
| 5 | "JCB" or "Joint Change Board" | Management and leadership level positions with PBM representation from the following business areas: • Account Management • Contract & Compliance • Clinical & PA • Benefit Admin • Pharmacy Reporting • Service Delivery Information Technology | Weekly status meeting 2x weekly joint review of new requests | Oversees delivery of cross- organizational change management affecting applications, interfaces, data feeds, infrastructure, and other technology driven solutions. | Meet and collaboratively work together in good faith to facilitate change with procedures and guidelines for engagement, work intake, estimates, approvals, funding, testing and issue management to achieve timely delivery of technology enhancements. Without limiting the generality of the foregoing: JCB shall evaluate and prioritize new enhancements requests and identify clear business and project ownership for project management and issue resolution JCB shall establish standard turn-around times for estimates and target delivery dates PBM shall evaluate technical impacts and provide estimates for custom enhancements |

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| | Committee | Committee Composition | Meeting Frequency | Committee Purpose | Committee Responsibilities |
|---|-------------------------------------|---|----------------------|--|---|
| | | | | | DCB shall manage funding negotiations, secure appropriate funding, execute work orders against annual Statements of Work, and reconcile invoices of Work and reconcile invoices. PBM shall ensure that appropriate subject matter experts attend the JCB meetings and are prepared to provide status in connection with all active enhancements. JCB shall perform all project closure activities related to enhancement requests. JCB shall review and report trends on current and historical queue activity to identify potential bottlenecks and improvements. JCB shall provide visibility to future roadmap activities with potential pharmacy impacts for ongoing planning. JCB shall oversee issue management and resolutions related to enhancement requests including new/missed requirements, funding, timing, testing, and warranty issues. |
| 6 | "STF" or Specialty Task Force | Management and leadership level positions with PBM representation from the following business areas: Operations IngenioRx Division Manager Account Executive Clinical Pharmacist Representative from Escalation Unit I | | Provide operational oversight and process improvement recommendation in connection with the delivery of Specialty Pharmacy Services. | Meet and collaboratively work together in good faith to improve Specialty Pharmacy Services and facilitate the mitigation of operational risks. Without limiting the generality of the foregoing: PBM shall ensure that appropriate subject matter experts attend the CRCC meeting and are prepared to answer questions in connection with the agenda. STF will oversee monitoring specialty pharmacy trends, adherence opportunities, and adverse events. STF will work collaboratively to develop appropriately clinical care initiative recommendation to IngenioRx to improve the quality of Specialty Pharmacy services and Members experience. |

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Annex 5 INGENIORX DIVISION REQUIREMENTS (All Lines of Business)

Without limiting PBM's obligations and requirements under <u>Section 8.12</u> (IngenioRx Dedicated Division) of the Agreement, PBM further agrees as follows (and agrees to provide reporting to IngenioRx on an annual basis and otherwise upon IngenioRx's request to demonstrate compliance with the commitments under this <u>Annex 5</u> (IngenioRx Division Requirements):

- 1. IngenioRx Dedicated Division Composition. Without limiting or reducing PBM's obligations set forth elsewhere in the Agreement, including this Annex 5 (IngenioRx Division Requirements), in all cases, PBM shall assign appropriate IngenioRx Division personnel based on the size and complexity of IngenioRx and shall make adjustments as future growth and/or complexity of IngenioRx may require in accordance with IngenioRx directives; provided, however, at a minimum the IngenioRx Division shall have no less than 2,320 full-time employee equivalents of which 1,620 shall be full-time employee equivalents who are Dedicated Personnel and 700 shall be full-time employee equivalents who are Designated Personnel unless otherwise agreed to by the Parties in writing to adjust the minimum full-time employee equivalents. Notwithstanding anything to the contrary, in all cases, Dedicated Personnel (as opposed to Designated Personnel) within the IngenioRx Division shall be assigned to handle all communications (verbal and written; inbound and outbound) with Members and providers, with the exception of intake of prescription orders at PBM Mail Order Pharmacies and PBM Specialty Pharmacies, which such intake (only) of such prescription orders may be handled by Designated Personnel within the IngenioRx Division.
- 2. IngenioRx Division Personnel Skills and Training. IngenioRx shall have the right to review and provide input on all job descriptions, required training, skills, and other attributes for positions supporting the IngenioRx Division, which PBM shall provide to IngenioRx within five (5) Business Days of IngenioRx's request. PBM shall collaborate in good faith with IngenioRx in connection with establishing and updating such job descriptions, required training, skills, and other attributes for positions supporting the IngenioRx Division, and PBM shall not unreasonably reject, withhold, or delay incorporation of such input from IngenioRx. If any personnel in the IngenioRx Division fails to meet the needs of IngenioRx, PBM will promptly address IngenioRx's concerns with the employee(s) to confront the issue and remedy any shortfalls in performance. If the concerns are not rectified to IngenioRx's satisfaction, PBM will assign a new individual to the IngenioRx Division (which such new individual is subject to interview and approval by IngenioRx upon IngenioRx's request).
- IngenioRx Division Leadership and Key Staff. PBM shall collaborate with IngenioRx to leverage PBM's talent assessment process to identify top talent candidates for IngenioRx Division leadership roles and key staff (as identified by IngenioRx). PBM will identify and present such candidates, along with any candidates from other sources, for IngenioRx's consideration and joint collaboration on those who will serve in the IngenioRx Division; provided, however, IngenioRx Division leadership and key staff (as identified by IngenioRx) shall be appointed subject to and only after IngenioRx's interview and approval. The leader of the IngenioRx Division shall report directly to the President/CEO of PBM. There shall be no changes to the IngenioRx Division leadership or key staff (as identified by IngenioRx) without IngenioRx's prior written consent, excluding termination or resignation of employment or injuries of such IngenioRx Division leadership or key staff. PBM shall notify IngenioRx in writing within five (5) Business Days of termination or resignation or injury of IngenioRx Division leadership and key staff, in which case, such IngenioRx Division leadership and key staff will be replaced within a reasonable timeframe, but in no case longer than sixty (60) days of the termination or resignation or injury (in the event PBM is unable to replace such IngenioRx Division leadership or key staff within the sixty (60) day period, PBM shall promptly notify IngenioRx in writing, providing information on what has been done to fill the position and the expected time line to get the position filled. PBM shall provide a temporary suitable replacement (interim and permanent) during such interim time period. IngenioRx shall have the right to interview or meet with replacement candidates for the IngenioRx Division leadership and key staff prior to any assignment to the IngenioRx Division by PBM. In the event IngenioRx, for any reason, does not want a member of the IngenioRx Division leadership and/or key staff to support IngenioRx, PBM shall use commercially reasonable efforts to replace such individual promptly.

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- 4. IngenioRx Division Incentives/Retention Plans. PBM shall directly tie IngenioRx Division personnel annual incentives and sales compensation to IngenioRx's success in connection with the performance of this Agreement. In addition, PBM may implement retention plans for IngenioRx Division leadership and key staff (as identified by IngenioRx). IngenioRx shall have the opportunity to review and approve the applicable incentive targets of each role.
- **5. Account Team Duties.** IngenioRx Division personnel identified by IngenioRx will: (a) provide daily operational and clinical support and strategic planning and analysis; (b) hold meetings no less than quarterly, in IngenioRx's facilities or another location as preferred by IngenioRx, to review the operational, financial performance, and other matters related to this Agreement, in accordance with the specifications set forth in the Performance Guarantees; (c) provide quarterly and annual plan management reporting to IngenioRx including sufficient information for IngenioRx to understand the performance of the Covered Plans in accordance with the specifications set forth in the Performance Guarantees; (d) provide IngenioRx Customer and Group level operational, financial, and such other related reporting on an ad hoc basis. In addition, PBM shall have regular meetings with IngenioRx to consult on plan and industry trends, analyze plan performance, and collaborate with IngenioRx in developing strategic plans going forward.
- **6. Issue Acknowledgement/Resolution.** IngenioRx Division personnel identified by IngenioRx will acknowledge and respond to IngenioRx inquiries, issues, and/or problems promptly, and in all cases within the time period set forth in the Performance Guarantees. IngenioRx Division personnel will promptly research, as needed, and address resolution of customer service and other issues and maintain an issues tracking/action log, which shall be maintained and shared with IngenioRx in accordance with the Performance Guarantees.

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Attachment 1 to Annex 5

IngenioRx Division Support/Staffing Structure



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Annex 6 BUSINESS ASSOCIATE AGREEMENT

If, during the term (and any extended services period) of any agreement between CaremarkPCS Health, L.L.C. ("PBM"), and IngenioRx, Inc. and/or any of its affiliates (collectively, "IngenioRx"), PBM requires the use or disclosure of Protected Health Information, including creating, receiving, maintaining, or transmitting Protected Health Information, then PBM shall be deemed a Business Associate of IngenioRx and the following provisions shall apply:

This Business Associate Agreement ("BAA") shall be effective on the date of PBM/Business Associate's signature and is between the PBM ("Business Associate") identified in this BAA and IngenioRx, Inc. ("Company") on behalf of itself and its affiliates who are Covered Entities or Business Associates and who have a business relationship with Business Associate, if any (hereinafter collectively "Company"). The purpose of this BAA is to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 CFR Parts 160-164, including Subpart E of 45 CFR Part 164), any applicable state privacy laws, any applicable state security laws, any applicable implementing regulations issued by the Insurance Commissioner or other regulatory authority having jurisdiction and the requirements of the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 (the "HITECH Act") and any regulations adopted or to be adopted pursuant to the HITECH Act that relate to the obligations of business associates.

All capitalized terms in this BAA that are not defined in this BAA will have the meaning ascribed to those terms by 45 CFR Parts 160-164, or applicable insurance regulations that are applicable to Company's relationship with Business Associate.

A. Privacy of Protected Health Information and Nonpublic Personal Financial Information.

- Permitted and Required Uses and Disclosures. Business Associate is permitted or required to Use or disclose Protected Health Information ("PHI") it requests, creates, or receives for or from Company (or another business associate of Company) only as follows:
 - a) Functions and Activities on Company's Behalf. Business Associate is permitted to request, Use, or disclose PHI it creates or receives for or from Company (or another business associate of Company), consistent with the Privacy Rule, the Security Rule, and the HITECH Act, only as described in this BAA, or other agreements during their term that may exist between Company and Business Associate.
 - b) <u>Business Associate's Operations</u>. Business Associate may Use PHI it creates or receives for or from Company as necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities. Business Associate may disclose such PHI as necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities only if:
 - (i) The Disclosure is Required by Law; or
 - (ii) Business Associate obtains reasonable assurance evidenced by written contract, from any person or organization to which Business Associate will disclose such PHI that the person or organization will:
 - Hold such PHI in confidence and Use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization or as Required by Law; and

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- Notify Business Associate (who will in turn promptly notify Company) of any instance
 of which the person or organization becomes aware in which the confidentiality of
 such PHI was breached.
- c) <u>Data Aggregation Services.</u> If specifically directed by the Company, the Business Associate will provide Data Aggregation services relating to the Health Care Operations of the Company.
- d) Minimum Necessary and Limited Data Set. In any instance when Business Associate Uses, requests or discloses PHI under this BAA or in accordance with other agreements that exist between Company and Business Associate, Business Associate shall utilize a Limited Data Set, if practicable. Otherwise, Business Associate may Use or disclose only the minimum amount of PHI necessary to accomplish the intended purpose, except that Business Associate will not be obligated to comply with this minimum necessary limitation with respect to:
 - (i) Disclosure to or request by a Health Care Provider for Treatment;
 - (ii) Use for or Disclosure to an Individual who is the subject of Company's PHI, or that Individual's Personal Representative;
 - (iii) Use or Disclosure made pursuant to an authorization compliant with 45 CFR §164.508 that is signed by an Individual who is the subject of Company's PHI to be used or disclosed, or by that Individual's Personal Representative;
 - (iv) Disclosure to the United States Department of Health and Human Services ("HHS") in accordance with Section C(5) of this BAA;
 - (v) Use or Disclosure that is Required by Law; or
 - (vi) Any other Use or Disclosure that is excepted from the Minimum Necessary limitation as specified in 45 CFR §164.502(b)(2).
- e) <u>Use by Workforce</u>. Business Associate shall advise members of its workforce of their obligations to protect and safeguard PHI. Business Associate shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in contravention of this BAA.

2. Prohibitions on Unauthorized Requests, Use or Disclosure.

- a) Business Associate will neither Use nor disclose Company's PHI it creates or receives from Company or from another Business Associate of Company, except as permitted or required by this BAA or as Required by Law or as otherwise permitted in writing by Company. This BAA does not authorize Business Associate to request, Use, disclose, maintain or transmit PHI in a manner that will violate 45 CFR Parts 160-164.
- b) Business Associate will not develop any list, description or other grouping of Individuals using PHI received from or on behalf of Company, except as permitted by this BAA or in writing by Company. Business Associate will not request, Use or disclose any list, description or other grouping of Individuals that is derived using such PHI, except as permitted by this BAA or in writing by Company.
- Sub-Contractors and Agents. Business Associate will require any of its Subcontractors and/or agents
 that create, receive, maintain, or transmit such PHI to provide reasonable assurance, evidenced by
 written contract, that Subcontractor or agent will comply with the same privacy and security obligations
 as Business Associate with respect to such PHI, including the obligations described in Section 4 herein.
- 4. <u>Information Safeguards</u>. Business Associate must use appropriate safeguards to comply with Subpart C of 45 CFR Part 164 and must implement, maintain and use a written information security program that contains the necessary administrative, technical and physical safeguards that are appropriate in light of the Business Associate's size and complexity in order to achieve the safeguarding objectives as detailed in Social Security Act § 1173(d) (42 USC § 1320d-2(d)), 45 CFR Part 164.530(c), the HITECH Act and any other implementing regulations issued by the U.S. Department of Health and Human Services, as such may be amended from time to time and as required by the Required

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Information Security Controls document attached hereto as <u>Annex 10</u> (Required Information Security Controls) and incorporated herein. Business Associate shall notify Company should Business Associate determine it is unable to comply with any such law, regulation, or official guidance. The foregoing notice requirement does not relieve BAA of its requirement to comply with law, regulation, and official guidance. Further, Business Associate shall comply with any applicable state data privacy or security law.

During the term of this BAA, Business Associate may be asked to complete a security survey and/or attestation document designed to assist Covered Entity in understanding and documenting Business Associate's security procedures and compliance with the requirements contained herein. Business Associate's failure to complete either of these documents within the reasonable timeframe specified by Covered Entity shall constitute a material breach of this BAA

Business Associate shall provide Company with information concerning the aforementioned safeguards and/or other information security practices as they pertain to the protection of Company's PHI, as Company may from time to time request. Upon reasonable advance request, Business Associate shall provide IngenioRx access to Business Associate's facilities used for the maintenance or processing of PHI, and to its books, records, practices, policies and procedures concerning the Use and Disclosure of PHI, in order to determine Business Associate's compliance with this BAA.

B. PHI Access, Amendment and Disclosure Accounting.

- 1. <u>Access</u>. Business Associate will promptly upon Company's request make available to Company or, at Company's direction, to the Individual (or the Individual's Personal Representative) for inspection and obtaining copies any PHI about the Individual which Business Associate created or received for or from Company and that is in Business Associate's custody or control, so that Company may meet its access obligations pursuant to and required by applicable law, including but not limited to 45 CFR 164.524, and where applicable, the HITECH Act. Business Associate shall make such information available in electronic format where directed by the organization.
- Amendment. Business Associate will, upon receipt of notice from Company, promptly amend or permit
 Company access to amend any portion of the PHI which Business Associate created or received for or
 from Company, pursuant to and required by applicable law, including but not limited to 45 CFR Part
 164.526.

Business Associate will not respond directly to an Individual's request for an amendment of their PHI held in the Business Associate's Designated Record Set. Business Associate will refer the Individual to Company so that Company can coordinate and prepare a timely response to the Individual.

- 3. <u>Disclosure Accounting</u>. So that Company may meet its Disclosure accounting obligations pursuant to and required by applicable law, including but not limited to 45 CFR Part 164.528:
 - a) <u>Disclosure Tracking</u>. Business Associate will promptly, but no later than within seven (7) days of the Disclosure, report to Company for each Disclosure, not excepted from Disclosure accounting under Section B.3(b) below, that Business Associate makes to Company or a third party of PHI that Business Associate creates or receives for or from Company, (i) the Disclosure date, (ii) the name and (if known) address of the person or entity to whom Business Associate made the Disclosure, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of the Disclosure (items i-iv, collectively, the "disclosure information"). For repetitive Disclosures Business Associate makes to the same person or entity (including Company) for a single purpose, Business Associate may provide (x) the disclosure information for the first of these repetitive Disclosures, (y) the frequency, periodicity or number of these repetitive Disclosures and (z) the date of the last of these repetitive Disclosures. Business Associate further shall provide any additional information, to the extent required by the HITECH Act or any regulation adopted pursuant thereto.

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b) Exceptions from Disclosure Tracking. Business Associate need not report Disclosure of information or otherwise account for Disclosures of PHI that this BAA or Company in writing permits or requires (i) for the purpose of Company's Treatment activities, Payment activities, or Health Care Operations (except where such recording or accounting is required by the HITECH Act), and as of the effective dates for any such requirements, (ii) to the Individual who is the subject of the PHI disclosed, to that Individual's Personal Representative or to another person or entity authorized by the Individual (iii) to persons involved in that Individual's Health Care or Payment for Health Care; (iv) for notification for disaster relief purposes, (v) for national security or intelligence purposes, (vi) to Law Enforcement Officials or Correctional Institutions regarding Inmates; or (vii) disclosed in a limited data set.

Business Associate need not report any Disclosure of PHI that was made before April 14, 2003.

- c) Except as provided below in subsection d) below, Business Associate will not respond directly to an Individual's request for an accounting of Disclosures. Business Associate will refer the Individual to Company so that Company can coordinate and prepare a timely accounting to the Individual.
- d) <u>Disclosure through an Electronic Health Record</u>. However, when Business Associate is contacted directly by an individual based on information provided to the individual by Company, Business Associate shall make the accounting of disclosures available directly to the individual, but only if required by the HITECH Act or any related regulations.
- 4. <u>Confidential Communications and Restriction Agreements</u>. Business Associate will promptly, upon receipt of notice from Company, send an Individual's communications to the identified alternate address. Business Associate will comply with any agreement Company makes that restricts Use or Disclosure of Company's PHI pursuant to 45 CFR §164.522(a), provided that Company notifies Business Associate in writing of the restriction obligations that Business Associate must follow. Company will promptly notify Business Associate in writing of the termination or modification of any confidential communication requirement or restriction agreement.
- 5. <u>Disclosure to U.S. Department of Health and Human Services.</u> Business Associate shall make its internal practices, books, and records relating to the Use and Disclosure of PHI received from Company (or created or received by Business Associate on behalf of Company) available to the Secretary of the United States Department of Health and Human Services, for purposes of determining Company's compliance with 45 CFR Parts 160-164. Unless the Secretary directs otherwise, Business Associate shall promptly notify Company of Business Associate's receipt of such request, so that Company can assist in compliance with that request.

C. Breach of Privacy and Security Obligations.

Reporting. Business Associate will report to Company: (i) any Use or Disclosure of PHI (including Security Incidents) not permitted by this BAA or in writing by Company; (ii) any Security Incident; (iii) any Breach, as defined in the HITECH Act; or (iv) any other breach of a security system, or the like, as such may be defined under applicable state law (collectively a "Breach"). Except as described in subparagraph "e)" below, Business Associate will, without unreasonable delay, but no later than within one (1) Business Day after Business Associate's discovery of a Breach, make the report by sending a report to Company. Such report will be made on a form made available to Business Associate, or by such other reasonable means of reporting as may be communicated to Business Associate by Company. Business Associate shall cooperate with Company in investigating the Breach and in meeting Company's obligations under the HITECH Act, and any other security breach notification laws or regulatory obligations.

- a) Report Contents. To the extent such information is available Business Associate's report will at least:
 - Identify the nature of the non-permitted or prohibited access, Use or Disclosure, including the date of the Breach and the date of discovery of the Breach;

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- Identify the PHI accessed, used or disclosed, and provide an exact copy or replication of the PHI, as appropriate, in a format reasonably requested by Company, and to the extent available;
- (iii) Identify who caused the Breach and who received the PHI;
- (iv) Identify what corrective action Business Associate took or will take to prevent further Breaches;
- Identify what Business Associate did or will do to mitigate any deleterious effect of the Breach; and
- (vi) Provide such other information, including a written report, as Company may reasonably request.
- b) <u>Examples of Security Incidents</u>. Company requires prompt notification from Business Associate if Business Associate experiences any Security Incidents that impact the confidentiality, integrity or availability of Company data or information systems. Below are some examples:
 - Business Associate's information systems are exposed to malicious code, such as a virus or worm, and such code could be transmitted to Company data or systems.
 - (ii) Unauthorized access is granted or obtained to servers or workstations that contain Company data or Business Associate discovers that Company data is being used, copied, or destroyed inappropriately.
 - (iii) Business Associate experiences an attack or the compromise of a server or workstation containing Company information requiring that it be taken offline.
 - (iv) Unauthorized access or disclosure has occurred involving Protected Health Information, which is an obligation under the HIPAA Privacy Rule.
- c) <u>Unsuccessful Security Incidents.</u> Except as noted in C.(e) below, the parties acknowledge and agree that this section constitutes notice by Business Associate to Company of the ongoing existence and occurrence of attempted but Unsuccessful Security Incidents (as defined below) for which no additional notice to Company shall be required. "Unsuccessful Security Incidents" shall include, but not be limited to, pings and other broadcast attacks on Business Associate's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of PHI.
- d) <u>Breach of Unsecured Protected Health Information</u>. A Breach of Unsecured Protected Health Information includes any Breach as defined in the HITECH Act or regulations adopted pursuant thereto.
- e) Medicare Vendor Reporting Requirements –To the extent that Business Associate is subject to any Center for Medicare and Medicaid ("CMS") incident reporting requirements (including applicable timeframes for such reporting) as detailed in the services agreement between Company and Business Associate (including any amendments, exhibits or addenda), Business Associate shall comply with all such reporting requirements, in addition to those imposed hereby.
- 2. <u>Breach.</u> Without limiting the rights of the parties elsewhere set forth in the BAA or available under applicable law, if Business Associate breaches its obligations under this BAA, Company may, at its option:
 - a) Exercise any of its rights of access and inspection under paragraph 4 of section A of this BAA
 - Require Business Associate to submit to a plan of monitoring and reporting, as Company may determine appropriate to maintain compliance with this BAA and Company shall retain the right to report to the Secretary of HHS any failure by Business Associate to comply with such monitoring and reporting; or
 - c) Immediately and unilaterally, terminate this BAA and/or any other agreements between the parties, without penalty to Company, and with or without an opportunity to cure the breach. Company's

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remedies under this Section and set forth elsewhere in this BAA or in any other agreement between the parties shall be cumulative, and the exercise of any remedy shall not preclude the exercise of any other. If for any reason Company determines that Business Associate has breached the terms of this BAA and such breach is not curable or if curable, has not been cured, but Company determines that termination of this BAA and/or any other agreements between the parties is not feasible, Organization may report such breach to the U.S. Department of Health and Human Services.

3. <u>Mitigation</u>. Business Associate agrees to mitigate to the extent practicable, any harmful effect that is known to Business Associate of any security incident related to PHI or any use or disclosure of PHI by Business Associate in violation of the requirements of this BAA. To the extent Company incurs any expense, Company reasonably determines to be necessary to mitigate any Breach or any other non-permitted use or disclosure of Individually Identifiable Information, Business Associate shall reimburse Company for such expense.

D. Compliance with Standard Transactions.

- 1. If Business Associate conducts in whole or part Standard Transactions, for or on behalf of Company, Business Associate will comply, and will require any Subcontractor or agent involved with the conduct of such Standard Transactions to comply, with each applicable requirement of 45 CFR Part 162 for which HHS has established Standards. Business Associate will comply by a mutually agreed date, but no later than the date for compliance with all applicable final regulations, and will require any Subcontractor or agent involved with the conduct of such Standard Transactions, to comply, with each applicable requirement of the Transaction Rule 45 C.F. R. Part 162. Business Associate agrees to demonstrate compliance with the Transactions by allowing Company to test the Transactions and content requirements upon a mutually agreeable date. Business Associate will not enter into, or permit its Subcontractors or agents to enter into, any trading partner agreement in connection with the conduct of Standard Transactions for or on behalf of Company that:
 - a) Changes the definition, data condition or use of a data element or segment in a Standard Transaction.
 - b) Adds any data elements or segments to the maximum defined data set;
 - Uses any code or data element that is marked "not used" in the Standard Transaction's Implementation Specification or is not in the Standard Transaction's Implementation Specification; or
 - d) Changes the meaning or intent of the Standard Transaction's Implementation Specification.
- 2. Concurrence for Test Modification to Standard Transactions. Business Associate agrees and understands that there exists the possibility that Company or others may request from HHS an exception from the uses of a Standard in the HHS Transaction Standards. If this request is granted by HHS, Business Associate agrees that it will participate in such test modification.
- 3. **Incorporation of Modifications to Standard Transactions** Business Associate agrees and understands that from time-to-time, HHS may modify and set compliance dates for the Transaction Standards. Business Associate agrees to incorporate by reference into this BAA any such modifications or changes.
- 4. Code Set Retention (Only for Plans). Both parties understand and agree to keep open code sets being processed or used in the BAA for at least the current billing period or any appeal period, whichever is longer.
- Guidelines and Requirements. Business Associate further agrees to comply with any guidelines or requirements adopted by Company consistent with the requirements of HIPAA and any regulations promulgated thereunder, governing the exchange of information between Business Associate and the Company.

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E. Obligations upon Termination.

- 1. **Return or Destruction.** Upon termination, cancellation, expiration or other conclusion of the BAA, Business Associate will if feasible return to Company or destroy all PHI, in whatever form or medium (including in any electronic medium under Business Associate's custody or control), that Business Associate created or received for or from Company, including all copies of and any data or compilations derived from and allowing identification of any Individual who is a subject of the PHI. Business Associate will complete such return or destruction as promptly as possible, but not later than thirty (30) days after the effective date of the termination, cancellation, expiration or other conclusion of this BAA. Business Associate shall destroy all PHI in accordance with any guidance set forth by the Secretary of HHS and/or any other government agency or other entity to whom HHS delegates such authority Business Associate will identify any PHI that Business Associate created or received for or from Company that cannot feasibly be returned to Company or destroyed, and will limit its further Use or Disclosure of that PHI to those purposes that make return or destruction of that PHI infeasible and will otherwise continue to protect the security any PHI that is maintained pursuant to the security provisions of this BAA for so long as the PHI is maintained. Within such thirty (30) days, Business Associate will certify in writing to Company that such return or destruction has been completed, will deliver to Company the identification of any PHI for which return or destruction is infeasible and, for that PHI, will certify that it will only Use or disclose such PHI for those purposes that make return or destruction infeasible.
- Continuing Privacy and Security Obligation. Business Associate's obligation to protect the privacy
 and security of the PHI it created or received for or from Company will be continuous and survive
 termination, cancellation, expiration or other conclusion of this BAA, so long as the data is maintained.

F. General Provisions.

- 1. <u>Definitions</u>. Except as otherwise provided, the capitalized terms in this BAA have the meanings set out in 45 CFR Parts 160-164, as may be amended from time to time. The term Protected Health Information ("PHI") includes any information without regard to its form or medium, gathered by Business Associate in connection with Business Associate's relationship with Covered Entity that identifies an individual or that otherwise would be defined as Protected Health Information under HIPAA
- 2. <u>Amendment</u>. From time to time local, state or federal legislative bodies, boards, departments or agencies may enact or issue laws, rules, or regulations pertinent this BAA. In such event, Business Associate agrees to immediately abide by all said pertinent laws, rules, or regulations and to cooperate with Company to carry out any responsibilities placed upon Company or Business Associate by said laws, rules, or regulations.
- 3. <u>Conflicts.</u> The terms and conditions of this BAA will override and control any conflicting term or condition of any other agreement between the parties with respect to the subject matter herein. All non-conflicting terms and conditions of the said other agreement(s) remain in full force and effect.
- 4. Owner of PHI. Company is the exclusive owner of PHI generated or used under the terms of the BAA.
- Subpoenas. Business Associates agrees to relinquish to Company control over subpoenas Business Associates receives with regard to PHI belonging to Company.
- 6. <u>Disclosure of De-identified Data.</u> The process of converting PHI to De-identified Data (DID) is set forth in 45 C.F.R Part 164.514. In the event that Company provides Business Associate with DID, Business Associate shall not be given access to, nor shall Business Associate attempt to develop on its own, any keys or codes that can be used to re-identify the data. Business Associate shall only use DID as directed by Company.
- Creation of De-identified Data. In the event Business Associate wishes to convert PHI to DID, it must first subject its proposed plan for accomplishing the conversion to Company for Company's approval,

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- which shall not be unreasonably withheld provided such conversion meets the requirements of 45 CFR Part 164.514. Business Associate may only use DID as directed or otherwise agreed to by Company.
- 8. <u>Assignment/Subcontract.</u> Company shall have the right to review and approve any proposed assignment or subcontracting of Business Associate's duties and responsibilities arising under the BAA, as it relates to the Use or creation of PHI (or DID if applicable].
- Audit. Company shall have the right to audit and monitor all applicable activities and records of Business Associate to determine Business Associate's compliance with the requirements relating to the creation or Use of PHI [and DID, if applicable] as it relates to the privacy and security sections of this BAA.
- Intent. The parties agree that there are no intended third-party beneficiaries under this BAA.
- 11. <u>Indemnity</u>. Business Associate will indemnify and hold harmless Company and any Company affiliate, officer, director, employee or agent from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any non-permitted or prohibited Use or Disclosure of PHI or other breach of this BAA by Business Associate or any Subcontractor, agent, person or entity under Business Associate's control.
 - a) Right to Tender or Undertake Defense. If Company is named a party in any judicial, administrative or other proceeding arising out of or in connection with any non-permitted or prohibited Use or Disclosure of PHI or other breach of this BAA by Business Associate or any Subcontractor, agent, person or entity under Business Associate's control, Company will have the option at any time either (i) to tender its defense to Business Associate, in which case Business Associate will provide qualified attorneys, consultants and other appropriate professionals to represent Company's interests at Business Associate's expense, or (ii) undertake its own defense, choosing the attorneys, consultants and other appropriate professionals to represent its interests, in which case Business Associate will be responsible for and pay the reasonable fees and expenses of such attorneys, consultants and other professionals.
 - b) Right to Control Resolution. Company will have the sole right and discretion to settle, compromise or otherwise resolve any and all claims, causes of actions, liabilities or damages against it, notwithstanding that Company may have tendered its defense to Business Associate. Any such resolution will not relieve Business Associate of its obligation to indemnify Company under Section F.11 of this BAA.

IN WITNESS WHEREOF, Company and Business Associate execute this BAA in multiple originals to be effective on the date of Business Associate's Signature below:

[SIGNATURES ON NEXT PAGE / REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

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| Carema | arkPCS | Health. | L.L. | C. |
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Thomas P. Gilson

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Thomas P. Gilson

Printed Name

SVP, Health Plans and Account Services

Title

12/21/2018 | 4:23 PM PST

Date

IngenioRx, Inc.

By: (1571 L) -

Deepti Jain

Printed Name

SVP & COO IngenioRx

Title

12/21/2018 | 4:33 PM PST

Date

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Annex 7 THIRD-PARTY CONFIDENTIALITY AGREEMENTS

CONFIDENTIALITY AGREEMENT (Auditor)

This Confidentiality Agreement (this "Agreement"), dated as of ______, 20__ is entered into by and between CaremarkPCS Health, L.L.C., together with its pharmacy benefit management affiliates ("CVS/caremark") and [AUDITOR LEGAL NAME] ("Auditor").

Background

Whereas, CVS/caremark and IngenioRx, Inc. ("Client") are parties to a Pharmacy Benefit Management Services Agreement ("PBM Agreement").

Whereas, Client desires to conduct, at its sole cost and expense, an audit of CVS/caremark's compliance with the PBM Agreement and Client has retained Auditor to perform certain services in connection with such Audit (collectively, "Audit Services").

Whereas, in performing the Audit Services, Auditor shall have access to Confidential Information (as defined below) of CVS/caremark. Auditor recognizes that such Confidential Information is a valuable asset of CVS/caremark and that the use or disclosure of such Confidential Information could have a material adverse effect on CVS/caremark.

Now therefore, in order to permit CVS/caremark to provide such Confidential Information to Auditor in connection with the Audit Services, Auditor hereby agrees as follows:

- 1. Confidential Information Defined. As used in this Agreement, the term "Confidential Information" means written, oral or proprietary information, trade secrets and computer software and systems, including, but not limited to, information concerning CVS/caremark's business, business practices and procedures, client lists, patients, vendors, employees, formulations, designs, products, procedures, supplies, methods of service, cost and pricing data, master files, sales plans, clinical guidelines, therapy protocols, research protocols, patient and clinical databases, team methodologies for patient care, outcome data and other related matters, pricing policies, operational methods or contractual relationships with clients, vendors, subcontractors, manufacturers, providers or other business affairs and methods and plans for future developments for the business of CVS/caremark or other items which are generally considered proprietary and confidential, the PBM Agreement, and the CVS/caremark SAS 70 (Type II)/SSAE 18 (SOC1) Report or successor to such report. "Confidential Information" shall also include any individually identifiable information of individuals eligible for benefits under Client's health benefit plan(s).
- 2. Protection of Confidential Information. Auditor represents and warrants that it has obtained IngenioRx's written consent to receive Confidential Information hereunder for purposes of performing the audit. Other than IngenioRx and IngenioRx's Customers or Groups, as applicable, Auditor shall not disclose the Confidential Information to any third party without the prior written consent of CVS/caremark unless otherwise expressly permitted herein.

Auditor agrees to use the Confidential Information for the sole purpose of performing the Audit Services for Client and to use the same standard of care in protecting the Confidential Information as it uses to protect its own confidential and proprietary information. Auditor agrees that the only employees who will receive the Confidential Information will be those who have: (x) a need to know the Confidential Information, (y) been instructed to safe-guard the Confidential Information from disclosure and treat such Confidential Information as confidential, and (z) been made aware of this Agreement and its terms. Auditor shall take steps, no less rigorous than those it takes to protect its own similar confidential and proprietary information, to prevent its employees from acting in a manner inconsistent with the terms of this Agreement. Auditor further warrants and represents that it will assure the Confidential Information obtained for this Audit is secure from access from employees other than those involved in the Audit Services. Auditor acknowledges that the Confidential Information shall remain the sole and exclusive property of CVS/caremark. Auditor shall not compete against or assist a third party to compete against CVS/caremark by using or disclosing any Confidential Information provided to Auditor pursuant to this Agreement. Auditor shall not, under any circumstances, share the Confidential Information disclosed by CVS/caremark pursuant to this Agreement with any competitor of CVS/caremark, including any parent company, subsidiary, affiliate or employees of such competitor. The parties acknowledge and agree that the use or disclosure of any Confidential Information under this Agreement shall be in accordance with all applicable state and federal laws, including

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without limitation, the Health Insurance Portability and Accountability Act and any regulations promulgated thereunder.

- 3. Outsourcing the Audit Services. Should Auditor choose to outsource or seek any assistance for any portion of the Audit Services to a third party, Auditor shall notify CVS/caremark prior to any Confidential Information being disclosed to such third party. Such third party shall enter into a confidentiality agreement acceptable to CVS/caremark prior to any work being performed.
- 4. Information Which May Be Disclosed. The term "Confidential Information" does not include information if and to the extent:
 - a. the Confidential Information is or becomes available or known to the public through no fault of the receiving party;
 - b. the Confidential Information is subsequently disclosed by a third party to the receiving party, who the receiving party believes after reasonable inquiry, is not under any obligation of confidentiality to either party;
 - the Confidential Information has already been or is hereafter independently acquired or developed by either party without violating any confidentiality agreement or other similar obligation; or
 - d. the Confidential Information was already known by or available to the receiving party prior to the disclosure by the other party on a non-confidential basis.

If Auditor is required to disclose the Confidential Information of CVS/caremark pursuant to an order of a court, administrative agency, or governmental body, or any law, rule, regulation, subpoena, judicial or administrative process, or in accordance with applicable professional standards, Auditor shall give prior written notice of the requirement to CVS/caremark. Reasonable efforts shall be made to provide this notice in sufficient time to allow CVS/caremark to seek an appropriate protective order or modification of any disclosure.

- **5. No Adaption.** Auditor shall not, directly or indirectly, adapt, use, or repurpose the Confidential Information of CVS/caremark for its own or another third party's business purpose, including, without limitation, developing competitive programs, services or solutions.
- **6. Return of Written Information**. Upon Auditor's completion of the Audit Services, any and all written Confidential Information disclosed pursuant to this Agreement shall be returned to CVS/caremark, along with all copies of the same, or shall be destroyed, upon the request and at the option of CVS/caremark, if feasible. Notwithstanding anything herein to the contrary, Auditor shall have the right to retain one copy of the Confidential Information and any summaries, analysis, notes or extracts prepared by Auditor which are based on or contain portions of the Confidential Information evidencing its services for Client as required by law, regulation, professional standards or reasonable business practice. If return or destruction is not feasible, the protections of this Agreement will continue to apply to the Confidential Information in Auditor's possession, and further uses and disclosures of the Confidential Information shall be limited to those purposes that make the return or destruction of the information infeasible.
- **7. Remedies**. Auditor agrees that the Confidential Information of CVS/caremark is of a special and unique kind, the protection of which is essential to the operation of CVS/caremark, and that if there is a breach by Auditor of any of its obligations under this Agreement, CVS/caremark may have no adequate remedy at law. Therefore, in addition to any other remedies which may be available at law, Auditor agrees that CVS/caremark shall be entitled to injunctive relief, specific performance or other equitable relief or any or all of the foregoing, for any breach or threatened breach of this Agreement without the necessity of proving actual damages and without waiving any other remedies otherwise available at law or in equity.
- **8. Indemnification.** Auditor agrees to defend, indemnify and hold CVS/caremark harmless from and against any and all losses, liabilities, damages, expenses, injuries, costs or obligations of any kind (including reasonable attorneys' fees and disbursements) arising directly from its own breach of its obligations under this Agreement or its own negligence or wrongful misconduct.
- **9. Term**. This Agreement shall continue until any party gives the other party written notice of termination at least ninety (90) days prior to the effective date of termination. The obligations of confidentiality contained in this Agreement shall survive termination of this Agreement for a period of five (5) years.
- **Severability**. If any provision of this Agreement is or becomes invalid, illegal or unenforceable in any respect, it shall be ineffective to the extent of such invalidity, illegality or unenforceability, and the validity, legality and enforceability of the remaining provisions contained in this Agreement shall remain in effect.

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- 11. Governing Law. This Agreement shall be interpreted in accordance with and governed, construed and enforced in accordance with the laws of the State of Delaware, without regard to its conflicts of law doctrine.
- **12. Entire Agreement and Amendment**. This Agreement embodies the entire agreement between the parties concerning the subject matter of this Agreement and no modification, amendment or waiver of any of the provisions of this Agreement shall be effective unless in writing and signed by both parties.
- **13. Notices**. All notices required or permitted to be given under this Agreement to any party shall be in writing and shall be deemed given upon personal delivery or three (3) days after mailing or when received (whichever is earlier) if sent by certified mail, return receipt requested, all postage and registration or certification fees prepaid or one (1) day after mailing if sent by reputable overnight courier service for next-day delivery, all fees prepaid, and addressed as set forth on the signature page of this Agreement.
- **14. Assignment**. Neither party shall assign, directly or indirectly, any of its rights, duties or obligations under this Agreement in whole or in part without the prior written consent of the other, which consent shall not be unreasonably withheld, except to wholly owned affiliates or subsidiaries as part of the sale or transfer to such affiliate or subsidiary of assets to which this Agreement pertains. This Agreement shall inure to the benefit of each party and their respective successors and assigns.
- 15. Counterparts. This Agreement may be executed in any number of counterparts, and by each of the undersigned on separate counterparts, and each such counterpart shall be deemed to be an original, but all such counterparts put together shall constitute but one and the same Agreement. Further, facsimile and computer-printouts may be admitted in any proceeding between the parties to the same extent and under the same conditions as other business records created and preserved in physical documentary form. [REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

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CaremarkPCS Health, L.L.C.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the date first above written. The Agreement may be executed and delivered by facsimile or email, and such facsimile or email delivery shall constitute the final agreement of the parties and conclusive proof of this Agreement.

[AUDITOR LEGAL NAME]

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CONFIDENTIALITY AGREEMENT (Third Parties – Generally)

This Confidentiality Agreement ("**Agreement**") is made and entered into as of ______, 20__] between CaremarkPCS Health, L.L.C., together with its pharmacy benefit management affiliates ("CVS/caremark") and [COMPANY LEGAL NAME] ("Company").

Background

WHEREAS, IngenioRx, Inc. ("Client") has engaged CVS/caremark to provide prescription benefit management, disease management and/or specialty pharmacy services to individuals eligible for benefits under Client's health benefit plan(s) ("Participants");

WHEREAS, Client has engaged Company to provide Client with [analysis, strategic planning assistance and other consulting services OR claims analysis OR drug spending analysis OR disease management services] ("Company Services");

WHEREAS, in order to facilitate the performance of the Company Services, Client has requested and directed that CVS/caremark provide certain information to Company including, without limitation, confidential and proprietary information of CVS/caremark and claims data relating to Participants;

WHEREAS, the parties desire that confidential information provided by CVS/caremark to Company remain confidential in accordance with the terms of this Agreement.

NOW THEREFORE, the parties hereto agree as follows:

- 1. Confidential Information. As used in this Agreement, the term "Confidential Information" means confidential and proprietary information of CVS/caremark, including, but not limited to costs and pricing, financial and technical information, ideas, designs, specifications, techniques, models, data, programs, documentation, processes, know-how, customer lists, marketing plans, CVS/caremark's online systems and reports, and information discussed at any Client meetings in which Company and CVS/caremark are present. "Confidential Information" shall also include any individually identifiable information of Participants.
- 2. Exceptions. The parties agree that the term "Confidential Information" does not include information if and to the extent: (a) the information is or becomes generally available or known to the public through no fault of the receiving party; (b) the information was already known by or available to the receiving party prior to the disclosure by the disclosing party on a non-confidential basis; (c) the information is subsequently disclosed to the receiving party by a third party who is not under any obligation of confidentiality to the disclosing party; or (d) the information has already been or is hereafter independently acquired or developed by the receiving party without violating any confidentiality agreement or other similar obligation. If any party is required to disclose the Confidential Information of another party as part of a judicial process, government investigation, legal proceeding, or other similar process, such party, if it is reasonably possible to do so, shall give such prior written notice to the other party to allow the other party to seek an appropriate protective order or modification of any disclosure.
- 3. Protection of Confidential Information. Company represents and warrants that it has obtained Client's written consent to receive the Confidential Information from CVS/caremark for the purpose of performing the Company Services. Company shall not disclose the Confidential Information of CVS/caremark to a third party (except Client and Client customers or groups, as applicable) without CVS/caremark's prior written consent. Company shall use the Confidential Information belonging to CVS/caremark for the sole purpose of performing Company Services for Client as described above. Company agrees that the only employees who will receive the Confidential Information from CVS/caremark will be those who have (a) a need to know the Confidential Information of CVS/caremark for the purposes set forth herein, (b) been instructed to safe-guard the Confidential Information from disclosure and treat such Confidential Information as confidential, and (c) been made aware of this Agreement and its terms. Without limiting the generality of the foregoing, Company shall not use Confidential Information disclosed

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by CVS/caremark under this Agreement for any other purposes whatsoever other than the completion of Company Services; nor shall Company compete against or assist a third party to compete against CVS/caremark by using or disclosing any Confidential Information provided to Company pursuant to this Agreement. Company shall not, under any circumstances, share the Confidential Information disclosed by CVS/caremark pursuant to this Agreement with any competitor of CVS/caremark, including any parent company, subsidiary, affiliate or employees of such competitor. Company agrees to notify CVS/caremark of any unauthorized use or disclosure of Confidential Information. The parties acknowledge and agree that the use or disclosure of any Confidential Information under this Agreement shall be in accordance with all applicable state and federal laws, including without limitation, the Health Insurance Portability and Accountability Act ("HIPAA") and any regulations promulgated thereunder.

- **4. No Adaption.** Company shall not, directly or indirectly, adapt, use, or repurpose the Confidential Information of CVS/caremark for its own or another third party's business purpose, including, without limitation, developing competitive programs, services or solutions.
- **5. Return of Written Information.** Any and all written Confidential Information disclosed pursuant to this Agreement shall be returned along with all copies of the same to CVS/caremark, or shall be destroyed, upon the request and at the option of CVS/caremark, if feasible. Notwithstanding the foregoing, Company shall be entitled to retain one copy of such Confidential Information in its files to verify compliance with this Agreement. If return or destruction is not feasible, the protections of this Agreement will continue to apply to such Confidential Information and further uses and disclosures of the Confidential Information shall be limited to those purposes that make the return or destruction of the information infeasible.
- 6. Ownership of Confidential Information. Nothing in this Agreement is intended to grant any rights under any patent or copyright of any party, nor shall this Agreement grant any party any rights in or to another party's Confidential Information, except to the limited right to use such Confidential Information for the purposes contemplated in this Agreement.
- **7. Remedies.** Company agrees that the Confidential Information of CVS/caremark is of a special and unique kind, the protection of which is essential to the operation of CVS/caremark, and that if there is a breach by Company of any of its respective obligations under this Agreement, CVS/caremark may have no adequate remedy at law. Therefore, in addition to any other remedies which may be available at law, Company agrees that CVS/caremark shall be entitled to injunctive relief, specific performance or other equitable relief or any or all of the foregoing, for any breach or threatened breach of this Agreement without the necessity of proving actual damages and without waiving any other remedies otherwise available at law or in equity.
- **8. Indemnification.** Company agrees to defend, indemnify and hold CVS/caremark harmless from and against any and all losses, liabilities, damages, expenses, injuries, costs or obligations of any kind (including reasonable attorneys' fees and disbursements) arising directly from its own breach of its obligations under this Agreement or its own negligence or wrongful misconduct.
- **9. Term.** This Agreement shall continue until any party gives the other party written notice of termination at least ninety (90) days prior to the effective date of termination. Such termination by any party shall not affect any obligations to indemnify CVS/caremark as set forth above. The obligations of confidentiality contained in this Agreement shall survive termination of this Agreement.
- **10. Attorneys' Fees.** In the event that a party deems it necessary to take legal action to enforce any of the provisions of this Agreement, and in the event that such party prevails, the non-prevailing party agrees to pay all reasonable expenses of such action, including reasonable attorneys' fees and costs at all stages of litigation.
- **11. Entire Agreement; Amendment.** This Agreement embodies the entire agreement between the parties concerning the subject matter hereof and no amendment or waiver of any of the provisions of this Agreement shall be effective unless in writing and signed by all parties.

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- **12. Assignment.** No party shall assign, directly or indirectly, any of its rights, duties or obligations under this Agreement in whole or in part without the prior written consent of the other parties except to wholly owned affiliates or subsidiaries as part of the sale or transfer to such affiliate or subsidiary of assets to which this Agreement pertains. This Agreement shall inure to the benefit of the parties hereto and their respective successors and permitted assigns.
- **13. Severability.** If any provision of this Agreement is or becomes invalid, illegal or unenforceable in any respect, it shall be ineffective to the extent of such invalidity, illegality or unenforceability, and the validity, legality and enforceability of the remaining provisions contained in this Agreement shall remain in effect.
- **14. Governing Law.** This Agreement shall be interpreted in accordance with and governed by, construed and enforced in accordance with the internal laws of the State of Illinois, without regard to its conflicts of law doctrine.
- **15. Notices.** Any notice given under this Agreement shall be deemed received if in writing, and if sent by hand delivery, facsimile transmission, receipt confirmed, overnight courier which provides confirmation of delivery, or certified mail, return receipt requested, sent to the applicable party at its address set forth with its signature to this Agreement, or to such other address or to the attention of such other person as either party may designate in writing pursuant to this Section. Notices sent by certified mail shall be deemed received three (3) Business Days following mailing.
- **16. Counterparts**. This Agreement may be executed in any number of counterparts, each such counterpart shall be deemed to be an original, but all such counterparts put together shall constitute but one and the same Agreement. Further, facsimile and computer-printouts may be admitted in any proceeding between the parties to the same extent and under the same conditions as other business records created and preserved in physical documentary form.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives as of the date first above written. The Agreement may be executed and delivered by facsimile or email, and such facsimile or email delivery shall constitute the final agreement of the parties and conclusive proof of this Agreement.

| CaremarkPCS Health, L.L.C. | [COMPANY LEGAL NAME] |
|----------------------------|--------------------------------------|
| By: | By: |
| Title: | Title:Notice Address: Fax No.: Attn: |

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Annex 8 INFORMATION TECHNOLOGY AND SYSTEMS

IngenioRx Information Management Data Requirements:

Inbound data requirements: PBM shall support real time interface with IngenioRx's Rx Utilization Management solution (or successor thereto) which responsible for authorization determination. All transaction data will include the member identifiers provided within the IngenioRx Eligibility Information files. ☐ Final disposition Claim transaction detail for all Covered Drugs to be transmitted real time in accordance with IngenioRx defined data requirements, specifications, and transmission protocols. All transaction data shall include Member identifiers provided with IngenioRx Eligibility Information files. DEA identifiers of all subscribers along with associated AWP, discounted AWP, Cost Share, DAW indicators and/or override rules applied, days' supply, new or refill, medication possession ratio (derived or provided by PBM). Preferred vs. non-preferred designations. Dispensing pharmacy (e.g., retail, specialty, mail order, etc.) profile files to be provided based upon minimum information requirements defined by IngenioRx. Patient specific web utilization analytic details are to be provided in manner defined by IngenioRx. □ Over the counter (non-prescription drug products) and "noncovered" pharmacy transactions shall be captured via POS in order to ensure IngenioRx is able to capture maximum information pertaining to Member drug utilization. PBM shall receive (including via POS), capture, and integrate Member data in its Systems, including medical data and such other data designated by IngenioRx for Members under a consumer driven health plan (CDHP) or high deductible plan (HDHP) and/or Members participating in a Flexible Spending Arrangement (FSA), Health Savings Account (HSA), or Health Reimbursement Arrangement (HRA). Such data shall be aggregated in accordance with IngenioRx requirements and reported to IngenioRx in a format and at a frequency specified by IngenioRx. Point of sale pharmacist data capture, including DUR counseling codes, patient allergies, issues, edits, etc. to be captured and transmitted to IngenioRx as specified by IngenioRx. ☐ Facility and retail location specific cost information shall be provided to IngenioRx in accordance with IngenioRx data requirements to support IngenioRx's cost transparency initiatives and enhance consumer access to cost and quality information.

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☐ Eligibility updates and date spanned activity in accordance with the Agreement.

Annex 9 PBM EMBEDDED SOFTWARE

CVS-OSS (OPEN Source Software) Repository

| S. No. | Open Source | Product/ | Library |
|--------|-------------|----------|---------|
|--------|-------------|----------|---------|

- 1 activation
- 2 activemq
- 3 AjaxControlToolkit
- 4 Ángular JS
- 5 ANT
- 6 AntiXSSLibrary
- 7 Antlr
- 8 AOP Alliance
- 9 Apache Commons
- 10 Apache DBCP
- 11 Apache fop
- 12 Apache freemarker
- 13 Apache MyFaces
- 14 Apache POI
- 15 Apache Struts
- 16 Apache TAGLIBS
- 17 Apache Tomahawk
- 18 Apache Tomcat
- 19 Apache Trinidad
- 20 Apache Web Server
- 21 asm
- 22 asn
- 23 aspectj
- 24 aspectjweaver
- 25 Aspell
- 26 Auto Mapper
- 27 Avalon
- 28 Axiom
- 29 Axis
- 30 backport, backport-util- concurrent
- 31 batik, batik-codec
- 32 bcel
- 33 beanio
- 34 Bootstrap
- 35 bsf
- 36 bsh
- 37 c3p, c3po
- 38 castor
- 39 certi
- 40 cglib
- 41 Chef
- 42 cssparser
- 43 docx4j
- 44 dom
- 45 Dom4j
- 46 dozer
- 47 dwr
- 48 Ehcache49 Elastic Search
- 50 encoder

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51 encryption-api 52 **Entity Framework** 53 **ESAPI** 54 extjs 55 ezmorph 56 FileZilla 57 freemarker 58 geronimo 59 GIT 60 Gitlab 61 glassfish.jstl 62 Google (wiquery, gson, guava) Gradle 63 64 Grunt 65 ha-api hazelcast 66 67 hibernate 68 httpclient 69 httpcore 70 i18n IBM JDK 1.6 71 72 iText 73 iTextSharp 5.1.0.0 74 Jackson, Jackson JSON 75 jakarta 76 jalopy-1.5rc3 77 jasmine 78 jasypt 79 java-image-scaling javassist 80 81 jaxb 82 jaxen 83 jaxp 84 jax-qname 85 jaxrpc 86 jaxws 87 jboss-common 88 icifs jcl-over-slf4j 89 90 Jcrft API jdbc drivers for teradata 91 jdbc drivers for udb/db4 92 93 **Jenkins** 94 Jersey 95 jettison-1.0-RC 96 jexcelapi 97 jibx 98 **Jmeter** 99 jmx 100 joda-time 101 joesnmp 102 Joomla 103 **jQuery** 104 JS Libraries 105 jsch

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JSF PrimeFaces

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107 **JSHint** 108 jsoup 109 Jsr 110 jsse 111 jt 112 juli 113 Junit 114 jxl 115 karma 116 Less Linux - Filesystems 117 118 Log4j 119 logback 120 management-api Maria DB 121 122 Maven 123 mchange-commons-java mex-1.6.2-impl 124 125 mimepull 126 modernizer 127 Moq 128 mybatis 129 myfaces mysql.data 130 131 ndm 132 neethi 133 netutil newtonsoft.json 134 135 Nexus OSS 136 nis 137 Nlog 138 not-yet-commons-ssl 139 npm 140 Nuxeo 141 oam 142 ognl ooxml-schemas 143 144 Oracle (jai, javaMail, mysql.data, ha-api,) 145 pdfbox-app 146 Perl PHP 147 148 primefaces 149 protractor 150 quartz 151 razorgenerator.mvc 152 Redhat Enterprise Linux 153 reflections 154 Regexp 155 relaxngDatatype 156 remobj 157 replayrequest 158 resolver 159 richfaces 160 saaj 161 secadmin

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Selenium

163 serializer 164 sfdcwsdl sitemesh 165 166 sjsxp 167 Slf4j 168 Soap UI 169 SONAR 170 SonarQube 171 Sphinx-doc 172 Spring Framework 173 sqlj 174 sslext 175 stax streambuffer 176 Subversion 177 **TestNG** 178 179 tiles 180 tran 181 Uglify 182 Unbescape 183 Velocity 184 webactivatorex 185 webgrease wicket 186 187 WinSCP 188 wiquery 189 woden, woodstox 190 wsdl4j 191 wstx-asl 192 xalan 193 xbean 194 xdb 195 Xerces 196 xml-apis 197 xmlbeans-2.3.0 198 xml-commons 199 xmlparsers 200 xmlpull 201 xml-resolver 202 XmlSchema 203 xml-types 204 xmlunit 205 xmlworker 206 xom 207 **Xpath** 208 xpp3 209 xsdlib 210 xsltc 211 xstream 212 xwork-core

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yuicompressor

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Annex 10 REQUIRED INFORMATION SECURITY CONTROLS

PBM shall comply with the following minimum requirements of IngenioRx's Information Security Program. These requirements are in addition to any other security requirements set forth in the Agreement. In the event of a conflict between this Annex 10 (Required Information Security Controls) and the remainder of the Agreement, the more stringent requirement applicable to PBM shall apply unless otherwise notified by IngenioRx in writing. Because sound practices require continual assessment of evolving risks, technology, and relevant issues related to information security, these Required Information Security Controls may be modified by IngenioRx in order to continue to reasonably protect IngenioRx Confidential Information, in which case PBM will be notified and a remediation plan and timeframe will be mutually agreed upon.

1. Compliance

1.1 PBM will comply with all applicable state and federal data security regulations and shall abide by all required security controls as stated herein, based upon the nature of the Services provided, the data involved and/or the location where such Services are rendered.

2. Information Security Program

2.1 PBM shall maintain a written Information Security Program including documented policies, standards, and operational practices that meet or exceed the applicable requirements, and controls set forth in this Annex 10 (Required Information Security Controls) to the extent applicable to the Services, and identify an individual within the organization responsible for its enforcement. PBM shall ensure that any of its subcontractors having greater than incidental access to IngenioRx Confidential Information shall also be contractually bound to meet or exceed these information security provisions. PBM shall have processes and procedure in place so that information security events may be reported through appropriate communications channels as quickly as possible. All employees, contractors and third-party users shall be made aware of their responsibility to report any information security events as quickly as possible. If at any time during the BAA, PBM becomes aware of an information security event or that it or any of its subcontractors will or do not meet the obligations described within this Exhibit, PBM will immediately notify IngenioRx Information Security at IngenioRxVendorInfoSec@Ingenio-Rx.com.

3. Right to Assess, Audit and Certification

- 3.1 Within thirty (30) days of IngenioRx's request, PBM shall complete a security assessment conducted by IngenioRx ("Security Assessment") IngenioRx may require additional Security Assessments in connection with Statements of Work for new or additional Services. To the extent that the Security Assessment identifies any risks or deficiencies for which remediation is required, such remediation requirements or compensating controls (and the timeframes within which they must be successfully implemented) are set forth in an attachment to this Exhibit or the applicable SOW. PBM's failure to complete any remediation requirements set forth in an attachment to this Exhibit or the applicable SOW within the required timeframe shall be deemed to be a material breach of the BAA. If PBM has a Health Information Trust Alliance (HITRUST) Common Security Framework (CSF) Certification applicable to the services and/or applications in scope for the engagement as of the Effective Date and maintains it throughout the engagement, then that HITRUST certification will be accepted in lieu of the IngenioRx assessment.
- 3.2 PBM shall have, as of the Effective Date, and shall maintain for the duration of the engagement a HITRUST CSF Certification.
- 3.3 To the extent that PBM has not obtained a HITRUST CSF Certification, then (a) the requirements of Section 3.4 below shall apply, and (b) PBM shall (i) complete and provide to IngenioRx a HITRUST CSF Self-Assessment Report ninety (90) days after the Effective Date, (ii) obtain and provide to IngenioRx a HITRUST CSF Validated Report 18 months after the Effective Date,, and (iii) obtain and provide to IngenioRx a HITRUST CSF 24 months after the Effective Date, PBM's failure to meet the foregoing requirements shall be deemed a material breach of the BAA. If PBM has begun the process of obtaining a HITRUST CSF Certification before the Effective Date, then PBM represents and warrants to IngenioRx that all corrective action plans that are necessary to obtain a HITRUST CSF Validated Report and/or HITRUST CSF Certification and that have been identified to PBM prior to the Effective Date shall be communicated to IngenioRx and documented as an attachment to this Exhibit.
- 3.4 PBM shall promptly (and in any event with thirty (30) days of identification) report to IngenioRx Information Security at IngenioRxVendorInfoSec@Ingenio-Rx.com any findings and associated corrective action plans identified during a self-assessment or any third-party assessment, including any

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assessment related to PBM's Independent Certification / Attestation. PBM will provide IngenioRx with any further information associated with such findings, as reasonably requested by IngenioRx.

3.5 From time to time PBM may be requested to respond to, inform and provide updates on the specific security gaps or exposures that exist for new or emerging security vulnerabilities that are made known for systems, applications, hardware devices, etc. In all instances PBM will provide a response to any inquiry within five (5) Business Days, and will provide specific details as to the questions asked to ensure that IngenioRx can appropriately evaluate the risk or exposure to IngenioRx Confidential Information.

4. Encryption

4.1 Where required by IngenioRx, PBM shall apply encryption methodology that conforms to the Federal Information Processing Standards Publication 140-2 Security Requirements for Cryptographic Modules and applicable state and federal regulations ("Approved Encryption"). Approved Encryption must be used for (i) the electronic transmission of IngenioRx Confidential Information to IngenioRx and/or to any other third party, as directed by IngenioRx or permitted in accordance with this BAA and (ii) on all workstations, communications or convergence devices, portable media and backup tapes containing IngenioRx Confidential Information. The integrity and confidentiality of IngenioRx Confidential Information in transit over an open communication network will be protected through the use of Approved Encryption.

5. Network and Systems Security

- 5.1 PBM shall utilize and maintain a commercially available, industry standard malware detection program which includes an automatic update function to ensure detection of new malware threats.
- 5.2 An Intrusion Detection or Prevention System which detects and/or prevents unauthorized activity traversing the network will be maintained.
- 5.3 Data Loss Prevention tools will be implemented to detect and prevent the unauthorized movement of data from PBM's control.
- 5.4 At a minimum, PBM shall engage a qualified third party to perform annual penetration testing of PBM's networks containing IngenioRx Confidential Information. The scope of the penetration testing will include all internal/external systems, devices and applications that are used to process, store, transmit Confidential Data, physical security controls for all applicable facilities, and social engineering tests. PBM must provide IngenioRx with summary results and a remediation plan if security flaws are discovered.
- 5.5 Networks or applications that contain IngenioRx Confidential Information must be separated from public networks by a firewall to prevent unauthorized access from the public network.
- 5.6 At managed interfaces, network traffic is denied by default and allowed by exception (i.e., deny all, permit by exception).

6. System and Application Controls

- 6.1 All IngenioRx Confidential Information must be securely stored at all times to prevent loss and unauthorized access or disclosure.
- 6.2 Laptop and workstation systems that access IngenioRx Confidential Information remotely must utilize endpoint protection which includes a personal firewall and anti-malware protection.
- 6.3 Operating systems and application software used must be currently supported by the manufacturer.
- 6.4 Current versions of operating system and application software must be maintained, and patches applied in a timely manner for all systems and applications that receive, maintain, process or otherwise access IngenioRx Confidential Information.
- 6.5 At least quarterly vulnerability scanning will be performed. Medium and high-risk vulnerabilities identified during the scanning will be promptly remediated.
- 6.6 IngenioRx Confidential Information must not be used in any non-production environment such as testing or quality assurance unless de-identification of the data has been performed. In the event that de-identification is not practical or feasible compensating controls must be in place protecting the data to the same level of protection as afforded to production environment.
- 6.7 IngenioRx Confidential Information must be logically or physically segregated from other data controlled by PBM or other clients of PBM in such a way that the data may be identified as IngenioRx data and access controls implemented so that only those users authorized to access the data will be permitted to do so.

7. Data Destruction

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7.1 All IngenioRx Confidential Information, whether such information is in paper, electronic or other form, requires secure disposal or destruction when no longer required, when requested by IngenioRx or upon the termination or expiration of the BAA; provided, however, if PBM is prohibited from disposing of or destroying such Confidential Information for compliance with Law, the protections with respect to such Confidential Information under this Agreement shall continue to apply. These measures should, at a minimum, include: (i) burning, pulverizing or cross-cut shredding to a size equal or smaller to 5/8-inch by 2-inches papers or print media so that the information cannot practicably be read or reconstructed; (ii) ensuring the destruction or erasure of floppy disk, magnetic tape, tape cartridges, hard drives or other electronic or optical media so that the information recorded or contained cannot practicably be read, recovered or reconstructed; and, (iii) ensuring that any third party who performs the activities described in (i) and (ii) on PBM's behalf does so in a manner consistent with these requirements.

8. Physical Controls for the Protection of IngenioRx Confidential Information

- 8.1 All IngenioRx Confidential Information received or created in paper form must be stored in lockable containers.
- 8.2 A clean desk policy will be enforced to ensure proper safeguarding of all hard copy IngenioRx Confidential Information.
- 8.3 PBM must retain visitor logs documenting all individuals who are not employed by PBM who gain access to the facility where services are performed.
- 8.4 IngenioRx Confidential Information will not leave control of the PBM without the written approval of IngenioRx.
- 8.5 Servers, enterprise data storage devices, backup tapes and media, and other computing devices that contain IngenioRx Confidential Information used to support network communications must be located in a secure and restricted access location within the facility.
- 8.6 All workstations, portable devices and removable media containing IngenioRx Confidential Information or accessing IngenioRx networks must be encrypted.

9. Access Control

- 9.1 Prior to gaining access to IngenioRx Confidential Information, workforce members will have appropriate background checks completed in compliance with state and federal law with no breach of trust crimes reported.
- 9.2 Physical and logical access to IngenioRx Confidential Information and the systems and workspaces used to support IngenioRx, will only be granted as a result of a demonstrated and legitimate need to know based upon job responsibilities.
- 9.3 Security awareness training will be completed prior to access being granted to IngenioRx Confidential Information, and then completed on an annual basis going forward so long as access to IngenioRx Confidential Information continues.
- 9.4 Physical and logical access will be granted to the minimum IngenioRx Confidential Information necessary to meet the requirements of the user's scope of responsibilities.
- 9.5 Access reviews will be performed at least quarterly for privileged user and twice annually for non-privileged user accounts.
- 9.6 Only those individuals providing services to IngenioRx, or those who are responsible for administering or managing systems that contain IngenioRx Confidential Information shall be authorized to access systems containing IngenioRx Confidential Information.
- 9.7 All users that are no longer required or authorized to access IngenioRx Confidential Information or systems that contain IngenioRx Confidential Information must have access promptly disabled.
- 9.8 Access to IngenioRx Confidential Information and systems that contain IngenioRx Confidential Information must be access controlled through the use of individual user IDs and passwords with industry-standard complexity rules in place.
- 9.9 All user passwords must be changed at least every ninety (90) days at a minimum, or sooner if there is reasonable cause to believe that an unauthorized person has learned the password.
- 9.10 Processes must be in place to create the appropriate audit trails to determine who has accessed IngenioRx Confidential Information and/or systems that contain IngenioRx Confidential Information.
- 9.11 Remote access to systems or networks that contain IngenioRx Confidential Information must use multi-factor authentication and a connection with Approved Encryption.

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- 9.12 A report listing all individuals who have access to IngenioRx Confidential Information and/or systems that contain IngenioRx Confidential Information and the level of access granted shall be provided to IngenioRx within forty-eight (48) hours upon request.
- 9.13 A report listing activity associated with any user ID who has access to IngenioRx Confidential Information shall be provided to IngenioRx within forty-eight (48) hours upon request.

10. Offshore Security Requirements

- 10.1 IngenioRx Confidential Information is not permitted to be hosted, stored, or processed offshore.
- 10.2 Backup processes at offshore locations will not receive, maintain, process, or otherwise access IngenioRx Confidential Information.
- 10.3 Offshore workstation computers must adhere to baseline system security requirements defined by the organization which enforce the most restrictive mode consistent with operational requirements. All unnecessary services, features, and networks must be disabled on workstations used to support IngenioRx operations, including:
 - Disabling workstations from simultaneously connecting to the IngenioRx network and other networks (split tunneling)
 - Disabling access to non-IngenioRx instant messaging (IM) clients
 - Disabling access to non-IngenioRx email systems
 - Disabling access to the Internet
 - Disabling user access to local workstation storage or PBM network storage (such as that to which IngenioRx Confidential Information or screenshots could be copied)
 - Disabling access to printers
- 10.4 Wireless access is prohibited from being used to access IngenioRx Confidential Information from offshore locations.
- 10.5 All work from offshore locations must be performed in IngenioRx-approved facilities in accordance with the Agreement.

11. Cloud Computing

IngenioRx bases the decision of whether a service is considered a cloud based technology on several factors including the five essential characteristics defined by the National Institute of Standards and Technology (NIST), Note that the absence of one or more of these characteristics is not viewed as a final deciding factor when determining if a service is Cloud based. Cloud Computing is a model for enabling ubiquitous, convenient, on-demand network access to a shared pool of configurable computing resources that can be rapidly provisioned and released with minimal management effort or service provider interaction.

- 11.1 The use of a multi-tenant environment is prohibited for hosting Confidential Information, unless a risk assessment has been performed and the appropriate IngenioRx Information Security approved risk mitigating controls are in place.
- 11.2 Logical controls, virtual machine zoning, virtualization security and segregation must be in place to help prevent attacks and exposure in multi-tenancy environments.
- 11.3 IngenioRx Confidential Information must be segregated from non-IngenioRx information so that appropriate controls are in place to identify the data as IngenioRx's in all instances, including backup and removable media, and to appropriately restrict access to only users authorized to view the data. Logical separation must allow data to be deleted when it is no longer required
- 11.4 IngenioRx Confidential Information included in a cloud computing-based environment must be protected with IngenioRx Approved Cryptographic Controls in transit, storage, and at rest. Appropriate Encryption key management must also be provided.
- 11.5 All IngenioRx data hosted in a cloud environment must remain on US-based systems and may not be stored outside of the United States.
- 11.6 The Cloud Service Provider (CSP) must provide a detailed mechanism for how litigation holds will be implemented. This will include how metadata will be created, accessed, and stored in the cloud environment.
- 11.7 Cloud Service Providers must undergo an annual independent audit by an accredited auditing firm covering the scope of IngenioRx data. Results of this audit must be provided to IngenioRx along with associated remediation decisions and activities, if applicable.
- 11.8 In the event Cloud Service Provider is not able to continue providing Services, then arrangements will be made for IngenioRx to receive its Confidential Information back from the CSP.

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- 11.9 Incident response roles and responsibilities must be clearly outlined between the cloud service provider and IngenioRx or CSP and PBM as appropriate.
- 11.10 Quarterly vulnerability scans must be performed, and intrusion detection and identity management systems must be installed on all systems and components that handle, process, or store IngenioRx data. Upon request, report summaries, including confirmation of remediation for vulnerabilities identified as high- or medium-risk, must be provided to IngenioRx Information Security.
- 11.11 When virtual machines or instances are no longer used, moved from one physical server to another, or have been decommissioned, all data must be zeroed or destroyed using Information Security approved techniques.
- 11.12 The CSP must be able to enforce the account management capabilities, such as account lockouts for unsuccessful logon attempts, defined inactivity times, remote access allowances, specific success and failure events, and management of elevated privilege accounts.
- 11.13 All identity credentialing, authentication, authorization, and access control events must be logged and those logs are subject to periodic audit. At a minimum, the CSP must produce logs of all specified success and failure events associated with identity and access management in the cloud environment it manages. These logs must then be archived for at least twelve months. These archived logs must be searchable and or discoverable.
- 11.14 The CSP must conduct access reviews quarterly for privileged user accounts and twice yearly for non-privileged user accounts.

12. Enterprise Standards Governance

12.1 If upon review by IngenioRx's or its parent company's Enterprise Standards Governance, items are identified for remediation, such remediation must be completed in agreed upon timeframes.

13. Contingency Planning

13.1 PBM will have documented Business Continuity and Disaster Recovery plans in place that include information security controls. Such plans will be tested at least annually.

14. Incident Response

14.1 PBM will have documented Incident Response Plan. Such plan will be tested at least annually.

15. Payment Card Industry Data Security Standard

15.1 If, in performing services to or on behalf of IngenioRx, PBM acts as a Merchant as defined by the Payment Card Industry Data Security (PCI DSS) standard, then PBM agrees to comply with the applicable PCI DSS requirements.

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Annex 11 TCPA GUIDELINES

INGENIORX VENDOR GUIDELINES FOR TCPA COMPLIANCE

The Telephone Consumer Protection Act ("TCPA") is a federal statute that aims to increase consumer privacy protections by restricting outbound telecommunications, including telephone calls and text messages, made for telemarketing (Sales) and non-telemarketing (Non-sales) purposes, with the use of an automatic telephone dialing system ("autodialer" or "ATDS") and/or prerecorded messages. Any dialing equipment with the capacity to store or produce telephone numbers to be called using a random or sequential number generator, and to dial such numbers is considered an ATDS for TCPA enforcement purposes, even if additional software components need to be added to make it function as an ATDS or the system is not currently being used for autodialing. Absent compelling proof to the contrary by the vendor, IngenioRx policy presumes that the vendor is utilizing an ATDS for all call and text campaigns.

Vendors placing outbound calls or sending text messages to consumers on behalf of IngenioRx or its affiliates (collectively, "IngenioRx") must provide evidence of compliance with the TCPA, the federal Telemarketing Sales Rule ("TSR") for telemarketing calls, and state law corollaries to the TCPA and Do-Not-Call ("DNC") requirements (collectively, "TCPA requirements") via documented processes, as applicable. Written policies, procedures, and program documents must be maintained and provided to IngenioRx upon request for IngenioRx's review. Vendors must provide immediate notice to IngenioRx of any material changes in its documentation, processes, or services provided on behalf of IngenioRx in accordance with its agreement with IngenioRx.

A. IngenioRx Vendor Checklist for TCPA Compliance

The vendor submits a completed checklist to IngenioRx and confirms at least on an annual basis that the information provided in the checklist is still current. Vendors must provide immediate notice to IngenioRx of any material changes in the information provided in the checklist. The vendor must submit an updated checklist when information previously provided to IngenioRx has changed. IngenioRx will complete a review of the checklist and provide feedback as necessary.

IngenioRx Reviewer Note:

- Validate that vendor has submitted a completed checklist.
- Confirm that information provided to IngenioRx is still current.
- Obtain an updated checklist if information provided to IngenioRx has changed.
- Validate the vendor has received a copy of the IngenioRx Vendor Guidelines for TCPA Compliance.

B. Assessing Risks and Vulnerabilities

The vendor must complete an assessment of potential risks and vulnerabilities with TCPA requirements on at least an annual basis. If non-compliance with TCPA requirements is detected, vendor informs IngenioRx of the date identified and the corrective action(s) taken.

IngenioRx Reviewer Note:

- Validate that vendor has completed a risk assessment within prior 12 months.
- Confirm whether vendor has detected non-compliance with TCPA requirements within prior 12 months.
- Validate that vendor has informed IngenioRx of the date identified and the corrective action(s) taken for any detected non-compliance with TCPA requirements.

C. Written Policies and Procedures

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The vendor must maintain written policies and procedures that are consistent with IngenioRx policy and guidelines, and that include, at minimum, the following elements:

- 1. Process for complying with DNC requirements under the TCPA, TSR, and state laws, as applicable.
- 2. Mechanism for receiving DNC requests and ensuring that information captured from the requestor includes, at minimum, the date of request, requestor's full name, if available, and telephone number.
- 3. Mechanism for forwarding all DNC requests to IngenioRx as soon as possible but no later than five (5) Business Days from receipt of request. (Vendor must transmit to IngenioRx the telephone number associated with the DNC request.)
- 4. Wrong numbers and disconnected numbers identified during telephonic outreach activities will be added to the vendor's DNC list and transmitted to IngenioRx. (Vendor must transmit to IngenioRx the telephone number associated with the wrong or disconnected number.)
- 5. Mechanism for ensuring that subsequent calls to a phone number are not placed at any time after a DNC request is made to the vendor or a wrong or disconnected number is identified.
- 6. Call Recording Disclosure Consumers will be informed of call recording for training and quality assurance purposes at the beginning of the phone call. If the consumer objects to the recording, the call should be terminated and the consumer should be contacted by a supervisor for an unrecorded call.
- 7. Process for verifying IngenioRx's instructions for all calling and texting campaigns prior to initiating a campaign.
- 8. Process for ensuring IngenioRx's instructions on modality of calling (ATDS, prerecorded, text, manual, etc.) are followed.
- 9. Mechanism for capturing complaints reflecting potential compliance issues on the quality of the campaign.
- 10. Mechanism for forwarding all complaints to IngenioRx as soon as possible but no later than five (5) Business Days from receipt of complaint.
- 11. Mechanism for ensuring that complaint information forwarded to IngenioRx includes, at minimum, the date the complaint was received, complainant's full name, telephone number, and reason for the complaint. The complaint information should also include the date, time, and reason the vendor placed the call or sent the text message (e.g., campaign name) that is the subject of the complaint.
- 12. Caller ID Display transmits a telephone number, and when available by the vendor's telephone carrier, the health plan name (which must conform to applicable Blue Cross and Blue Shield Association (BCBSA) and IngenioRx branding requirements). The telephone number displayed must be a telephone number that permits any individual to make a DNC request during regular business hours.
- 13. Call Abandonment Requirements: When predictive dialer technologies (this includes autodialers) are used, the dialer will abandon no more than 3% of all calls placed and answered by a person, unless a more stringent state-specific requirement applies.
 - A call is considered "abandoned" if a person answers it and the telemarketer does not connect the call to a sales representative within 2 seconds of the person's completed greeting. The vendor's methodology must conform to the following:
 - Ensure the autodialer will abandon no more than 3% of all calls answered by a live person, measured over the duration of a single calling campaign, if less than thirty (30) days, or

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separately over each successive thirty (30) day period or portion thereof that the campaign continues, unless a more stringent state-specific requirement applies.

- Allow the telephone to ring for 15 seconds or 4 rings before disconnecting an unanswered call.
- Play a recorded message stating the company name and telephone number whenever a
 live sales representative is unavailable within 2 seconds of a live person answering the
 call. (The recorded message may not contain any sales or marketing message and the
 number included must be one that the individual can use to request to be placed on
 IngenioRx's DNC list.)

14. Opt-Out for Prerecorded Message calls:

- For Sales calls, vendor must provide an automated interactive opt-out mechanism that is announced and made available at the outset of the message and remains available throughout the duration of the call. (This opt-out mechanism must automatically remove the calling number from the current call campaign.)
- For health-related and informational (Non-sales) calls, vendor must use IngenioRx's toll-free number that will allow individuals to add their telephone number to IngenioRx's DNC list.
- Messages left on answering machines must contain IngenioRx's toll-free number that will allow the individual's telephone number to be added to the IngenioRx internal DNC list. (Calls to individuals must clearly identify the caller and the intended recipient.)

15. Time of day/calling hours:

<u>For Sales Calls</u>: Unless a more stringent state-specific requirement applies, Sales Calls may only be placed on weekdays between 9:00 a.m. and 9:00 p.m. corresponding with the area code of the called party ("local time"). More restrictive hours apply to area codes in the following states:

| Alabama | 9:00 a.m. until 8:00 p.m. |
|---------------|----------------------------|
| Kentucky | 10:00 a.m. until 9:00 p.m. |
| Louisiana | 9:00 a.m. until 8:00 p.m. |
| Massachusetts | 9:00 a.m. until 8:00 p.m. |
| Nevada | 9:00 a.m. until 8:00 p.m. |
| Rhode Island | 9:00 a.m. until 6:00 p.m. |
| Wyoming: | 9:00 a.m. until 8:00 p.m. |

<u>For Non-sales Calls</u>: Unless a more stringent state-specific requirement applies, Non- sales Calls may be placed between 8:00 a.m. and 9:00 p.m. local time, including weekends. The following states have additional restrictions:

California No ATDS prerecorded message before 9:00 a.m. (if both caller

and Called Party are in California)

Illinois No ATDS call before 9:00 a.m.

Minnesota No ATDS prerecorded message before 9:00 a.m.

Mississippi No ATDS call before 9:00 a.m.

Nevada No ATDS call before 9:00 a.m. or after 8:00 p.m. Oregon No ATDS prerecorded message before 9:00 a.m.

16. Modifying or updating phone numbers by using a phone number append service or look-up service is not permitted without express permission in writing from IngenioRx. IngenioRx's policy requires that the vendor's system not feed numbers from third- parties into TCPA-regulated outbound call or text campaigns.

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- 17. Record retention standard that permits TCPA business records to be retained for a minimum of 4 years following the date of the last call.
- 18. Process for evaluating compliance with the vendor's written policies and procedures.
- 19. Process for annual training on vendor's written policies and procedures.



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INGENIORX VENDOR CHECKLIST FOR TCPA COMPLIANCE

(To be used upon initiation of vendor relationship and periodically thereafter, as needed.)

Vendor Company Name: CaremarkPCS Health, L.L.C. Vendor Contact Name:

Date Submitted to IngenioRx: August 10, 2017

| # | Question | Response |
|----|---|--|
| 1. | Describe generally how you approach compliance with the Telephone Consumer Protection Act (TCPA) and the FTC's Telemarketing Sales Rule (TSR) if applicable to your business. | See PBM Text Telephone and Fax Outreach Policy (Document Number IFGV-046436) and 2017 PBM Text Telephone and Fax Outreach Training. |
| 2. | Do you use a dialer, also known as an automatic telephone dialing system (ATDS), for outbound calls for IngenioRx? | PBM uses an autodialer for certain programs to make health care related calls subject to HIPAA. |
| 3. | Please identify the brand name of any dialer you are using for IngenioRx. | The Avaya Autodialer and Nuance Dialer are used for certain programs within PBM and third-party vendors. |
| 4. | If you believe that you do not use an ATDS but you make outbound calls for IngenioRx, has your telephone system been reviewed to confirm it does not constitute an ATDS? If yes, identify who performed this review. | N/A |
| 5. | Do you have TCPA and TSR policies and procedures? Please provide copies. | Yes. <u>See</u> PBM Text Telephone and Fax Outreach Policy (Document Number IFGV-046436) and 2017 PBM Text Telephone and Fax Outreach Training. |
| 6. | Have you implemented these policies and procedures? If yes, describe your oversight of your internal compliance with the policies and procedures. | Yes. Each outbound communication campaign is required to submit its language and scope to Legal for review prior to sending the messages. |
| 7. | Do you have TCPA and TSR training? If yes, please describe the training, including: a) categories of persons subject to training; b) frequency of training; and c) whether testing is involved. | Yes. A web-based training, the PBM Text Telephone and Fax Outreach Training, is taken annually by relevant colleagues. A knowledge test is required. |
| 8. | Does your company make any health-related or informational calls for IngenioRx? | Yes |

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| # | Question | Response | | | | | | | |
|-----|--|---|--|--|--|--|--|--|--|
| 9. | Does your company make any telemarketing/telesales calls for IngenioRx? a) If yes, which states do you call into for IngenioRx? b) Is your company required to have a license in the states into which it calls on behalf of IngenioRx, and, if yes, do you have the licenses? Please provide documentation of your licenses. | No. | | | | | | | |
| 10. | Do you place prerecorded outbound calls on behalf of IngenioRx? | PBM uses prerecorded outbound health care related calls, subject to HIPAA for certain programs.* | | | | | | | |
| 11. | How does your company handle Do Not Call Requests? | Pursuant to the PBM Text Telephone and Fax Outreach Policy, Do Not Contact Requests are submitted to the TCPA Compliance team in the Legal Department. The required phone number and date of request are entered into a secure database. | | | | | | | |
| 12. | How are Do Not Call Requests transmitted to IngenioRx? How often? How long do you retain this information? | Do Not Call Requests can be submitted to IngenioRx, at a frequency agreed upon by the Parties.** | | | | | | | |
| 13. | Does your company call, append, or use any telephone numbers obtained from any look-up services (such as whitepages.com) for IngenioRx? | Yes. The phone append process is used to append landlines only through third-party vendors. | | | | | | | |
| 14. | Please describe your policies and procedures when telephone numbers that IngenioRx provides are found to be invalid. | Third-party vendors send invalid number dispositions back to PBM. | | | | | | | |
| 15. | Please describe any scenario where cell phone numbers would be scrubbed out of the calling or texting campaign. | Cell phone numbers are scrubbed out of campaigns in circumstances where the necessary consent to contact cell phones has not been obtained. | | | | | | | |
| 16. | Please describe what happens when IngenioRx requests that cell phone numbers be scrubbed out of the calling or texting campaign. | Third-party vendors have the capability to segregate and scrub cell phone numbers from call lists. | | | | | | | |
| 17. | What is your company's document retention policy as to work done for IngenioRx? What types of documents are retained? | Pursuant to the PBM Document Retention Policy, Do Not Contact Requests and TCPA compliance reviews are maintained for ten years. | | | | | | | |

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^{*} PBM acknowledges this does not permit outbound calls beyond those permitted in the Agreement.

** This does not limit PBM obligations with respect to transmitting Do Not Call Requests to IngenioRx as set forth in the Agreement.

PBM DIVERSE-OWNED BUSINESS PARTICIPATION PLAN



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CVS HEALTH SUPPLIER DIVERSITY PROGRAM

Utilization Spend Policy

In November of 2000, CVS Health established a Supplier Diversity Program in order to better support the efforts of our clients who have active programs or initiatives in this area. Since the program inception, CVS Health has actively sought to include Minority- and Women-Owned Enterprises (M/WBE's), Disability Owned Business Enterprises (DOBE's) Disabled Veteran Business Enterprises (DVBE's), Small Business Enterprises (SBE's), and Small Disadvantaged Business Enterprises (SDBE's), HUBZONE Business Enterprises, 8(a) business enterprises and Lesbian, Gay, Bisexual, and/or Transgender Business Enterprises (LGBTBE's) for all sourcing-related opportunities.

The program is designed to complement CVS Health's commitment to providing outstanding service and effective solutions to all of our customers and to recognize the critical role diverse suppliers have in our continued success. As such, it is the Company's policy to identify appropriate opportunities for those vendors who meet our standards for excellence.

While ensuring that we receive the highest quality products and services at the most economical costs, our Supplier Diversity Program is founded on the principles of fair and equitable business practices and commitment to the communities we serve. Consequently, we have developed partnerships with organizations, agencies, and certified and certifiable businesses that will strengthen and enhance CVS Health's reputation as a partner committed to our clients, customers, and the highest standards of equal opportunity and fairness.

As a Prescription Benefit Manager (PBM), CVS Health is a provider of integrated pharmacy benefits to clients which encompass management of a retail pharmacy network and company-owned Mail Service pharmacies. The PBM's responsibility is to process claims for prescription drugs from both retail pharmacies (electronically submitted) across the nation and CVS Health's Mail Service pharmacies. CVS Health also manages company-owned Customer Service facilities which answer incoming calls from clients and their members. The PBM industry is very system-oriented and relies on computer systems owned and managed by CVS Health to electronically process pharmacy claims submitted. CVS Health Customer Service representatives at a company Call Center access the system to answer member-specific questions related to their pharmacy benefit.

To ensure inclusion of diverse suppliers, we have encouraged the development of sustainable opportunities for diverse suppliers to participate in the procurement processes. However, our latitude of action is heavily limited by handling of sensitive Protected Health Information (PHI) the realities of our own industry and our fixed business operations. Therefore, we will support Anthem utilization efforts by participating and reporting based on the following calculation:

Administration fee (\$) x client's % goal = diverse supplier spend goal \$29.8M x 12.1%= \$3,605,800.00



Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 208-209 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

Pursuant to Section 3.5 (Legal Actions) of the Agreement, PBM is identifying legal proceedings, investigations and claims it is party to and have occurred in the ordinary course of its business, including the matters described below.

- Indiana State District Council of Laborers and HOD Carriers Pension and Welfare Fund v. Omnicare, Inc. et al. (U.S. District Court for the Eastern District of Kentucky). In February 2006, two substantially similar putative class action lawsuits were filed and subsequently consolidated. The consolidated complaint was filed against Omnicare, three of its officers and two of its directors and purported to be brought on behalf of all open-market purchasers of Omnicare common stock from August 3, 2005 through July 27, 2006, as well as all purchasers who bought shares of Omnicare common stock in Omnicare's public offering in December 2005. The complaint alleged violations of the Securities Exchange Act of 1934 and Section 11 of the Securities Act of 1933 and sought, among other things, compensatory damages and injunctive relief. After dismissals and appeals to the United States Court of Appeals for the Sixth Circuit, the United States Supreme Court remanded the case to the district court. In October 2016, Omnicare filed an answer to plaintiffs' third amended complaint, and discovery commenced.
- FTC and Multi-State Investigation. In March 2010, the PBM learned that various State Attorneys General offices and certain other government agencies were conducting a multi-state investigation of certain of the PBM's business practices similar to those being investigated at that time by the U.S. Federal Trade Commission ("FTC"). Twenty-eight states, the District of Columbia and the County of Los Angeles are known to be participating in this investigation. The prior FTC investigation, which commenced in August 2009, was officially concluded in May 2012 when the consent order entered into between the FTC and the PBM became final. The PBM has cooperated with the multi-state investigation.
- United States ex rel. Jack Chin v. Walgreen PBM et al. (U.S. District Court for the Central District of California). In March 2010, the PBM received a subpoena from the U.S. Department of Health and Human Services, Office of the Inspector General ("OIG") requesting information about programs under which the PBM has offered customers remuneration conditioned upon the transfer of prescriptions for drugs or medications to the PBM's pharmacies in the form of gift cards, cash, non-prescription merchandise or discounts or coupons for non-prescription merchandise. In October 2016, the U.S. District Court for the Central District of California unsealed a qui tam complaint, filed in April 2009 against CVS Pharmacy and other retail pharmacies, alleging that the Company violated the federal False Claims Act, and the False Claims Acts of several states, by offering such programs. The complaint was served on the Company in January 2017. The federal government has declined intervention in the case.
- United States ex rel. James Banigan and Richard Templin v. Organon USA Inc. et al. (U.S. District Court for the District of Massachusetts). In October 2010, the court unsealed a qui tam complaint, which had been under seal since 2007, against Organon, Omnicare, Inc. and PharMerica Corporation. The suit was brought by two former employees of Organon, as relators on behalf of the federal government and several state and local governments. The action alleges civil violations of the federal False Claims Act based on allegations that Organon and its affiliates paid Omnicare and several other long-term care pharmacies rebates, post-purchase discounts and other forms of remuneration in return for purchasing pharmaceuticals from Organon and taking steps to increase the purchase of Organon's drugs in violation of the Anti-Kickback Statute. The U.S. Department of Justice ("DOJ") declined to intervene in this action. In May 2017, the Company completed its previously announced settlement, and this matter was dismissed with prejudice.
- United States ex rel. Anthony R. Spay v. CVS Caremark Corporation et al. (U.S. District Court for the Eastern District of Pennsylvania). In January 2012, the court unsealed a first amended qui tam complaint filed in August 2011 by an individual relator, Anthony Spay, who is described in the complaint as having once been employed by a firm providing pharmacy prescription benefit audit and recovery services. The complaint seeks monetary damages and alleges that CVS Caremark's processing of Medicare claims on behalf of one of its clients violated the federal False Claims Act. The United States declined to intervene in the lawsuit. In September 2015, the Court granted CVS

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F ent in its entirety, and entered judgment in favor of CVS Caremark and against Spay. In October 2015, Spay filed a notice of appeal in the United States Court of Appeals for the Third Circuit; that court heard oral arguments on the appeal in November 2016

- State of Texas ex rel. Myron Winkelman and Stephani Martinson et al. v. CVS Health Corporation (Travis County Texas District Court). In February 2012, the Attorney General of the State of Texas issued Civil Investigative Demands and has issued a series of subsequent requests for documents and information in connection with its investigation concerning the CVS Health Savings Pass program and other pricing practices with respect to claims for reimbursement from the Texas Medicaid program. In January 2017, the court unsealed a first amended petition. The amended petition alleges the Company violated the Texas Medicaid Fraud Prevention Act by submitting false claims for reimbursement to Texas Medicaid by, among other things, failing to use the price available to members of the CVS Health Savings Pass program as the usual and customary price. The amended petition was unsealed following the Company's filing of CVS Pharmacy, Inc. v. Charles Smith et al. (Travis County District Court), a declaratory judgment action against the State of Texas in December 2016 seeking a declaration that the prices charged to members of the CVS Health Savings Pass program do not constitute usual and customary prices under the Medicaid regulation. The State of Texas is also pursuing temporary injunctive relief.
- California ReadyFill Subpoena. In November 2012, the Company received a subpoena for documents from the OIG requesting information concerning automatic refill programs used by pharmacies to refill prescriptions for customers. The subpoena was issued in connection with an investigation conducted out of the U.S. Attorney's Office for the Central District of California. The Company produced documents and data.
- Pure Services Subpoena. In November 2013, Omnicare received a subpoena from the OIG seeking
 information regarding Omnicare's May 2008 acquisition of Pure Service Pharmacy. In May 2017,
 the Company completed its previously announced settlement, and this matter was dismissed with
 prejudice.
- Auto Label Subpoena. In June 2014, Omnicare received a subpoena from the United States
 Attorney's Office for the District of New Jersey seeking information regarding Omnicare's Auto
 Label Verification system. In May 2017, the Company completed its previously announced
 settlement, and this matter was dismissed with prejudice.
- Subpoena Concerning PBM Administrative Fees. In March 2014, the Company received a subpoena from the United States Attorney's Office for the District of Rhode Island, requesting documents and information concerning bona fide service fees and rebates received from pharmaceutical manufacturers in connection with certain drugs utilized under Medicare Part D, as well as the reporting of those fees and rebates to Part D plan sponsors. The Company has been cooperating with the government and providing documents and information in response to the subpoena.
- ReadyFill Subpoena (Minnesota). In May 2015, the Company received a subpoena from the OIG
 requesting information and documents concerning the Company's automatic refill programs,
 adherence outreach programs, and pharmacy customer incentives, particularly in connection with
 claims for reimbursement made to the Minnesota Medicaid program. The Company has been
 cooperating with the investigation and providing information in response to the subpoena.
- Corcoran et al. v. CVS Health Corporation (U.S. District Court for the Northern District of California) and Podgorny et al. v. CVS Health Corporation (U.S. District Court for the Northern District of Illinois). These putative class actions were filed against the Company in July and September 2015. The cases were consolidated in United States District Court in the Northern District of California. Plaintiffs seek damages and injunctive relief on behalf of a class of consumers who purchased certain prescription drugs under the consumer protection statutes and common laws of certain states. Several third-party payors filed similar putative class actions on behalf of payors captioned Sheet Metal Workers Local No. 20 Welfare and Benefit Fund v. CVS Health Corp. and Plumbers Welfare Fund, Local 130 v. CVS Health Corporation (both pending in the U.S. District Court for the

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- Omnicare DEA Subpoena. In September 2015, Omnicare was served with an administrative subpoena by the U.S. Drug Enforcement Administration ("DEA"). The subpoena seeks documents related to controlled substance policies, procedures, and practices at eight pharmacy locations from May 2012 to the present. The Company has been cooperating and providing documents in response to this administrative subpoena.
- Omnicare Cycle Fill CID. In October 2015, Omnicare received a Civil Investigative Demand from the United States Attorney's Office for the Southern District of New York requesting information and documents concerning Omnicare's cycle fill process for assisted living facilities. The Company has been cooperating with the government and providing documents and information in response to the Civil Investigative Demand.
- PBM Pricing CID. In October 2015, the Company received from the DOJ a Civil Investigative Demand requesting documents and information in connection with a federal False Claims Act investigation concerning allegations that the Company submitted, or caused to be submitted, to the Medicare Part D program prescription drug event data that misrepresented true prices paid by the Company's PBM to pharmacies for drugs dispensed to Part D beneficiaries with prescription benefits administered by the Company's PBM. The Company has been cooperating with the government and providing documents and information in response to the Civil Investigative Demand.
- United States ex rel. Sally Schimelpfenig and John Segura v. Dr. Reddy's Laboratories Limited and Dr. Reddy's Laboratories, Inc. (U.S. District Court for the Eastern District of Pennsylvania). In November 2015, the court unsealed a second amended qui tam complaint filed in September 2015. The DOJ declined to intervene in this action. The relators allege that the Company, Walgreens, Wal-Mart, and Dr. Reddy's Laboratories violated the federal and various state False Claims Acts by dispensing prescriptions in unit dose packaging supplied by Dr. Reddy's that was not compliant with the Consumer Product Safety Improvement Act and the Poison Preventive Packaging Act and thereby allegedly rendering the drugs misbranded under the Food, Drug and Cosmetic Act. In March 2017, the Court granted the Company's motion to dismiss with leave to file an amended complaint.
- Barchock et al. v. CVS Health Corporation et al. (U.S. District Court for the District of Rhode Island). In February 2016, a class action lawsuit was filed against the Company, the Benefit Plans Committee of the Company, and Galliard Capital Management, Inc., by Mary Barchock, Thomas Wasecko, and Stacy Weller, purportedly on behalf of the 401(k) Plan and the Employee Stock Ownership Plan of the Company (the "Plan"), and participants in the Plan. The complaint alleged that the defendants breached fiduciary duties owed to the plaintiffs and the Plan by investing too much of the Plan's Stable Value Fund in short-term money market funds and cash management accounts. The court recently granted the Company's motion to dismiss the plaintiffs' amended complaint. In May 2017, plaintiffs filed a notice of appeal from that ruling in the United States Court of Appeals for the First Circuit.
- State of California ex rel. Matthew Omlansky v. CVS Caremark Corporation (Superior Court of the State of California, County of Sacramento). In April 2016, the court unsealed a first amended qui tam complaint filed in July 2013. The government has declined intervention in this case. The relator alleges that the Company submitted false claims for payment to California Medicaid in connection with reimbursement for drugs available through the CVS Health Savings Pass program as well as certain other generic drugs. The case has been stayed pending the relator's appeal of the judgment against him in a similar case against another retailer.
- Retail DEA Matters. In July 2017, the Company finalized agreements with the U.S. Attorney's Office for the Eastern District of California and the DEA to resolve alleged violations of the Controlled

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F he Company has been also undergoing several audits by the DEA Administrator and is in discussions with the DEA and the U.S. Attorney's Office in several locations concerning allegations that the Company has violated certain requirements of the CSA.

- West Virginia Opioid Litigation. In March 2017, the Company was named as a defendant in four separate lawsuits filed in the U.S. District Court of the Southern District of West Virginia on behalf of counties in the state of West Virginia (Cabell, Fayette, Kanawha and Wayne counties), each of which alleges that CVS Indiana LLC, as well as various other distributors of controlled substances, caused a public nuisance related to opioid abuse by failing to detect and/or report purported suspicious orders of opioids distributed for dispensing in the plaintiff counties. Omnicare Distribution Center LLC also is named as a defendant in the complaint filed by Kanawha County. The Company is defending these lawsuits.
- Cherokee Nation Opioid Litigation. In April 2017, the Company was named as a defendant in an action filed on behalf of the Cherokee Nation in the District Court of Cherokee Nation (the "Cherokee Action"). The lawsuit asserts several causes of action arising from allegations that large retail pharmacies and wholesale distributors caused widespread opioid abuse among members of the Cherokee Nation by purportedly failing to comply with the Controlled Substances Act and/or otherwise failing to prevent the diversion of opioids. In June 2017, the Company filed a motion to dismiss the Cherokee Action. Also in June 2017, the six defendants in the Cherokee Action collectively filed a complaint in the U.S. District Court for the Northern District of Oklahoma, McKesson, et al. v. Hembree, et al., seeking a declaration and preliminary injunction prohibiting the District Court of Cherokee Nation from exercising jurisdiction over the Cherokee Action.
- State of Mississippi v. CVS Health Corporation et al. (Chancery Court of Desoto County, Mississippi, Third Judicial District). In July 2016, the Company was served with a complaint filed on behalf of the State of Mississippi alleging that CVS retail pharmacies in Mississippi submitted false claims for reimbursement to Mississippi Medicaid by not submitting the price available to members of the CVS Health Savings Pass program as the pharmacy's usual and customary price. The Company has responded to the complaint, filed a counterclaim, and moved to transfer the case to circuit court. The motion to transfer was granted, which the State has appealed, and the motion to dismiss remains pending.
- Mayberry v. Walgreens Co., et al. (U.S. District Court for the Northern District of Illinois). In March 2017, a complaint was filed against the Company (and several other retail pharmacy defendants) alleging that the defendant pharmacies improperly submitted certain insulin claims through Medicare Part D rather than Part B. The Company is defending this action. The Company separately received in December 2016 a Civil Investigative Demand from the U.S. Attorney's Office for the Northern District of New York, requesting documents and information in connection with a False Claims Act investigation concerning whether the Company's retail pharmacies improperly submitted certain insulin claims to Medicare Part D rather than Part B. The Company has been cooperating with the government and providing documents and information in response to the Civil Investigative Demand.
- Cold Chain Logistics CID. In September 2016, the Company received from the DOJ a Civil Investigative Demand in connection with an investigation as to whether the Company's handling of certain temperature-sensitive pharmaceuticals violates the federal Food, Drug and Cosmetic Act and the False Claims Act. The Company has been cooperating with the government and providing documents and information in response to the Civil Investigative Demand.
- Amburgey et al. v. CaremarkPCS Health, L.L.C. (U.S. District Court for the Central District of California). In March 2017, the Company was served with a complaint challenging the policies and procedures used by CVS Specialty pharmacies to ship temperature-sensitive medications. The case is similar to a matter already pending against the Company in the Superior Court of California (Los Angeles County), Bertram v. Immunex Corp., et al., which was filed in October 2014. The Company is defending these lawsuits.
- Barnett et al. v. Novo Nordisk Inc., et al. and Boss, et al. v. CVS Health Corporation, et al.(both pending in the U.S. District Court for the District of New Jersey). These putative class actions were

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F — Ms and manufacturers of insulin in March 2017. Plaintiffs in both cases allege that the PBMs and manufacturers have engaged in a conspiracy whereby the PBMs sell access to their formularies by demanding the highest rebates, which in turn causes increased list prices for insulin. The primary claims are antitrust claims, claims under the Racketeer Influenced and Corrupt Organizations Act ("RICO"), violations of state unfair competition and consumer protection laws and in Boss, claims pursuant to the Employee Retirement Income Security Act ("ERISA"). The Barnett plaintiffs seek to represent a nationwide class of all persons who paid any portion of the purchase prices for a prescription for certain insulin products at a price calculated by reference to a benchmark. The Boss plaintiffs purport to represent multiple nationwide classes including a non-ERISA Employee/Exchange Plan class, an ERISA class, a Medicare class and an uninsured class. The Company continues to defend these lawsuits.

- Insulin Products Investigation. In April 2017, the Company separately received a Civil Investigative Demand from the Attorney General of Washington, seeking documents and information regarding pricing and rebates for insulin products in connection with a pending investigation into unfair and deceptive acts or practice regarding insulin pricing. PBM has been notified by the Office of the Attorney General of Washington that information provided in response to the Civil Investigative Demand will be shared with the Attorneys General of California, Florida and Minnesota. In July 2017, the Company received a Civil Investigative Demand from the Attorney General of Minnesota, seeking documents and information regarding pricing and rebates for insulin and epinephrine products in connection with a pending investigation into unfair and deceptive acts or practices regarding insulin and epinephrine pricing.
- Bewley et al. v. CVS Health Corporation, et al. and Prescott, et al. v. CVS Health Corporation, et al. (both pending in the U.S. District Court for the Western District of Washington). These putative class actions were filed in May 2017 against the Company and other pharmacy benefit managers and manufacturers of glucagon kits (Bewley) and diabetes test strips (Prescott). Both cases allege that, by contracting for rebates with the manufacturers of these diabetes products, the Company and other PBMs caused list prices for these products to increase, thereby harming certain consumers. The primary claims are made under federal antitrust laws, RICO, state unfair competition and consumer protection laws, and ERISA. The Company is defending these class action lawsuits.
- Klein, et al. v. Prime Therapeutics, et al. (U.S. District Court for the District of Minnesota). In June 2017, a putative class action complaint was filed against the Company and other pharmacy benefit managers on behalf of ERISA plan members who purchased and paid for EpiPen or EpiPen Jr. Plaintiffs allege that the pharmacy benefit managers are ERISA fiduciaries to plan members and have violated ERISA by allegedly causing higher inflated prices for EpiPen through the process of negotiating increased rebates from EpiPen manufacturer, Mylan. The Company is defending these class action lawsuits.
- Medicare Part D CID. In May 2017, the United States Attorneys' Office for the Southern District of New York issued a Civil Investigative Demand to the Company concerning possible false claims submitted to Medicare in connection with reimbursements for prescription drugs under the Medicare Part D program. The Company has been cooperating with the government and providing documents and information in response to the Civil Investigative Demand.

The Company is also a party to other legal proceedings, government investigations, inquiries and audits, and has received and is cooperating with subpoenas or similar process from various governmental agencies requesting information, all arising in the normal course of its business, none of which is expected to be material to the Company.

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Annex 14 PROFIT AND LOSS TEMPLATE (Minimum Information)

[To be provided to IngenioRx in Excel file or such other format acceptable to IngenioRx]

Revenue

Pharmacy Claims Drug Spend Includes: Network, Mail, Specialty, and Discount Card

Administrative Fees
Pharmacy Transaction Fees
Fees are available but would need to develop a process to ensure ties to their monthly

Ancillary Service Fees Includes and Clinical Program

Rebates Earned

Manufacturer Admin Fees Earned

Other Discounts or Credits Includes: Performance GTEs, SWs, Implementation Credits, Development Pools, etc.

Total Revenue

Rebates Paid

Cost of Good Sold

Pharmacy Claims Cost of Goods Includes: Network, Mail, Specialty, and Discount Card

Manufacturer Admin Fees Paid

Cost of Service

Total Cost of Good Sold

Gross Profit

SG&A

Direct Admin Cost Allocated Admin Total SG&A

EBIT/Operating Income

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Annex 15 REBATE GUARANTEES AND ASSUMPTIONS INFORMATION TEMPLATE (TRANSPARENCY)

| Year 1 | | | | Year 2 | | | Year 3 | | | | Year 4 | | | | Year 5 | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Formulary – Retail Participating Pharmacies and Mail Order Pharmacies | Retail Participating Pharmacies | Retail Participating Pharmacies | Mail Order Pharmacies | Mail Order Pharmacies | Retail Participating Pharmacies | Retail Participating Pharmacies | Mail Order Pharmacies | Mail Order Pharmacies | Retail Participating Pharmacies | Retail Participating Pharmacies | Mail Order Pharmacies | Mail Order Pharmacies | Retail Participating Pharmacies | Retail Participating Pharmacies | Mail Order Pharmacies | Mail Order Pharmacies | Retail Participating Pharmacies | Retail Participating Pharmacies | Mail Order Pharmacies | Mail Order Pharmacies |
| Drug Name | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Guaranteed Rebate Revenues (Per Brand Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) |
| Drug 1 | 2.02603% | \$10.85 | 3.98172% | \$42.66 | 2.02603% | \$10.85 | 3.98172% | \$42.66 | 2.02603% | \$10.85 | 3.98172% | \$42.66 | 2.02603% | \$10.85 | 3.98172% | \$42.66 | 2.02603% | \$10.85 | 3.98172% | \$42.66 |
| Drug 2 | 1.87471% | \$10.04 | 2.50823% | \$26.87 | 1.87471% | \$10.04 | 2.50823% | \$26.87 | 1.87471% | \$10.04 | 2.50823% | \$26.87 | 1.87471% | \$10.04 | 2.50823% | \$26.87 | 1.87471% | \$10.04 | 2.50823% | \$26.87 |
| Drug 3 | 1.58032% | \$8.47 | 0.20547% | \$2.20 | 1.58032% | \$8.47 | 0.20547% | \$2.20 | 1.58032% | \$8.47 | 0.20547% | \$2.20 | 1.58032% | \$8.47 | 0.20547% | \$2.20 | 1.58032% | \$8.47 | 0.20547% | \$2.20 |
| Drug 4 | 1.55686% | \$8.34 | 2.41277% | \$25.85 | 1.55686% | \$8.34 | 2.41277% | \$25.85 | 1.55686% | \$8.34 | 2.41277% | \$25.85 | 1.55686% | \$8.34 | 2.41277% | \$25.85 | 1.55686% | \$8.34 | 2.41277% | \$25.85 |
| Drug 5 | 1.22978% | \$6.59 | 1.48612% | \$15.92 | 1.22978% | \$6.59 | 1.48612% | \$15.92 | 1.22978% | \$6.59 | 1.48612% | \$15.92 | 1.22978% | \$6.59 | 1.48612% | \$15.92 | 1.22978% | \$6.59 | 1.48612% | \$15.92 |

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| Name of | Yea | ar 1 | Yea | ar 2 | Yea | ar 3 | Yea | ar 4 | Yea | ar 5 |
|-------------|---|---|--|---|---|---|---|---|---|---|
| Formulary - | Specialty | Specialty | Specialty | Specialty | Specialty | Specialty | Specialty | Specialty | Specialty | Specialty |
| Specialty | Pharmacies | Pharmacies | Pharmacies | Pharmacies | Pharmacies | Pharmacies | Pharmacies | Pharmacies | Pharmacies | Pharmacies |
| Pharmacies | 11.4236% | \$ 761.57 | 11.4236% | \$ 761.57 | 11.4236% | \$ 761.57 | 11.4236% | \$ 761.57 | 11.4236% | \$ 761.57 |
| Drug Name | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) | Contribution to the Rebate Guarantee (as a percentage of Brand Drug WAC) | Contribution to the Rebate Guarantee (Per Brand Drug Claim) |
| Drug 1 | 3.90393% | \$ 260.26 | 3.90393% | \$ 260.26 | 3.90393% | \$ 260.26 | 3.90393% | \$ 260.26 | 3.90393% | \$ 260.26 |
| Drug 2 | 3.36300% | \$ 224.20 | 3.36300% | \$ 224.20 | 3.36300% | \$ 224.20 | 3.36300% | \$ 224.20 | 3.36300% | \$ 224.20 |
| Drug 3 | 2.40832% | \$ 160.55 | 2.40832% | \$ 160.55 | 2.40832% | \$ 160.55 | 2.40832% | \$ 160.55 | 2.40832% | \$ 160.55 |
| Drug 4 | 0.97373% | \$ 64.92 | 0.97373% | \$ 64.92 | 0.97373% | \$ 64.92 | 0.97373% | \$ 64.92 | 0.97373% | \$ 64.92 |
| Drug 5 | 0.77458% | \$ 51.64 | 0.77458% | \$ 51.64 | 0.77458% | \$ 51.64 | 0.77458% | \$ 51.64 | 0.77458% | \$ 51.64 |

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Annex 16 PRICING TIERS SAMPLE

[To be provided to IngenioRx in Excel file or such other format acceptable to IngenioRx]

| | _ | | | | | | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------|
| | _ | Small | | | | | | Pass | Pass | | |
| | Individual | Group | Key | Major | Public | Special | National | Through A | Through B | All | |
| | California | |
| | FI | ASO | ASO | ASO | |
| | BROAD NETWORK | |
| Broad Network Retail 30 Non- Specialty Drugs | | | | | | | | | | | Exh 3 |
| Effective Brand Drug (Net Effective Brand AWP %) Net Effective Generic Drug (Net Effective Generic price %) Generic DF Brand DF | | | | | | | | | | | |
| Broad Network Retail 90 Non- | | | | | | | | | | | |

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| Specialty Drugs | | | | | |
|---|--|--|--|--|--|
| Net Effective Effective Brand Drug (Net Effective Brand AWP - %6) Net Effective Generic Drug (Net Effective Generic price - %6) Generic DF Brand DF | | | | | |
| Broad Network Less 1 National Chain Retail 30 Non- Specialty Drugs Net Effective Brand Drug (Net Effective Brand AWP | | | | | |

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| | | | | . 6 | r | |
|---|--|--|--|-----|---|---|
| Net Effective Generic Drug (Net Effective Generic price%) Generic DF Brand DF | | | | | | |
| Broad Network Less 1 National Chain Retail 90 Non- Specialty Drugs Net | | | | | | |
| Net Effective Brand Drug (Net Effective Brand AWP %) Net Effective Generic Drug (Net Effective Generic price %) Generic DF Brand DF | | | | | | Ì |

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| Broad Network with 1 Anchor Chain Retail 30 Non- Specialty Drugs | | | | | |
|---|--|--|--|--|--|
| Net Effective Brand Drug (Net Effective Brand AWP%) Net Effective Generic Drug (Net Effective Generic price%) Generic DF Brand DF | | | | | |
| Broad Network with 1 Anchor Chain Retail 90 Non- Specialty Drugs | | | | | |

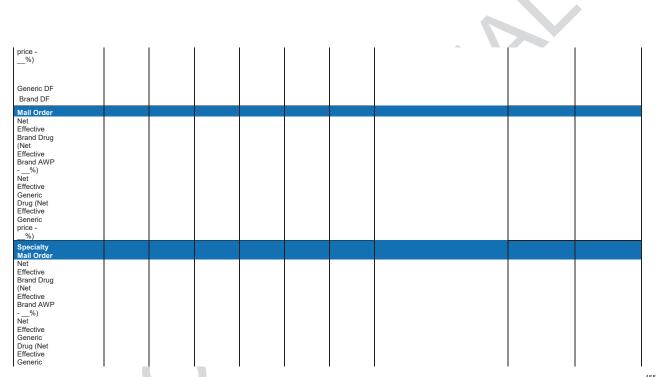
ات Bervices Agreement (Caremark

| | | | | 7 | |
|---|--|--|--|---|--|
| Net Effective Brand Drug (Net Effective Brand AWP%) Net Effective Generic Drug (Net Effective Generic price%) Generic DF Brand DF | | | | | |
| RxChoice Retail 30 Non- Specialty Drugs | | | | | |
| Drugs Net Effective Brand Drug (Net Effective Brand AWP %) Net Effective Generic Drug (Net Effective Generic price%) Generic DF | | | | | |

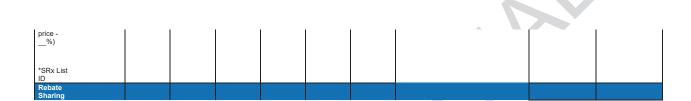
II BM Services Agreement (Carema

| Brand DF | | | | _ | | |
|---|--|--|--|---|--|--|
| RxChoice Retail 90 Non- Specialty Drugs | | | | | | |
| Net Effective Brand Drug (Net Effective Brand AWP %) Net Effective Generic Drug (Net Effective Generic price %) Generic DF Brand DF | | | | | | |
| Specialty at Retail Net Effective Brand Drug (Net Effective Brand AWP %) Net Effective Generic Drug (Net Effective Generic Generic | | | | | | |

II BM Services Agreement (Carema



II BM Services Agreement (Carema



Services Agreement (Carema

Unless otherwise stated in an <u>Attachment 1</u> (LOB Description of Services) to a Line of Business Schedule, this <u>Exhibit 1</u> (Description of Services) applies to all Lines of Business. PBM shall provide the Services set forth in this <u>Exhibit 1</u> (Description of Services) in a manner consistent with the Agreement and applicable Law.



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PBM Services Agreement (Caremark)

- 1. Initial Implementation Transition of Business to PBM. Beginning on the Effective Date, PBM shall engage in such activities required to facilitate a successful and seamless transition of all Covered Plans, IngenioRx Customers, and Members from their current pharmacy benefit management vendor and/or other vendors to PBM to provide for "go live" readiness by May 1, 2019 for the first wave of migration agreed to by the Parties, and subsequent dates to support future agreed upon waves of migration with the final wave to be completed by no later than January 1, 2020 or such later date specified by IngenioRx, including the following:
- 1.1 <u>Implementation Team</u>. To support the Implementation Services, PBM shall provide a team of experienced PBM Dedicated Personnel, which shall be comprised of experienced subject matter experts that will align to the IngenioRx organizational structure. One individual of the PBM implementation team shall be designated as the "lead", who shall be responsible for the implementation management, coordination, and reporting, including identification, management, tracking, and resolution of implementation risks and issues and escalation of implementation risks and issues to senior leadership.
- 1.2 Implementation Plan. Within ninety (90) days after the Effective Date, PBM Dedicated Personnel shall work diligently and in good faith with IngenioRx to finalize a mutually agreed upon Implementation Plan, which such final Implementation Plan shall be signed by the authorized representatives of each Party and deemed incorporated herein by this reference once fully executed. The Implementation Plan shall at a minimum meet the requirements set forth in Attachment 1 to Exhibit 1-A (Draft—Implementation Plan). In connection with Implementation Plan activities required, PBM shall identify any Member impact due to the transition of each Service to PBM (e.g., Member impact due to differences in adjudication logic, brand/generic designation, etc.), and shall provide for a transition and communication plan to address and minimize Member impact. In the event a new Covered Plan is added to this Agreement after the Effective Date but before the Services Commencement Date, the Parties shall promptly amend the Implementation Plan to address any additional and/or different requirements for the new Covered Plan, which such amended Implementation Plan shall be signed by the authorized representatives of each Party and deemed incorporated herein by this reference once fully executed.
- 1.3 <u>Performance of Implementation Plan.</u> PBM, at its sole cost, shall carry out the Implementation Plan through the direction and supervision of PBM Dedicated Personnel and shall perform the Services described in the Implementation Plan, consistent with the Implementation Milestones. PBM shall cooperate and work with the previous pharmacy benefit managers and carry out the Implementation Plan in such a manner to guarantee a successful transition without Member disruption.
- 1.4 <u>"Go Live"</u>. Unless otherwise directed by IngenioRx due to failure of PBM to comply with the Implementation Plan, PBM shall implement Covered Plans in accordance with a mutually agreed upon schedule of Service Commence Dates by the Parties. In IngenioRx's sole discretion, Covered Plans may have Service Commencement Dates that are staggered. PBM shall not implement any Covered Plan prior to its Services Commencement Date.
- 1.5 Pre and Post Implementation Testing. PBM shall ensure there is a robust testing process acceptable to IngenioRx and that is SSAE 18 compliant that will identify and correct any Plan Design information configuration errors and Formulary errors. The manner and extent to which Plan Design information and Formularies have been tested will be documented, such as drug exclusions or quantity limitations and plan parameters such as Cost Share and benefit intervals. Such testing shall be completed by PBM both prior to and after implementation. PBM shall complete the pre-implementation testing and correct testing errors in accordance with the Implementation Milestones. PBM shall complete the post-implementation testing at least twenty (20) days and no more than forty (40) days following implementation of each "go live" date. The post-implementation testing shall include a comparison of the pre- and post-implementation testing results to identify errors. PBM shall correct all post-implementation testing errors within three (3) Business Days of such testing. PBM shall provide IngenioRx with a test plan summary document that shows test results for coverages, exceptions, Cost Share, and any additional testing unique to a Covered Plan, along with a more detailed document of the test results. PBM shall provide IngenioRx

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F at IngenioRx can also test Plan Design information and Formularies.

- 1.6 <u>Implementation Plan Log.</u> A current and up to date Implementation Plan log shall be provided to IngenioRx on a weekly basis, tracking all Implementation activities, Milestones, issues, and risks. PBM shall also provide to IngenioRx additional written updates as may be requested from time to time regarding the specifics with respect to progress on the details and status of the Implementation Plan activities.
- 1.7 <u>Executive Leadership Implementation Support</u>. The PBM implementation team will be supported by PBM executive leadership, which will make itself available to participate in quarterly meetings with IngenioRx for purposes of discussing implementation status and issues. Such meetings will be in person or telephonic, as determined by IngenioRx. No less than five (5) Business Days before each quarterly leadership implementation meeting, PBM will provide to IngenioRx an agenda for the meeting that: (a) identifies the implementation status, including tracking of each Implementation Milestone; (b) identifies any issues with the implementation identified by PBM and/or IngenioRx; and (c) identifies any risks with meeting future Implementation Milestones identified by PBM and/or IngenioRx. PBM will make good faith efforts to ensure that sufficient time is scheduled for the quarterly leadership implementation meeting to allow the executive leaderships to fully discuss and address all implementation matters on the agenda.
- 2. Subsequent Covered Plan Implementations. In the event a new Covered Plan is added under this Agreement or a new Government Contract is entered by a Covered Plan after the initial implementation in Section 1 (Initial Implementation Transition of Business to PBM) above is complete, PBM shall engage in such activities required to facilitate a successful and seamless transition of the new Covered Plan and its Members from the Covered Plan's prior pharmacy benefit management vendor and/or other vendors to PBM to provide for "go live" readiness by the agreed upon date following the processes set forth Section 1 (Initial Implementation Transition of Business to PBM) above. The Parties shall mutually agree upon an Implementation Plan for such Covered Plan following the framework set forth in the Implementation Plan agreed upon under Section 1 (Initial Implementation Transition of Business to PBM) above.
- **3. Subsequent Group Implementations.** After the initial implementation in <u>Section 1</u> (Initial Implementation Transition of Business to PBM) above is complete, in the event a new Group is added under this Agreement, PBM shall engage in such activities required to facilitate a successful and seamless transition of all Groups from their prior pharmacy benefit management vendor and/or other vendors to PBM, including timely and accurately loading into the PBM systems the following in connection with each such new Group:
 - Group information;
 - · Group to plan conversions;
 - · Group level pharmacy benefits information;
 - Group specific network requirements;
 - · Eligibility Information;
 - Member information regarding allergy and health conditions, HIPAA blocks and restrictions, and twenty-four (24) months of historical information and such other notes and information necessary to seamlessly continue care and service to Members without disruption or delay in such care or services;
 - Plan Design information;
 - Formulary information, including utilization management criteria and edits at the NDC11 level (to the extent available);
 - Claims history for a period of no less than twenty-four (24) months;
 - Prior authorization history (including approvals and denials) and other clinical approvals and denials for a period of no less than twenty-four (24) months;
 - Prior authorization and other clinical approval criteria;
 - Open prior authorizations and other clinical approval requests; and
 - · Mail and specialty open refill files.
- **4. Member Transition Materials.** Upon IngenioRx's request, PBM will make available implementation information to Members which may include the following materials: (i) introductory cover

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PBM Services Agreement (Caremark)

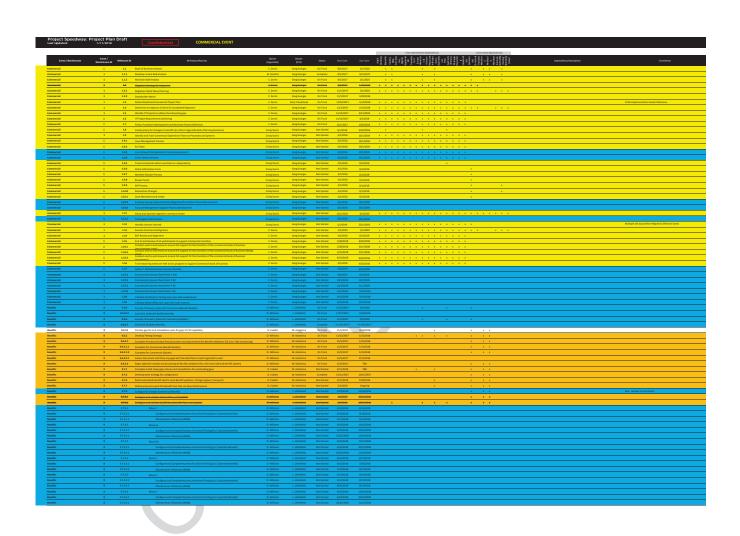
Docusign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F within the pharmacy network; (iii) a standard IngenioRx benefit brochure; (iv) mail service order form; (v) paper Claim reimbursement form, if applicable; and (vi) Formulary, if applicable. At IngenioRx's election, PBM shall prepare envelopes for mailing such information to Members. PBM will use Member address information provided as part of the Eligibility Information and shall promptly notify IngenioRx in the event of any return mail so that potential errors/discrepancies can be resolved.



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Attachment 1 to Exhibit 1-A Draft – Implementation Plan

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| roject Speedway: Pro st Updated: | ect Plan | Confidential COMMERCIAL EVENT | | | | | |
|---|----------------------------------|--|---|---|--|--|--|
| | | | | | | | Cross Worksham Expendences Cross Family Supportances |
| Event/Workstream | Event / Workstream ID | Milestone D Milestone/Activity | Owner (Ingenicks) | | | | Cumment |
| eSta | | 92.9.7 Wave 6 | 0. Williams | L. Littliefield | NotStarted | 7/16/2018 | 14/14/2008 |
| ess: | - | 9.7.9.7.5 Configure and Complete Business Fundament Feeling (not. Specially Benefits) 9.7.9.7.2 Maintenance of Business (MOB) | O. Williams | L. Littlefeld | Not Started 1 | 10/22/2018 | SET VICTORIS |
| eSta | | 9.7.9.8 Wave 7 (act. 2019 Benefits) | 0. Williams | L. Littliefield | Not Started | 8/20/2018 | NATA (CORR) |
| effor | - | 9.7.9.8.2 Configure and Complete Business Functional Testing (n.d. Specialty Benefits) 9.7.9.8.2 Maintenance of Business (MOB) | O. Williams | L. Littlefield | Not Started 1 | 10/22/2018 | SERVICES SER |
| ifor | | 13.1 Transition to "Lights-On" for Commercial | D. Cubbin | M. Kolachina | Not Started | 3/19/2018 | 1,11,1009 . |
| des des | - | S.8.0 Certification Testing Succure on Renating Fallout Resolution Plan | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | Not Started Not Started | 8/1/2018 12/1/2018 | VA1038 VA1038 VA1038 |
| du | 9 | 9.11.0 Execute Parallel Processing | D. Cubbin | M. Kolachina | Not Started | 1/1/2009 | <u>4</u> 27249 |
| Sos Sos | | 9.11.2 Execute on Benefits Fallout Resolution Plan 9.12.0 Configure 2020 Benefits | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | Not Started Not Started | 3/31/2019 3/1/2019 | \$272088 |
| Stor. | 9 | 9.12.1 Complete for Commercial | D. Cubbin | M. Kolachina | Not Started | 8/1/2009 | 0/1/009 |
| fits nr, ODS, Extracts, & Accumulators | 9 50 | 9.12.0 Complete "Go / No Go" Assessment for Sensetts Go-Live 10.1.2.7 OCG Integrated Accountlation Requirements Approved | R. Bosman | M. Kolachina Dawn Ingino | Not Started Not Started | 9/1/2009 10/5/2019 | Q1,0008 2,00,0008 X X X X X X X X X X X X X X X X X X X |
| ne, 00%, Extracts, & Accumulators | 10 | 10.1.4 Complete OCG Accumulator Testing | G. Brandetter | L. Vooder | Not Started | 6/10/2018 | 12/14/2008 |
| rs, COS, Extracts, & Accumulators rs, COS, Extracts, & Accumulators | 50 50 | 10.1.4.4 Confirm readinest for Cert testing 10.1.5 Implement Obf Accumulations | G. Brandetter G. Brandetter | L. Vooder L. Vooder | Not Started Not Started | 9/1/2018 8/18/2018 | 12/12/2009 x x |
| ne, COS, Extracts, & Accumulators | 10 | 18.1.5.1 ODS Operational Readiness | G. Brandetter | L. Vooder | Not Started | 20/1/2018 | 12/31/3008 |
| ns, 60%, Extracts, & Accumulators ns, 60%, Extracts, & Accumulators | 50 50 | 18.1.5.3 OCG Transition to Production/Lights On 18.2.2.7 LITES integrated Accumulation Requirements Approved | G. Brandelber M. Gwada | L. Vooder N/A | | 12/31/2018 2/15/2018 | 12/(12/000) x x x x x x x x x x x x x x x x x x |
| is, OOS, Extracts, & Accumulators is, OOS, Extracts, & Accumulators | 10 | 10.2.2 Lift's imagrated Accumulation Requirements Approved 10.2.4 Complete Lift's Accumulator Testing | M. Gwodian | L Vooder | | 6/10/2018 | 2,14(47018 |
| ns, 00%, Extracts, & Accumulators | 10 | 10.2.4.4 Confirm readment for Cert testing 10.2.5 Implement UTSS Accomplistor | M. Gwods M. Gwods | L. Vooder L. Vooder | Not Started Not Started | 9/1/2018 8/18/2018 | 12/(1,000) x x |
| nc, 005, Extracts, & Accumulators nc, 005, Extracts, & Accumulators | 10 | 10.2.5.1 LITES Operational Readiness | M. Gwodu | L. Vooder | Not Started | 10/1/2018 | 12/74/7608 x |
| ns, 005, Extracts, & Accumulators ns, 005, Extracts, & Accumulators | 50 | 10.2.5.2 LITES Transition to Production/Lights On | M. Gwoods M. Gwoods | L. Vooder | Not Started | 12/31/2018 | 12/12/2009 x 2014/2008 x x x x x x x x x x x x x x x x x x |
| is, 005, Extracts, & Accumulators is, 005, Extracts, & Accumulators | 10 | 10.3.2.7 integrated Accumulation Requirements Approved - Near-Real Time WSS & Ratch 10.3.4 Complete Near Real Time WSS & Ratch Accumulator Testing | I. Crushino R. Bosman | | | 8/5/2008 8/5/2008 | \$15(2008 X X X X X X X X X X X X X X X X X X |
| is, 005, Extracts, & Accumulators | 10 | 50.3.4.4 Confirm readiness for Cent testing | G. Bondetter | L. Vooder | Not Started | 8/1/2018 | D/AZONS |
| is, 00%, Extracts, & Accumulators is, 00%, Extracts, & Accumulators | 10 | 10.3.5 Implement Near Real Time WISS & Batch Accumulator Implementation 10.3.5.1 Near Real Time WISS & Batch Accumulator Implementation | G. Brandetter | L. Vooder | Not Started Not Started | 8/1/2018 | 1 |
| ic, COS, Extractic, & Accumulators | 10 | 10.3.5.3 Near Real Time WGS & Rosch Transition to Production/Lights On | G. Brandetter | L. Vooder | | 12/91/2018 | 12/11/2009 x x x x x x x x |
| is, OOS, Extracts, & Accumulators is, OOS, Extracts, & Accumulators | 10 | 10.4 Incerdace Inventory Review and Assignment 10.5 Accumulator Data History (Inc Pharmacy Only Accump) | R Bossnan | H. Drake | On Track S | 10/18/2017 | 13/24/0000 x x x x x x x x x x x x x x x x x |
| is, 00%, Extracts, & Accumulators | 10 | 16.6 Daily Clains File to Warehouse & ODS | k fosman | H. Drake | | 10/18/2017 | 13/31/2000 · · · · · · |
| ns, COS, Extracts, & Accumulators | 10 | 10.7 billing Claims File to Finance , Warehouses | R Bossman L'Minaver | H. Drake S. Bell | On Yrack | 11/1/2017 | 1373/2009 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| is, 00%, Extracts, & Accumulators | 10 | 10.8 Daily Major Medical Claims File Transition | k fosman | H. Drake | On Yrack : | 10/18/2017 | 13/74/2009 x |
| is, COS, Extracts, & Accumulators is, COS, Extracts, & Accumulators | 10 | 10.8.8.4 Confirm readiness for Cert testing | D. Amatruda | S. Dysoskharan W. Droke | Not Started | 9/1/2018 | 12/82/008 |
| is, 00%, Extracts, & Accumulators | 10 | 18.32 Claim History Load | k Rosman | H. Drake | On Yrack | 12/1/2017 | 20/22/2006 x x x |
| rs, COS, Extracts, & Accumulators rs, COS, Extracts, & Accumulators | 50 | 18.18 Adjustment Processing Process, Development 18.14 CVS/Paper Claims / Subrogation Setup Development | R Bosman R Bosman | | Not Started 1 | 1/1/2018 | Grande 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| rs, 60%, Extracts, & Accumulators | 10 | 18.15 Adjudication Plan Design Change – Middle Tier for Out Network Claims | R. Bossman | | On Track | | 44 K |
| ns, 00%, Extracts, & Accumulators | 50 | 18.36 Ingeniols Warehouse Renefit Interface | Ř Bosman | | Not Started | 1/1/2008 | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 |
| is, COS, Estracts, & Accumulators is, COS, Estracts, & Accumulators | 50 | 18.17 Ingesioils Warehouse Formulary Interface 18.18 Ingesioils Warehouse Network Feed / Plan Finder Interfaces | R Bosman R Bosman | | | 1/1/2018 | 11/24/2009 |
| is, COS, Extracts, & Accumulators | 10 | 18.38.6.4 Confirm readment for Cent testing | 1. Weaver 1. Contribe | H. Drake TRO | Not Started Not Started | 9/1/2018 1/1/2018 | \$2/15,000 12/15,000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| is, COS, Extracts, & Accumulators is, COS, Extracts, & Accumulators | 50 50 | 18.29 Specialty Copay Program 18.20 Develop Policies and Procedures for Real Time Accurs Local Processing Mode | R Bossnan | H. Drake | Not Started Not Started | 1/1/2018 | 12/13/2009 I I I I I CYGI Inglamerativa Guide Millianne 12/13/2009 I I I I I CYGI Inglamerativa Guide Millianne |
| | 50 | 18.21 ACA/CSR Subsidy Pass 2 Claim Adjudication during Real Time | R Roseran R Roseran | H. Drake H. Drake | Not Started | | |
| ns, ODS, Extracts, & Accumulators ns, ODS, Extracts, & Accumulators | 50 50 | 18.22 FSA/H.S.A. Clots Feeds: 18.23 COB Adjustication Fulle Set up | R Bossnan | H. Drake | Not Started Not Started | 1/1/2018 | 10/24/2009 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| act, Legal, and Regulatory | 11 | | T. Wiber | 1.Hendrix | On Track | 11/6/2017 | (9),001 |
| é Applications, Portais, & Hubs | 12 | 12.1.1 Deptical paternay Mapping Commercial 12.1.1 Deptical Application and Percial Debusy - Member Partial 12.1.1 Deptical Application and Percial Debusy - Member Partial 12.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application and Percial Debusy - Member Medical Medical Review 14.1.1 Deptical Application | R.HII R.HII | H. Rayden H. Rayden | | 1/1/2018 3/1/2018 | |
| d Applications, Portals, & Hubs | 12 | | R.Hill | H. Rayden | | 3/1/2018 | 1100/039 X X X X X X X X X X X X X X X X X X X |
| d Applications, Portals, & Hubs | 12 12 | 12.4.4 Digital Application and Portal: Delivery - Clent / Bishier Portal 12.4.5 Digital Application and Portal: Delivery - Specialty Portal | 8.HII 8.HII | K. Rayden K. Rayden | Not Started | | 14/29/2029 x x x x x x x x x x x x x x X X X X X |
| d Applications, Portals, & Hubs | 12 | 12.4.6 Digital Application and Portal: Delivery - Open Enrollment Youl | R.HII | | | | 1(28/2029) X X X X X X X X X X X X X X X X X X X |
| al Applications, Portals, & Hubs al Applications, Portals, & Hubs | 12 | 12.4.3 Digital Application and Portal: Delivery - Member Service Yooks (Sustamer Chiles Support Yook, Session Replay, act). 12.4.9 Digital Application and Portal: Delivery - SMS, Char, and Secure Messaging | 8.HII 8.HII | H. Rayden | Not Started Not Started | 3/1/2018 | 1(VA)099 |
| il Applications, Portals, & Hubs il Applications, Portals, & Hubs | 12 | 12.5.2 Member Migration: Customer Communication Preferences | 8.60 | K. Rayden | NotStarted | 3/1/2018 | 4/2/2018 X X X X X X X X X |
| d Applications, Portals, & Hubs | 12 | 13.5.3 Member Migration: Safy Member Digital Adoption 13.1 Transition of Processes and Services | R. Hill C. Beich | K. Rayden | Not Started On York | | |
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| ondition & Historical Loading | | 13.2 Initial Run Out Strategy and Business Requirements 13.2.2 Complete detailed business run out requirements from applicable events and workstreams | C.Reich C.Reich | Dawn Ingino D. Ingino | | 12/15/2017 | \$\langle \text{TI_0000} \text{ X } X |
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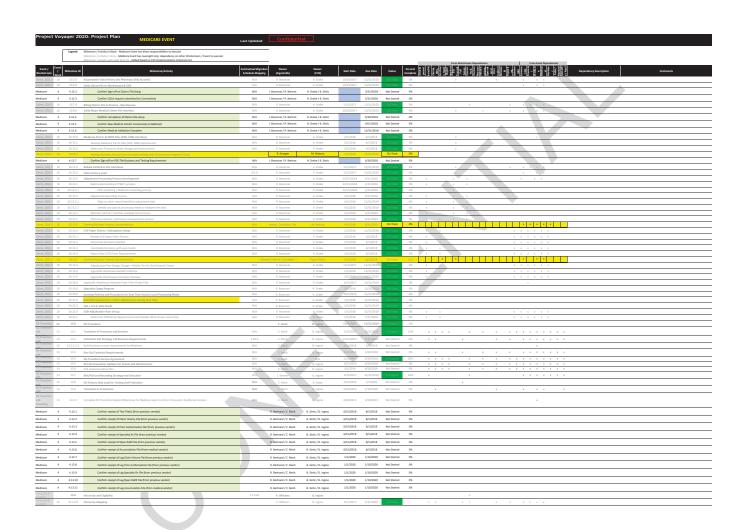
| roject Speedway: F sst Updated: | Project Pl: 1/11/2011 | an Draft Confidential COMMERCIAL EVENT | | | | | |
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| Event/Workstream | Sweet/ | Milestone ID Milestone (Astivity | Owner (Ingenicital) | Owner | Status | Start Date | Due libre |
| l Transition & Historical Loading | 13 | 13.7.9 Notify Switching Company for duplicate routing of claims | J. Werner | N/A | Not Started | 8/15/2018 | 가는 할 마다에 다양을 본 사람, 토일회가는 기국부회로 중 한 논문에 와 로봇돌루돌아 Rivoria |
| il Transition & Historical Loading | - 13 | 13.8.6 Load ESI data for parallel processing (2 years of historical data for claims, accumulators, and PAU) | C. Reich | D. Eaton | Not Started | 10/9/2018 | STATEMENT |
| SI Transition & Historical Loading | 13 | 13.7.22 George Reconsing Plan 13.8.2 George Reconsing Plan 13.8.3 George Reconsing Plan 13.8 George Reconsing Plan 13.8 George Reconsing Plan 13.8 George Reconsing Plan 13.8 George | J. Werner C. Reich | N/A D. Eaton | On Yrack Not Started | 10/1/2018 | 71/2019 × 1 |
| Si Yongton & Historical Loading | 13 | 13.8.4 Load ESI history data for certification testing (includes dains, accumulator, and PA data) | C. Reich | D. Eaton | Not Started | 7/30/2018 | NYLODIS |
| SI Transition & Historical Loading | Ω | 13.8.4.1 Load ESI history data for certification testing for Certification Wave 1 (includes claims, accumulator, a data) | | | | | |
| ISI Youndrian & Historical Loading | - 13 | 13.8.4.2 Load SS history data for certification testing for Certification Wave 2-9 jnduides claims, accumulator, distal | and PA C. Reich | D. Eaton | Not Started | 8/14/2018 | 902/0288 12/14/2088 |
| ESI Transition & Historical Loading | 13 | 12.9 Transition to Production | C. Reich | Dawn Ingino | | 6/30/2019 | 11/2/2003 I I I I I I I |
| SI Transition & Historical Loading | 12 | 18.9.1 Complete KSI Transition Related Millestones for Commercial team to inform the event's Go/No Go Decision | C Reich | D. Ingino | Not Started | 6/30/2019 | 9/3/2019 × |
| Numan Recources, Talent, & Sourcing | 16 | 16.1.1 CVS Resource Ramp-up Plan | M. Haycox / I. Miller | A. Carato / D. | On Track | 12/14/2017 | 1/2006 |
| Network | 2 | 2.4 2020 Commercial filing requirements documented | KitLeung | Lica Lindsay | a Not started | 2/15/2019 | ANY CONTRACTOR OF THE PROPERTY |
| letwork | 2 | 2.7 2018: Complete ESI to CVS Network mapping to enable functional testing | Damen Gettings | Dana Jones | On Track | 1/1/2018 | MAS(2018 * |
| Network | 2 | 2.7.2.1 Commercial Networks Complete | Damen Gettings | Dana Jones Dana Jones | No. Comment | 2/1/2018 2/1/2018 | 70,008 |
| etwork etwork | 2 | 2.7.2.1.1 Wave I: National network, mail network, and specialty network mapped 2.7.2.1.2 Wave I: Network INFFRetail Network Profiles Sent to Renefits Team. | Comes Gettings | Dana Jones | Not Started | | 20x/000H 20x100H |
| letwork | 2 | 2.7.2.1.3 Wave & National network, add R90 network | Dames Gettings | Dana Jones | Not Started | | 40,000 |
| Network | 2 | 2.7.2.1.4 Wave & Network (NEF) Retail Network Profiles Sent to Reports Team | Duries Gettings | Dana Jones | Not Started | 4/1/2018 | 4/13/00B |
| Network Network | 2 | 2.7.2.1.5 Wave S. Nasional network, add 590 network, add onsite pharmacy network 2.7.2.1.6 Wave S. Nasional (Network (Network Intelligence) Network (Networ | Dames Gettings Dames Gettines | Dana Jones Dana Jones | Not Started Not Started | 4/18/2018 6/1/2019 | 4/ASSA |
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| Network | 2 | 2.11.1 Underwriting complete for parallel testing | F. Moscot | Take Corey | | 9/1/2018 | V/0558 |
| Network Network | 2 | 2.22 Readiness for Parallel test complete 2.13.6 Commercial Contract Complete | F. Moscot | R. Figueroa | Not Started | 10/81/2018 3/1/2019 | 147/208 147/208 |
| Network. | 2 | 2.14 2020 Network and Pricing load and Testing Complete | F. Moscot | R. Figuerza | | 5/31/2029 | 7/1/2019 . |
| Network | 2 | 2.21 Network and Pricing Transition Complete 2.22 Sea Source for Partial Part Complete | F. Moscot | R. Figuersa | | 190 | Multiples (EU/Cultus, |
| Rebates | 23 | | R. Mirton | CVS1c determine - Roman | On Track | THO | 20/1/2009 20/1/2009 20/1/2009 |
| Finance | 24 | 26.1.2.1 Define Commercial requirements | R. Timmers | Charles Kloepping | On Track | 2/1/2018 | W4400W |
| Name - | 24 | PA4 Econyles Francis Operational Files Compiles PA4 Econyles Francis International Files Compiles | h-Timmen | Sharter Monpping Surfigures | On Track | 49/0/0049 | ENDORS |
| itano | | | F-Mount | h-figures | - De-Track | ******* | epodesis |
| | 54 | 269 Genmeniai financiai integration ji tib Specific Needeshij 14.1.7 Finalia tot strategy | Chris Shaffer / Preet Gill Chris Shaffer / Preet | Ram Iyer | On Track | 11/20/2017 | UNIVOTES |
| Full Scope Yesting | 54 | 14.3 Business Functional Testing 14.3.20 Business Functional Testing Entry Criteria (For Each Wave) | Chris Shaffer / Preest | Rain iye. | Not Started | 12/23/2017 | 1/3/2/2009 |
| Full Scope Testing | я | 14.3.23 Execute and Validate Commercial Benefits Wave 1 (and date is 7)% as this wave needs to be ready for cert | fication Chris Shaffer / Preet | Paraher | Not Started | 3/19/2018 | TO COLUMN TO COL |
| | | 16.3.66 Execute and Validate Commercial Benefits. Wave 2a | Chris Shaffer / Preet 680 Chris Shaffer / Preet | | | | |
| Full Scope Testing | 54 | 14.3.69 Execute and Validate Commercial Benefits Wave 2b Execute and Validate Commercial Benefits Wave 3 lend date is 6/17 as this wave needs to be ready for cert? | Chris Shaffer / Preet Gillio Chris Shaffer / Preet | Ram Iyer | Not Started | 4/16/2018 | 11/1/2008 |
| Full Scope Testing | 14 | Teating roboth is 56.2.116 Execute and Validate Commercial Benefits Wave 4 (and date is 6/90 as this wave needs to be ready for certification). | cation Chris Shaffer / Preet | Ram tyer Ram her | Not Started | 4/14/2018 5/14/2018 | 947/2018 9/A/2018 |
| Full Scope Testing | 14 | Secure and Validate Commercial Benefits. Wave 5 (and date is 11/12 as this wave needs to be ready for certification testing cohort III | Chris Shaffer / Preet | Ram tyer | Not Started | 6/18/2018 | 11/4/2018 |
| Full Scope Testing | 34 | 56.3.165 Execute and Validate Commercial Benefits. Wave 6 (and dose is 11/16 as this wave needs to be ready for continuous attention cohort at | Chris Shaffer / Preet 681 Chris Shaffer / Preet | Ram Iyer | Not Started | 3/16/2018 | 1714/2008 |
| Full Scope Testing Full Scope Testing | и и | 16.k 188 | Chris Shaffar / Braue | | Not Started | 8/20/2018 5/17/2018 | 10/16/2008 10/16/2008 |
| Full Scope Testing | 14 | 14.4.1 Model Cition/SPV Texting Serry Citieria 14.4.27 Text Secretaria Phase 1 | Chris Shaffer / Prest | Steam Steam | Not Started | 5/1/2018 | 8/11/2018 |
| Full Scope Testing | 54 | | Chris Shaffer / Preet | Ramilyer | | | |
| Full Scope Yesting Full Scope Yesting | 54 | 14.67 Tentisecution Phase 2 14.5 Centingson Turine | Chris Shaffer / Preet Gill Chris Shaffer / Preet | Ram Iyer | Not Started | 4/1/2009 | GA2018 |
| Full Scope Yesting | 34 | 14.5.1 Certification Testing Entry Citeria | Chris Shaffer / Preet | Rain Iyer Rain Iyer | Not Started | 1/8/2018 | LECONOM STATES S |
| | | | Chris Shaffer / Preet | | | | |
| Full Scope Testing Full Scope Testing | 34 | 14.5.12 Promote Clinical Code to production 14.5.13 Complete CAG Set up in production | Chris Shaffer / Preet 680 Chris Shaffer / Preet | - Annahar | | 4/1/2018 6/1/2018 | NILIDINA NILIDINA |
| ull Scope Yesting ull Scope Yesting | 14 | 14.5.12 Complete CAG Set up in production 14.5.14 Attach plans to the CAGs in production | Chris Shaffer / Preet | Ram Iyer Ram Iyer | | 4/1/2018 4/1/2018 | NILODES NILODES NILODES |
| ull Scope Yesting | 34 | | Chris Shaffer / Preet 630 Chris Shaffer / Preet | Ramiyer | Not Started | 1/1/2009 | Q27,0310 |
| ull Scope Tecting ull Scope Tecting | 34 | 14.6.2 Establish process for ongoing maintenance of business changes 14.6.4 Pacifiel processing environment configuration and modiness | Chris Shaffer / Preet Gill Chris Shaffer / Preet | President | | 2/1/2018 2/1/2018 | 12/74_DDISK |
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| rierandry & Eligibility rierandry & Eligibility rierandry & Eligibility | si si | 15.1.9.2 Generate and publish hierarchy foundational documentation 15.2.2.11 Finalize ingenious defined eligibility standard | P. Williams P. Williams; A. Anderson P. Williams | D. Ingino H. Orake; O. Ingino H. Orake; O. Ingino | Not Started | 2/12/2018 | 2015/2008 × x × x × x × x x x |
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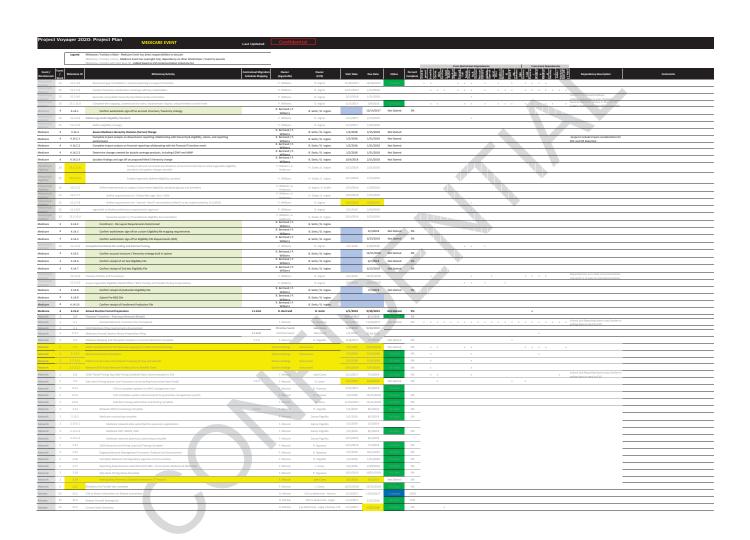




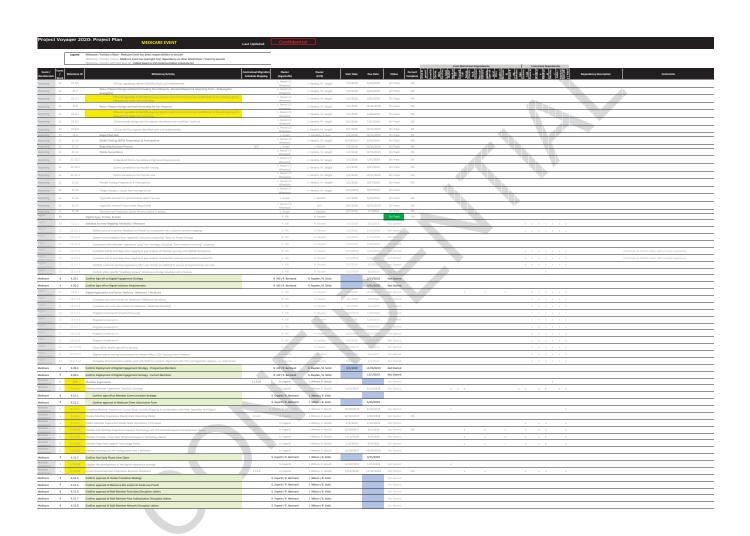
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| | Legend: | Milestone / Activity in Black - Medicare Event has direct responsibilities to execute Milestone / Activity in Grey - Medicare Event has oversight only; dependency on other Workstream / Event to execute | | • | | | | | | |
| | | Milestone / Activity with Link Shar Fill - Added based on CVS implementation milestone list | | | | | | | | Coos-Hochstroom Dependencies Coos-Hover Dependencies |
| Event / / Workstream Work | Milestone II | Milestone/Activity | Contractual Migration Schedule Mapping | Owner (IngenioRx) | Owner (CVS) | Start Date | Due Date | Status | Percent S Complete S | [1] 등 [등 여름 기름 경우 크로 |
| Medicare 4 | | Current State Analysis and Future State Planning | 11.1.0 | R. Bertrand | B. Sintic | 10/23/2017 | 2/1/2018 | On Track | SON | |
| Medicare 4 | 4.1.1 | Develop a stakeholder map required to support workstneams / Event owned milestones Develop and roll out joint meeting cadence | | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 11/1/2017 | 12/15/2017 | On Track | 50% 100% | |
| Medicare 4 | | Develop and roll out joint meeting cadence Review and validate Medicane-related interface inventory (tools, reports, feeds etc.) | | R. Bertrand | B. Sintic | 11/5/2017 | 12/31/2017 | On Track | 0% | X X X |
| Medicare 4 | | Develop droft Medicare work plan | | R. Bertrand | B. Sintic | 10/23/2017 | 12/4/2017 | Complete | 100% | |
| Medicare 4 | 4.1.5 | Finalize Medicare work plan and align on Medicare Event owned milestones Understand high level CVS Medicare business capabilities and determine approach to establish future state business processes | | R. Bertrand | 9. Sintic | 10/23/2017 | 1/14/2018 | On Track | 60% | |
| Medicare 4 | 4.1.6 | between ingeriebe and CIS to remediate apps. If any Medicare Compliance | 11.2.0 | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 12/1/2017 | 2/1/2018 | On Track Not Started | 10% | |
| Medicare 4 | 4.2.1 | Review current PBM contract for Medicare exhibits | | R. Bertrand | B. Sintic | 1/8/2018 | 1/15/2018 | Not Started | 0% | |
| Medicare 4 | 4.2.2 | Update contractual language to reflect CMS regulatory guidelines | | R. Bertrand | 9. Sintic | 1/15/2018 | 1/31/2018 | Not Started | 0% | |
| Medicare 4 Compliance | 4.2.3 | Review and align on Medicane guidelines with key internal and joint stakeholders | | R. Bertrand | B. Sintic | 1/25/2018 | 1/31/2018 | Not Started | 0% | |
| Medicare 4 | 4.3.0 | CMS Key Date / Timeline Planning | 11.3 | R. Bertrand | B. Sintic | 3/1/2018 | 4/30/2018 | Not Started | 0% | |
| Compliance 4 Medicare 4 | 4.3.1 | Review CVS Processes for Documenting CMS Requirements Align on CMS Requirements Interpretation & Implementation | | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 3/1/2018 | 4/30/2018 4/30/2018 | Not Started Not Started | 0% | |
| Compliance Medicare Compliance | 4.3.2.1 | Jointly discuss detailed CNS requirements and update plan | | R. Bertrand | B. Sintic | 3/1/2018 | 4/30/2018 | Not Started | 0% | |
| Compliance Medicare 4 Compliance | 433 | Draft future state yearly CMS submission timeline planning | | R. Bertrand | B. Sintic | 3/1/2018 | 4/30/2018 | Not Started | 0% | |
| Medicare 4 | 4.4.0 | Business Requirements Gathering (Medicare Owned) Gather initial Medicare business requirements | 11.2.0 | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 4/1/2018 | 6/1/2018 | Not Started | 0% | |
| Medicare 4 | | Gather initial Medicare business requirements Refine Medicare business requirements based on call letter, transition needs and identified functionality gaps | | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 4/1/2018 5/1/2018 | 4/30/2018 6/1/2018 | Not Started | 0% | |
| Medicare 4 | | Determine if all MMP requirements have been accounted for as a part of event and workstream requirements gathering a add requirements as needed | and | | | 5/1/2018 | 6/1/2018 | Not Started | 0% | |
| Medicare 4 | 4.4.3 | Review and receive sign off | | R. Bertrand | 8. Sintic | 5/1/2018 | 6/1/2018 | Not Started | 0% | |
| Medicare 4 | 4.4.4 | Policy, Procedure and Business Process PDG Process and Reportine | 11.6 | R. Bertrand C. Swick | B. Sintic B. Sintic | 4/1/2018 | 6/1/2018 | Not Started Not Started | ox ox | |
| Medicare 4 | 4.5.1 | Document current PDE Process and Collect Existing Reports from IngenioRx and CVS | 11.6 | C. Swick | B. Sintic | 1/1/2018 | 1/31/2018 | Not Started | 0% | X -Impact analysis on carrier changes for PGC recording will be addressed as a part of |
| Medicare 4 | 4.5.2 | Determine gaps in current POE Process and Reporting Layouts between IngenioRx and CVS | | C. Swick | B. Sintic | 1/1/2018 | 2/28/2018 | Not Started | 0% | X |
| Medicare 4 | 4.5.3 | Establish future state PDE Process and Reporting Layout with CVS completing identified gaps | | C. Swick | 9. Sintic | 2/28/2018 | 3/31/2018 | Not Started | 0% | X . |
| Medicare 4 Medicare 4 | 4.5.4 | Develop requirements for Medicare PDE files Develop PDE Reports and supporting processes | | C. Swick C. Swick | B. Sintic B. Sintic | 4/1/2018 4/1/2018 | 6/1/2018 | Not Started Not Started | 0% | x x x x |
| Medicare 4 | | Test PDE process and reports Test PDE process and reports | | C. Swick | B. Sintic | 10/1/2018 | 12/31/2018 | Not Started | 0% | |
| Medicare 4 | 4.5.7 | Complete CMS Forms and Submit to CMS | | C. Swick | 9. Sintic | | 9/15/2019 | Not Started | 0% | |
| Medicare 4 | 4.6.0 | Direct and Indirect Remuneration (DIR) Reporting | N/A | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 7/1/2018 7/1/2018 | 11/20/2018 | Not Started | 0% 0% | Rebates monthly file dependency/based on CMS favourt + succontinue reports |
| Medicare 4 | 4.6.2 | Document current DIR Process and Collect Existing Reports Determine gaps in current DIR Process and Reporting Layouts between IngenioRx and CVS | | R. Bertrand R. Bertrand | B. Sintic | 7/1/2018 B/1/2018 | 7/31/2018 8/30/2018 | Not Started Not Started | 0% | -Not needed for parallel testing |
| Medicare 4 | 4.63 | Establish future state DIR Process and Reporting Layout with CVS completing identified gaps | | R. Bertrand | B. Sintic | 8/1/2018 | 8/30/2018 | Not Started | 0% | |
| Medicare 4 | 4.6.4 | Review DIR Process and Reporting Layout with impacted stakeholders and leadership and obtain signoff | | R. Bertrand | S. Sintic | 9/1/2018 | 9/30/2018 | Not Started | 0% | |
| Medicare 4 | 4.6.5 | Develop DIR Reports and supporting processes | | R. Bertrand | Q. Sintic | 9/1/2018 | 9/30/2018 | Not Started | 0% | |
| Medicare 4 | 4.5.5 | Text DIR reports (discuss approach with Testing workstream) Resected Information Reporting | 11.7 | R. Bertrand R. Bertrand | B. Sintic | | 11/20/2018 | | 0% | |
| Medicare 4 | 4.7.1 | Document current Financial Information Reporting Process and Collect Existing Reports | | R. Bertrand | B. Sintic | 7/1/2018 | 7/31/2018 | Not Started | 0% | -Impact analysis on carrier changes for FIR responding will be addressed as a roat of |
| Medicare 4 | 4.7.2 | Determine gaps in current Financial Information Reporting Process and Reporting Layouts between IngenioRx and CVS | | R. Bertrand | B. Sintic | 8/1/2018 | 8/30/2018 | Not Started | 0% | PRODUCES NOTICE ACCURATION AS A SHIFT LIKE |
| Medicare 4 | 4.7.3 4.7.4 | Establish future state Financial Information Reporting Process and Reporting Layout with CVS completing identified gaps Review Financial Information Reporting Process and Reporting Layout with Impacted stakeholders and leadership and obtain | | R. Bertrand R. Bertrand | B. Sintic | 8/1/2018 9/1/2018 | 8/30/2018 9/30/2018 | Not Started Not Started | 0% | |
| Medicare 4 | 4.7.4 | sizeoff Develop Financial Information Reporting Reports and supporting processes | | R. Bertrand | B. Sintic | 9/1/2018 | 9/30/2018 | Not Started Not Started | 0% | |
| Medicare 4 | 47.6 | Test RR reports (discuss approach with Testing workstream) | | R. Bertrand | B. Sintic | 10/1/2018 | 11/30/2018 | Not Started | 0% | |
| Medicare 4 | | Plan Finder Submission | 11.8 | R. Bertrand | B. Sintic | 4/1/2018 | 8/21/2018 | Not Started | 0% | x - Need to clearly document process prior to submission to Portals and Hubs w |
| Medicare 4 | 4.8.1 | Document current Plan Finder Process and Collect Existing Reports | | R. Bertrand | B. Sieck | 4/1/2018 | 5/31/2018 | Not Started | 0% | 1 |
| Medicare 4 | 4.82 | Determine gaps in current support, strategy, and data requirements for Plan Finder between IngenioRx and CVS | | R. Bertrand | B. Sintic | 5/1/2018 | 6/30/2018 | Not Started | 0% | x. |
| Medicare 4 | 4.83 | Establish future state Plan Finder Process and Reporting with CVS completing identified gaps | | R. Bertrand | B. Sintic | 6/1/2018 | 6/30/2018 | Not Started | 0% | T. |
| Medicare 4 Medicare 4 | 4841 | Review updated Plan Finder submission data elements with impacted stakeholders and leadership and obtain signoff Test submission with third party vendor to confirm submission can be transmitted and loaded accurately into the third party | | R. Bertrand | B. Sintic | 7/1/2018 7/15/2018 | 7/31/2018 | Not Started Not Started | 0% | T |
| Medicare 4 | 4.8.4.1 | zustern Develop Plan Finder Reports and supporting processes | | R. Bertrand | B. Sintic | 7/15/2018 8/1/2018 | 7/31/2018 8/31/2018 | Not Started | 0% | 1 |
| Medicare 4 | 4.9.0 | STARS Administration and Reporting | 11.9.0 | R. Bertrand | B. Sintic | 4/1/2018 | 8/31/2018 | Not Started | 0% | |
| Medicare 4 | | Document current STARS Administration Process and Collect Dalsting Reports | | R. Bertrand | B. Sintic | 4/1/2018 | 5/31/2018 | Not Started | 0% | |
| Medicare 4 Medicare 4 | 4.9.2 | Determine gaps in current support, strategy, and data requirements for STARS between IngenioRx and CVS Establish future state STARS Administration Process and Reporting with CVS completing identified gaps | | R. Bertrand R. Bertrand | B. Sintic B. Sintic | 5/1/2018 6/1/2018 | 6/30/2018 6/30/2018 | Not Started Not Started | 0% | |
| Medicare 4 | 4.9.4 | Review STARS Administration Processes and Reporting with impacted stakeholders and leadership and obtain signoff | | R. Bertrand | B. Sintic | 7/1/2018 | 7/31/2018 | Not Started | 0% | |
| Medicare 4 | 4.9.5 | Develop STARS Reports and supporting processes | | R. Bertrand | B. Sintic | 8/1/2018 | 8/31/2018 | Not Started | 0% | |
| Medicare 4 | 4.10.0 | Medicare Marketing Materials (Incl. Transition Letters) - needs to be done by contract | 11.10.0 | M. Crawford | B. Sintic | 4/1/2018 | 6/30/2019 | Not Started | 0% | r |
| Medicare 4 | 4.10.1 | Review and align on inventory of marketing materials including lessons learned from New England IV implementation with CVS | | M. Crawford M. Crawford | B. Sintic | 4/1/2018 6/1/2018 | 4/30/2018 9/30/2018 | Not Started Not Started | 0% | I. |
| Medicare 4 | | Develop marketing materials by Medicare Costract Complete Variables Grid (includes branding) to gather requirements for Medicare Marketing Materials by Medicare Contract | | M. Crawford M. Crawford | B. Sintic B. Sintic | 6/1/2018 7/1/2018 | 9/30/2018 | Not Started Not Started | 0% | X Cupendency on variable database and |
| | | | | | | -,,,,,,,,, | | | | andust team |

| AGO. Perford Pain Microsoft Report Microsoft R | Last Updated: Contracted Migration Schedule Mapping | Owner (IngenioRs) M. Crawford M. Crawford | Owner (CVS) B. Sintic | Start Cuse | | | | | | | | | | | |
|--|--|--|---|-----------------------|--|----------------------------|--|--|--|---------------|--|---------|--|------------------|--|
| Materials (Annies) Gers, Medicar Secret has averaged end, Spendere on other Windowser / Event to sensule followers / Annies has no in the "Admit Annies of the Conference of | Centractual Migration Schedule Mapping | (IngenieRd) M. Crawford M. Crawford | | Start Date | | | | | f W1 \$ | | | | | | |
| Conduct damp dies or new Settem, it was (pass or marked per served Seattlemen springer, 12/2028) Seattlemen springer, 12/2028 | Contractual Migration Schedule Mapping | (IngenieRd) M. Crawford M. Crawford | | Start Date | | | | | | | | | | | |
| Conduct damp dies or new Settem, it was (pass or marked per served Seattlemen springer, 12/2028) Seattlemen springer, 12/2028 | зспавым медеринд | M. Crawford M. Crawford | | | Due Date | Status | Percent 9 | # # E 4 # E | | A SECTION A | 10 1 10 | 8.8.4.1 | ∰ ∰ | cription | Comments |
| Series and offeren makings materials yields are context. Obtain agent 8 or a naturing materials is identified as context. Obtain agent 8 or a naturing materials in a naturing materials process Amendment profile yield of the series in a naturing of the series in a naturing materials process Beadment trolling: 1/1/2003 | | | | 7/31/2018 | 8/31/2018 | Not Started | cos de | ed 5 19.48 * | 세마위 최고에도기요요 | E ar L. 415 1 | x 18 - 18 - 12 | ** | ELF 21 | | |
| Obtain signal of an exteriory materials Orwidge angies (Medicare Materials (Meterials process Bradiness tending - 1/1/2000) | | | B. Sintic | 9/1/2018 | 12/31/2018 | | | | | | × | | | | |
| Drevlop cagning Medicare Marketing Materials process Readiness testing - 1/1/2000 | | M. Crawford | B. Sintic | 3/1/2019 | 8/30/2019 | Not Started | 0% | | | | × | | | | |
| Readiness testing - 1/1/2020 | | M. Crawford M. Crawford | B. Sintic B. Sintic | 8/30/2019 3/1/2019 | 3/31/2019 6/30/2019 | Not Started Not Started | 0% | | | | X X | | | | |
| | | M. Crawford | B. Sintic | 9/1/2019 | | Not Started | 0% | | | | - | | | | |
| | 11.9.0 | R. Bertrand | B. Sintis | 6/15/2018 | | Not Started | 0% | | | | | | | | |
| Medicare Issue Management Process (including CMS, Acumen and RAC audits) | 11.9.0 | | | | | | | | | | | | | | |
| Document current IngenioRx and CVS Issue Management Process | | R. Bertrand | B. Sintic | 6/15/2018 | | | | | | | | | | | |
| Review updated Issue Management Process with impacted stakeholders and leadership and obtain signoff | | R. Bertrand | B. Sintic | 9/1/2018 | 9/30/2018 | Not Started | 0% | × | | _ | | | | | |
| Test issue management process with gap remediation completed | | R. Bertrand | B. Sintic | 10/1/2018 | 9/30/2019 | Not Started | 0% | × | | | | | | | |
| Train resources on Issue Management Processes and RcTicket tool | | | | 9/30/2019 | 12/1/2019 | Not Started | 0% | * | | | | | | -Leve | rage IngenioRo's "Tina Dunway" training docume |
| | | R. Bertrand | B. Sintic | 1/1/2020 | 1/1/2020 | Not Started | 0% | * | | | | | | | |
| | 11.11.0 | | | | | | | | | | | | | | |
| | | | | | 1/31/2018 | | | _ | | | | | | | |
| | | | | | | On Track | UN. | | — · | | · · | * * | | | |
| | | K. Fowler | B. Frazey | | | Complete | | | | | _ | | | | |
| 2 Send list of "pain points" to CVS | | X. Fowler | S. Frazey | | | On Track | | | | × | | | | | |
| 3 CVS to complete IMRD matrix | | K. Fowler | S. Frazey | 11/22/2017 | 12/1/2017 | On Track | | | | × | | | | | |
| 4 CVS internally reviews IMRD matrix. | | X. Fowler | B. Frazey | 12/4/2017 | 12/5/2017 | On Track | | | | | | | | | |
| | | | | | | Complete | | | | × | | | | | |
| | | | | | | On Track | | | | | | | | | |
| | | | | 10,10,101 | | On Track | -4 | | | | | | Commercial and Medicare | require benefits | |
| | | K. Fowler | S. Frazey | 12/0/2017 | 1/19/2018 | On Track | | | | x x | | 1 1 | to be configured to advance | e their events: | |
| | | X. Fowler | B. Frazey | 11/20/2017 | 1/19/2018 | | | | | | | | | | |
| Cocument and submit all gaps into IT projects | | K. Fowler | S. Frazey | 11/20/2012 | 1/26/2018 | | | | | | | | | | |
| Automation and Enhancements | | O. Williams | M. Epischina | 12/11/2017 | 8/31/2018 | | | | | × | | | | | |
| Develop Process for Benefits Validation | | O. Williams | M. Kolachina | | | | \mathbf{V} | | | × | | | | | |
| | | | | | | | $\overline{}$ | / | × | х | | x x | | | |
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| | mefit | | | | | _ | | | | × . | - | | All LOS require benefits to | be validated to | |
| | | | | - | | | | | | | | | advance their events | | |
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| | | | D. Tenorio | | | | | | | | - 1 | x x | | | |
| - Comment of province account | | K. Fowler | D. Tenorio | | | | | | | | | | | | |
| Configure and Validate 2019 Receibts | | X. Fowler | D. Tenorio | 3/1/2018 | 11/30/2018 | | | | | | | x x | | | |
| Engage in parallel conversations that ingenioRx has with ESI for Medicare | | K. Fowler | D. Tenorio | 3/1/2018 | Ongoing | | | | | | | х х | | | |
| Configure all 2019 Medicare Benefits | | K. Fowler | D. Tenorio | 8/1/2018 | 10/31/2018 | | | | | | х | x x | | | |
| Test and Validate 2019 Benefits | | £ Fowler | D. Tenorio | | | | | | | | × | х х | | | |
| | | D. Cubbin | M. Kolachina | 3/1/2018 | 11/30/2018 | | | | | | | | | | |
| | | D. Catton | M. Relation | 120/2011 | 12/0/2010 | | | | | | | | | | |
| Earnate Parallel Proposedrat | | | | 12/1/2018 | 9/22/2018 | | | | | | | | | | |
| Configure 2020 Benefits | | D. Cubbin | M. Kolachina | 7/1/2019 | 12/15/2019 | • | | | | | | | | | |
| Complete for Medicare | | D. Cubbin | M. Kolachina | 8/1/2019 | 10/31/2019 | | | | | | | | | | |
| Complete "Go / No-Go" Assessment for Benefits Go-Live | | D. Cubbin | M. Kolachina | 9/1/2019 | 9/1/2019 | | | | | | | | | | |
| Near Real Time Batch Accumulators | | R. Bossman | | 12/1/2017 | | On Track | 5% | | | × | x | х | | | |
| Near Real Time WGS & Batch Current State Mapping | | R. Bossman | H. Drake | 1/1/2018 | 3/1/2018 | On Track | | | | × | | х | | | |
| | | R. Bossman | H. Drake | 1/1/2018 | 4/30/2018 | On Track | | | | × | * | × | | | |
| Confirm Integrated Accumulation Requirements Approval - Batch | N/A I | I. Bossman / R. Bertran | H. Drake / B. Sintic | | 3/14/2018 | Not Started | 0% | | | | | | | | |
| Complete Near Real Time WGS & Earth Accumulator Build/Development | | R. Bossman | H. Drake | 4/1/2018 | 11/30/2011 | On Track | | | | × | | × | | | |
| | | | | | | On Track | | | | × . | | × | | | |
| | The control of the co | Non-contractive designation from the highest distribution of reference upon the best on an appeared the size of the proceedant company of the best of the procedant company of the best of the best of the procedant company of the best o | Non-section to throughout how to impact calculation or impact to activate upon the first to accept on the procession consists of | | None contributed minimum from the six of support of another upon 6, bevore 8, bec 90,000 | | Name of the Property of the State 19,000 1 | Non-contained temperature throughout administrate infragented and antique and administrate infragented 1. Nervor 8. Nervor 10.00000 10.00000 10.00000 10.00000 10.00000 10.00000 10.00000 10.00000 | Note to the property and any processed and approached and any processed and approached and app | | Column C | No. | Manuse M | Marie | Manual members of the properties of the proper |

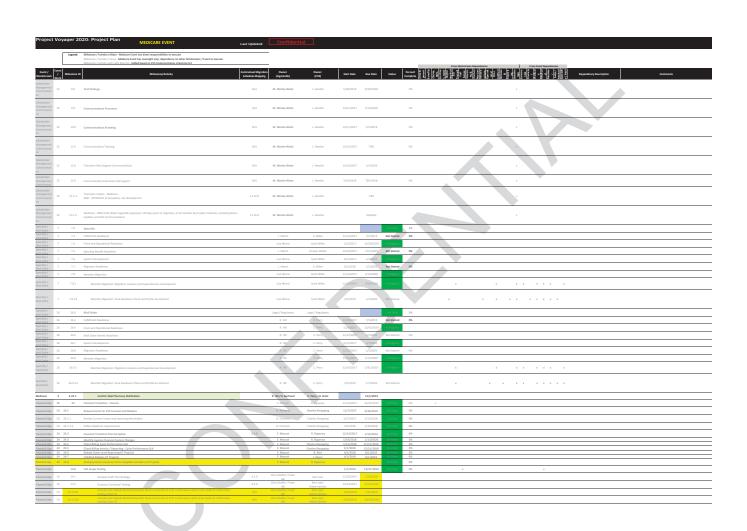


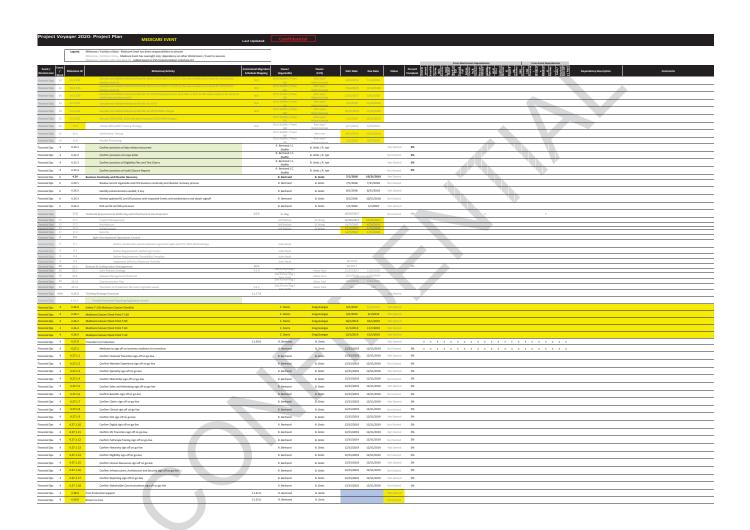


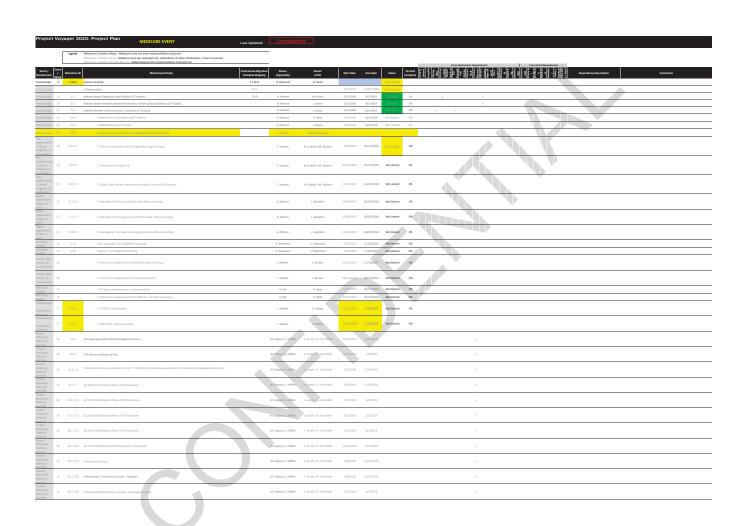






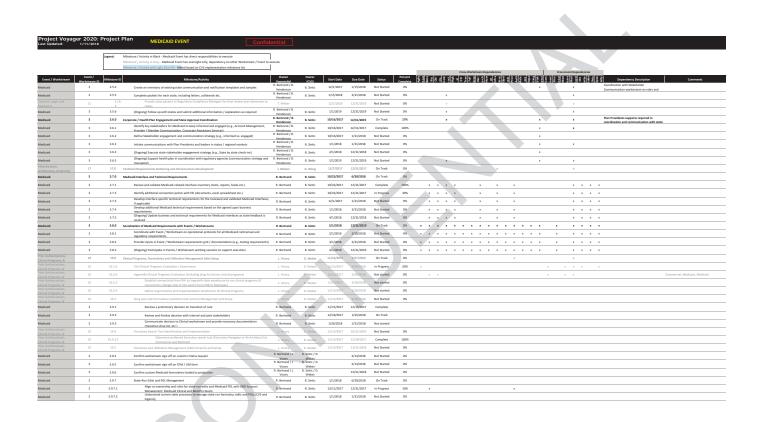




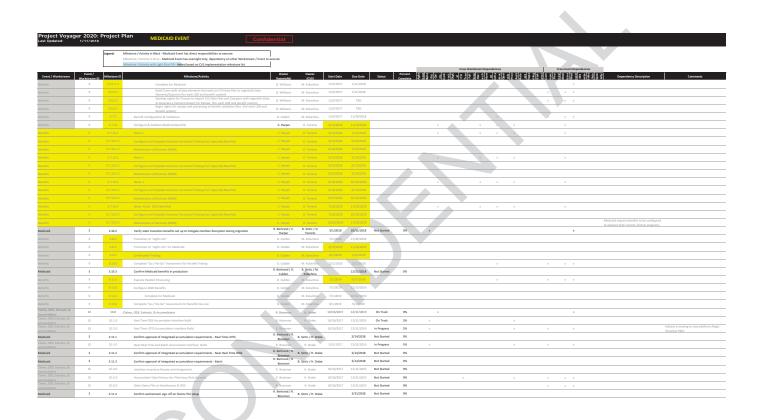


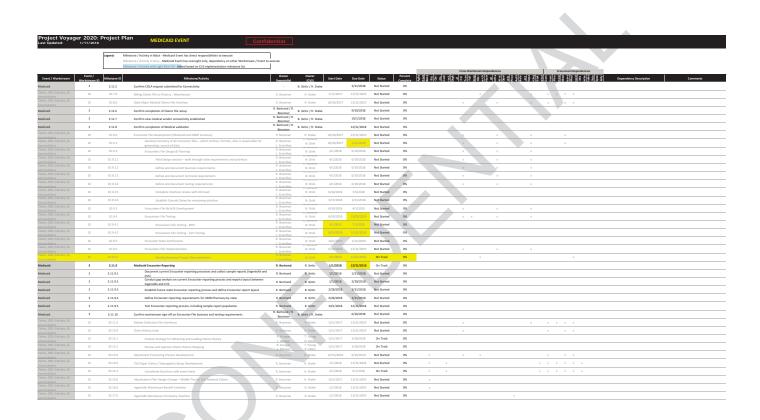


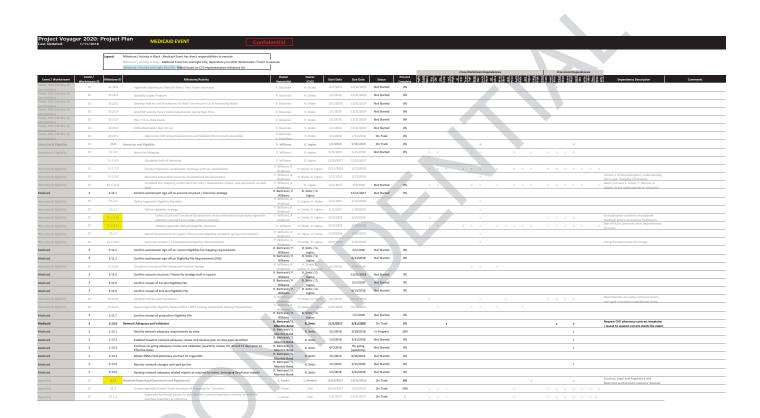
| Project Voya ast Updated: | ager 2020: 1/11/2018 | Project | Plan MEDICAID EVENT Confid | | | | | | | |
|--------------------------------|-------------------------|-------------|--|-------------------------------|------------|------------|--------------------------|-------------|---------|---|
| | | Legend: | Milestone / Activity in Black - Medicaid Event has direct responsibilities to execute | 1 | | | | | | |
| | | | ${\it Milestone / Activity in Grey - Medicald Event has oversight only; dependency on other Workstream / Event to the property of the property $ | execute | | | | | | |
| | | | Milestone / Activity with Light Blue Fill - Added based on CVS implementation milestone list | J | | | | | | Cross-Workstman Desendencies Cross-Ovent Decendencies |
| Event / Workstream | Event/ | Milestone I | Miestone/Activity | Owner | Owner | Start Date | Due Date | Status | Percent | cont |
| ledicald | 3 | 3.1.0 | Medicaid Migration Strategy and Sequencing | R. Bertrand | B. Sintic | 10/16/2017 | 3/15/2018 | On Track | 9% | |
| ledicald | 3 | 3.1.1 | Identify and track dependencies (other Event / Workstream / Corporate functional area) | R. Bertrand | B. Sintic | 10/16/2017 | On-going | In Progress | 20% | 05 |
| edicald | 3 | 3.1.2 | Review current Medicaid BoB analysis and provide inputs | R. Bertrand | B. Sintic | 1/1/2018 | (quarterly) 1/31/2018 | In Progress | 20% | 0% x |
| edicald | | 3.1.3 | Review Medicaid BoB analysis updates, as needed and provide inputs (ongoing) | R. Bertrand | B. Sintic | 10/30/2017 | 12/31/2019 | Not Started | 0% | 75. |
| edicald | | 3.14 | Develop a grid of state contract renewal schedule and complications by market | R. Bertrand | B. Sintic | 10/16/2017 | 1/31/2018 | Not Started | 0% | 75 |
| | | 3.1.5 | Develop a grid or state contract renewal schedule and complications by market Develop a draft multi-wave implementation strategy in case single wave migration (e.g., 1/1/2020) is | R. Bertrand | | | | | | |
| edicald | 3 | | not approved by states (continuency plan only) Develop a Medicaid Implementation Plan, sequencing for state packet submission with CVS | | B. Sintic | 10/16/2017 | 2/15/2018 | Not Started | 0% | |
| edicaid | 3 | 3.1.6 | counterpart (joint) Identify Implementation Guarantees and define % allocation of Implementation Penalty amounts | R. Bertrand | B. Sintic | 2/1/2018 | 2/31/2018 | In Progress | 25% | |
| edicald | 3 | 3.1.7 | (joint) | R. Bertrand | B. Sintic | 10/16/2017 | 2/15/2018 | In Progress | 10% | DS x |
| ledicald | 3 | 3.1.8 | Confirm internal status and conduct internal readiness review | R. Bertrand / B. Henderson | B. Sintic | 10/1/2018 | 12/31/2019 | Not Started | 0% | % |
| ledicald | 3 | 3.1.8.1 | Conduct initial internal readiness review (by state) | R. Bertrand / B. Henderson | B. Sintic | 10/1/2018 | 10/31/2018 | Not Started | 0% | 25 |
| ledicald | 3 | 3.1.8.2 | (Ongoing) Conduct recurring internal readiness review on quarterly basis (by state) | R. Bertrand / B. Henderson | B. Sintic | 1/1/2019 | 12/31/2019 | Not Started | 0% | N x x x x x x x x x x x x x x x x x x x |
| edicald | 3 | 3.2.0 | Complete Medicaid-specific Functionality Gap Analysis and Initiate Business Requirements | R. Bertrand | B. Sintic | 11/6/2017 | 12/31/2018 | On Track | 0% | X X X X X X X X X X X X X X X X X X X |
| edicald | | 3.2.1 | Obtain Medicaid requirements from previous migration from Caremark to ESI as reference | R. Bertrand | - | 11/6/2017 | 12/31/2017 | Complete | 100% | |
| edicald | 3 | 3.2.2 | Understand current state CVS Medicaid operational functionality and business process to identify | R. Bertrand | B. Sintic | 11/6/2017 | 1/15/2018 | Not Started | 0% | |
| edicaid | | 3.2.3 | high level process and system gaps, if any Determine future state solutions and processes between insensofts and CVS to remediate eaps | R. Bertrand | B. Sintic | 1/15/2018 | 1/31/2018 | Not Started | 0% | |
| | | 124 | Review agreed upon future state solutions and processes between ingeniosic and CVS to remediate gaps Review agreed upon future state solutions with impacted stakeholders to confirm feasibility of | R. Bertrand | | | | - | 0% | |
| edicald | 3 | | undated processes Identify necessary functionality and processes build to accommodate business requirements and | | B. Sintic | 1/1/2018 | 1/31/2018 | Not Started | | |
| edicald | 3 | 3.2.5 | Medicaid transition needs | R. Bertrand | B. Sintic | 2/1/2018 | 2/28/2018 | Not Started | 0% | |
| edicald | 3 | 3.2.6 | Obtain signoff on future state solutions from Medicaid and impacted groups leadership | R. Bertrand | B. Sintic | 2/1/2018 | 2/28/2018 | Not Started | 0% | 26 |
| edicald | 3 | 3.2.7 | (Ongoing) Update business requirements as state feedback is received (ongoing) | R. Bertrand | B. Sintic | 4/1/2018 | 12/31/2018 | Not Started | 0% | 26 |
| edicald | 3 | 3.2.8 | (Ongoing) Incorporate new state mandates and regulatory requirements in testing and implementation | R. Bertrand | B. Sintic | 1/1/2019 | 12/31/2019 | Not Started | 0% | 25 |
| edicald | 3 | 3.3.0 | Policy, Procedure Development and Business Process Definition | R. Bertrand | B. Sintic | 1/1/2018 | 12/31/2018 | On Track | 0% | ³⁵ |
| ledicald | 3 | 3.3.1 | Establish inventory of current Medicaid policy, procedure and business processes (IngenioRx and CVS) | R. Bertrand | B. Sintic | 1/1/2018 | 1/31/2018 | Not Started | 0% | 35 |
| ledicald | 3 | 3.3.2 | Prepare Medicaid P&P for state submission (updated P&P) | R. Bertrand | B. Sintic | 1/15/2018 | 3/31/2018 | Not Started | 0% | 2% |
| terinaid | 3 | 3.3.3 | Refine current Medicaid policy, procedure and business processes and establish future state PSP | B Bartrand | B Sintic | 2/1/2018 | 12/31/2018 | Not Started | 0% | 25 |
| edicaid | | 3.3.4 | | B. Bertrand | B. Sintic | 1/1/2019 | 12/81/2019 | Not Started | 0% | |
| | | | (Ongoing) Update and maintain Medicaid P&P based on state requirements | R. Bertrand / B. | | | | - | | |
| edicaid intract, Legal, and | 3 | 3.4.0 | Medicaid State Requirements Identification and Documentation (Gap Analysis) Insertions to obtain and distribute draft state-specific amendment of the PBM contract to | Henderson | B. Sintic | 11/1/2017 | 1/31/2018 | On Track | 40% | on x X Resultatory and Medicaid teams |
| | 11 | 11.8.1 | regerestics to visitate and unitroduce shall state-specific amendment of the Plan contract to CVS | T. Weber | N. Dulimba | 10/18/2017 | 12/31/2017 | In Progress | 50% | UN X Counsel: Insenio®x to determine (wk. of |
| | 11 | 11.8.3 | Supply CLR-owned documentation for state packets development | T. Weber | N. Dulimba | 1/1/2018 | 11/30/2018 | Not Started | 0% | % x |
| edicald | 3 | 3.4.1 | Collect historic scoping matrix for each market | R. Bertrand / B. Henderson | B. Sintic | 11/1/2017 | 12/15/2017 | Complete | 100% | 20% x |
| ledicald | 3 | 3.4.2 | Collect historic Medicald project plan (PBM Conversion Project Schedule) | R. Bertrand / B. Henderson | B. Sintic | 11/27/2017 | 12/15/2017 | Complete | 100% | 90% x |
| edicald | 3 | 3.4.3 | Develop and refine Medicaid scoping matrix on state-by-state basis | R. Bertrand / B. Henderson | B. Sintic | 11/6/2017 | 1/15/2018 | In Progress | 30% | 0% x |
| edicald | 3 | 3.4.4 | Conduct IngenioRx internal reviews of scoping matrix with Medicaid Team | R. Bertrand / B. Henderson | | 1/15/2018 | 1/22/2018 | Not Started | 0% | ³⁵ |
| edicaid | 3 | 3.4.5 | Conduct joint reviews of scoping matrix and align on the interpretation of the requirements | R. Bertrand / B. | B. Sintic | 1/22/2018 | 1/31/2018 | Not Started | 0% | 256 x x |
| edicaid | 3 | 3.4.6 | Conduct gap analysis on Medicaid regulatory and operational requirements (i.e., meets, partially | R. Bertrand / B. | B Sintic | 1/22/2018 | 1/31/2018 | Not Started | 0% | ··· |
| | | 3.4.7 | meets, vs. does not meet) (Ongoing) Update Medicaid project plan with new state mandates / requirements and refined scoping | Henderson R. Bertrand / B. | | | | | | Characteristics and the letterist of |
| tedicald | 3 | | matrix, as needed | Henderson R. Bertrand / B. | B. Sintic | 1/15/2018 | 12/31/2019 | Not Started | 0% | new state mandates / requirements are |
| ledicald | 3 | 3.5.0 | State Packets Development and Submission | Henderson B. Sertrand / B. | B. Sintic | 12/1/2017 | 3/31/2018 | On Track | 0% | 2% x and Corporate Regulatory Services supports |
| ledicald | 3 | 3.5.1 | Develop workplan for state communication / notification and documents (by state) | R. Bertrand / B. Henderson | B. Sintic | 12/1/2017 | 1/31/2018 | Not Started | 0% | 26 х х |
| ledicald | 3 | 3.5.2 | Obtain CVS pharmacy contract template / layout for existing client (by state) | V . | B. Sintic | 12/1/2017 | 1/31/2018 | Not Started | 0% | 2% |
| edicald | 3 | 3.5.3 | Obtain CVS pharmacy solicitation notice for TN, WV, WI (medical injectables only) and IA and Western NY, or any markets CVS is not currently in | | B. Sintic | 12/1/2017 | 1/31/2018 | Not Started | 0% | n |
| | | | manufacture and a second secon | | | | | | | |



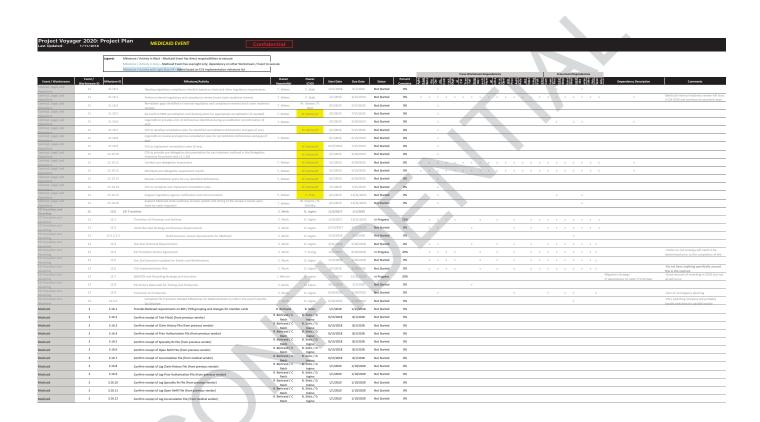
| Project Voya | ger 2020: I | Project I | Plan MEDICAID EVENT Confid | lential | | | | | | | | | | | | | | |
|--|---------------|--------------|---|-------------------------------|------------------------------|------------|-------------|--------------|---------|--------------|------------|-------------------|----------|----------|--|----------|-----------------|--|
| Last Opdated: | 171172018 | | | | | | | | | | | | | | | | | |
| | | | Milestone / Activity in Black - Medicaid Event has direct responsibilities to execute |] | | | | | | | | | | | | | | |
| | | | Milestone / Activity in Grey - Medicaid Event has oversight only; dependency on other Workstream / Event to Milestone / Activity with Light Blue Fill - Added based on CVS implementation milestone list | execute | | | | | | | | | | | | | | |
| | Event / | | | Owter | Owner | | | | Correct | | | orkstream Depende | | 0 20 | Cross-Event Dependencies | | | |
| Event / Workstream | Workstream ID | Milestone ID | Milestone/Activity | (Interiofix) | (CVS) | Start Date | Due Date | Status | | \$ 8 # # 8 E | 통 원충 제집 퇴조 | 정호 원호 되 | 기용 기사 기가 | 위한 원명 명5 | The Med Med Med Med Med Med Med Med Med Me | Depender | ncy Description | Comments |
| Medicaid | 3 | 3.9.7.3 | CVS to share best practice from experience supporting existing PBM customers | R. Bertrand | B. Sintic | 1/1/2018 | 1/31/2018 | | 0% | | | | | 1 | | | | |
| Medicald | 3 | 3.9.7.4 | Define future state process to manage state-run formulary, edits and PDLs | R. Bertrand | B. Sintic | 2/1/2018 | 3/31/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.7 | Medicaid Formulary and UM Build | L Vicory | D. Weber | 11/13/2017 | 9/30/2019 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.7.2 | Establish Medicaid transition approach and timeline | L. Vicory | D. Weber | 11/13/2017 | 1/31/2018 | Not Started | 0% | | | | | | , i | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.7.4 | Load and QA Medicaid formulary and UM for Benefit configuration and testing | L. Vicory | D. Weber | 1/8/2018 | 11/16/2018 | Not started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs & | 19 | 19.7.5 | Build, load and QA Medicald formulary and UM updates for go live on 1/1/2020 | L. Vicory | D. Weber | 7/1/2019 | 9/30/2019 | Not started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & Prior Authorizations, | 19 | 19.9 | Concurrent DUR Edits | L Vicory / J. Krimer | D. Weber | 1/2/2018 | 6/29/2018 | Not Started | 0% | | | | | | | | | |
| Clinical Programs, & | 19 | 19.10 | Proactive PA Setup | L Vicory | D. Weber | 1/2/2018 | 2/28/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & Prior Authorizations, | 19 | 19.10.2 | Establish Medical Claims Connectivity - Establish connectivity for medical claims diagnosis data between IngenioRx and CVS. Dependency on availability of IT resources likely. | L Vicory | D. Weber | 1/26/2018 | 2/28/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & Prior Authorizations, | 19 | 19.11 | Clinical Resource Support | L Vicory | D. Weber | 11/13/2017 | 3/31/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.12 | Reporting and Analytics | L. Vicory / L. Ansari | D. Weber | 12/11/2017 | 12/31/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.13 | Fraud, Waste and Abuse | L. Vicory / T. Weber | D. Weber | 2/1/2018 | 6/30/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.14 | Communications / Marketing Materials | L Vicory | D. Weber | 11/13/2017 | 9/27/2019 | Not Started | 0% | | | | | | | | | |
| | 19 | 19.14.6 | Establish the process for clinical communications fulfillment | L. Vicory | D. Weber | 4/1/2018 | 6/30/2018 | Not Started | 0% | | | | | | | | | |
| Clinical Programs, & Prior Authorizations, Clinical Programs, & | 19 | 19.15 | Prior Authorization - Connectivity and Infrastructure | A. Matthews / B. | D. Weber | 11/13/2017 | 9/30/2018 | Not Started | 0% | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.16 | Prior Authorization - Historical Data Load and Operations | A. Matthews / B. Hall | D. Weber | 11/13/2017 | 8/31/2018 | Not Started | 0% | 7 | _ | | | | | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.16.3 | Determine the historical load required for PA data, by type (Denials, Grandfather Step Therapy, Refils including Refill too soon, vacation override) | A. Matthews / B. | D. Weber | 11/13/2017 | 3/31/2018 | Not started | | | × | × | | | x x x | | | |
| Prior Authorizations, Clinical Programs, & | 19 | 19.16.4 | Obtain PA transfer files from ESI and conduct validation (QA process TBD) | A. Matthews / B. | D. Weber | 12/11/2017 | 3/31/2018 | Not Started | 0% | | × | | | | x x | | | Catch-up files in Q1 2019 and Q1 2020 required |
| Prior Authorizations, Clinical Programs, & | 19 | 19.16.6 | Load the appropriate Prior Authorization historical data into CVS system(s) | A. Matthews / B. | D. Weber | 9/1/2018 | 12/1/2018 | Not Started | 0% | | × | × | | | x x | | | Hightin |
| Medicald | 3 | 3.9.8 | Confirm completion of Prior Authorization setup | R. Bertrand / L. | B. Sintic / D. Weber | | 12/31/2018 | Not Started | 0% | | | | | | | | | |
| Benefits | 9 | 9.0 | Benefits | D. Cubbin | M. Kolachina | 10/21/2017 | 10/31/2018 | On Track | 0% | | | | | | × | | | |
| Benefits | 9 | 9.3 | Complete "Discovery" Phase | D. Cubbin | M. Kolachina, | 11/1/2017 | 2/15/2018 | On Track | 0% | | | × | × × | | x x | | | |
| Benefits | 9 | 9.3.3 | Execute 'Discovery' phase for all Medicaid | C. Harper | D. Tenorio | 13/13/2017 | 2/15/2018 | On Track | 0% | | | × | × | | × | | | |
| Benefits | 9 | 9.3.3.1 | IngenioRx to Provide Requirements(Copay Grid, Clinical Matrix, Benefit Scan) | C. Harper | Bitenorio | 11/13/2017 | 11/17/2017 | Complete | 100% | | | | | | × | | | |
| Benefits. | 9 | 9.3.3.2 | Review Copiny Grid | C. Harper | D: Tenorio | 11/20/2017 | 11/28/2017 | Complete | 100% | | | | | | × | | | |
| Benefits | 9 | 9333 | Review Clinical Matrix | C. Harper | D. Tenorio | 11/20/2017 | \$1/28/2017 | On Track | 0% | | | | | | × | | | |
| Banafits | | 9334 | Basina Basafe StanfFS Evirant) | Citiarper | D. Tenorio | 11/20/2017 | 11/28/2017 | On Track | 0% | | | | | | | | | |
| Denefits. | | 9.33.5 | Define Mapping from Ingenioftx to CVSH BRMD Document | C Harper | D. Tenorio | 11/29/2017 | 1/12/2018 | On Track | 0% | | | | | | | | | |
| Benefits | 9 | 9.33.6 | Complete Base Plan Design | C. Harper | D. Terrorio | 12/14/2017 | 12/22/2017 | On Track | 0% | | | | | | × | | | |
| Benefits | 9 | 9.3.3.7 | Define Plan Design and coding strategy for RxClaim | C. Harper | D. Tenorio | 12/6/2017 | 1/22/2018 | | | | | | × | | | | | |
| Denefits | 9 | 9,3,3,7,1 | Identify dependent workstreams / events with jointly owned efforts and | C. Harper | D. Tenorio | 12/15/2017 | 12/22/2017 | | | | | | | | | | | |
| Denefits | | 93377 | crostriens. Determine how jointly owned programs will be administered on RxClaim and | C. Harper | D. Tenorio | 12/22/2017 | 1/22/2018 | | | | | | | | v | | | |
| Benefits Benefits | 9 | 9.3.3.7.2 | update mapping accordingly Load Benefits into CVS system | C. Harper | D. Tenorio | 12/22/2017 | 1/22/2018 | Not Started | 0% | | | | | | × × | | | |
| | 9 | 2330 | Load Benefits into CVS system Assess and plan for remaining Medicald states | C. Harper | D. Tenorio | 12/14/2017 | 1/22/2018 | reux Started | 0% | | | | | | × | | | |
| | | 9.3.3.9 | | | | | | | and a | | | | | | | | | |
| Benefits. | 9 | | Identify and document all gaps | C. Harper R. Bertrand / C. | D. Tenorio B. Sintic / D. | 11/13/2017 | 1/31/2018 | On Track | 0% | | | | | | | | | |
| Medicald | - | 3.10.1 | Confirm workstream sign-off on Medicaid Benefits Requirement document | Harper | Tenorio | | .,., | Not Started | 0% | | | | | | | | | |
| Benefits. | 9 | 9.6.0 | Develop Process for Benefits Validation | O. Williams | M. Kolachina | 11/13/2017 | 2/15/2018 | | | | | × | | × | x x | | | |
| Benefits. | 9 | 9.6.2 | Develop Testing Strategy Complete Process and data flow document and requirements for Behefit Validation | O. Williams | M. Kolachina | 11/13/2017 | 1/31/2018 | | | | | × × | х х | | x x | | | |
| Denefits. | 9 | 9.6.2.1 | E2E (incl. ABL functioning) | O. Williams | M. Kolachina | 12/5/2017 | 1/31/2018 | | | | | | | | x x | | | |

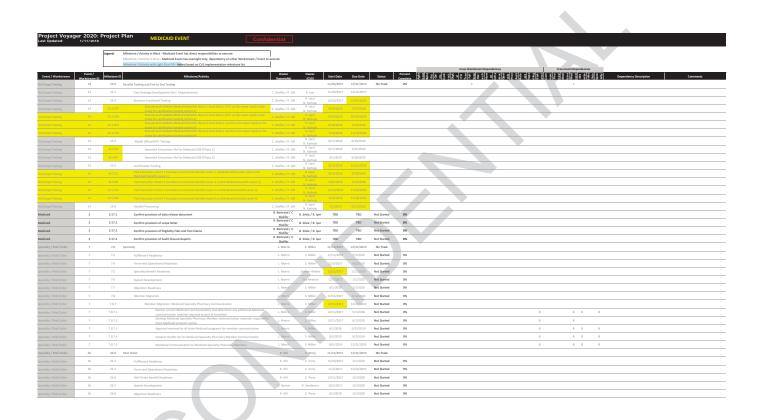




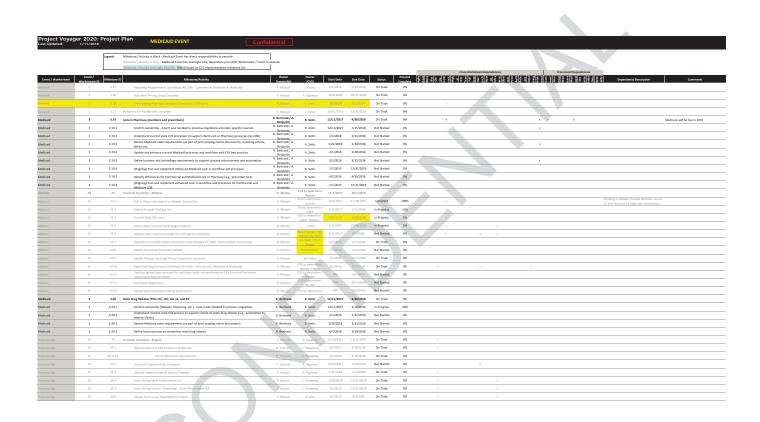


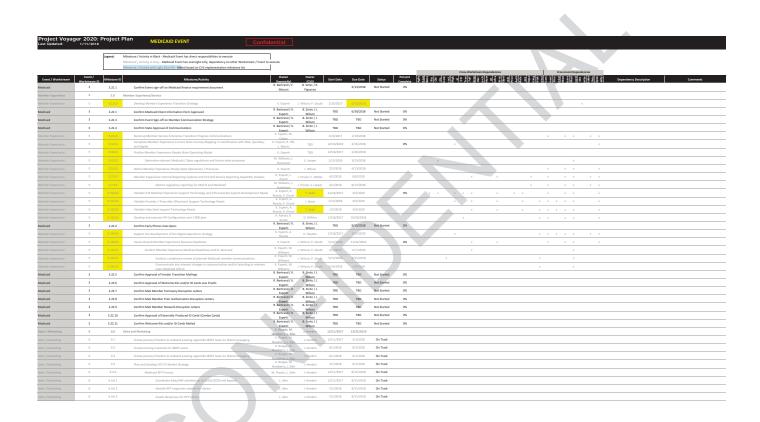
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|--------------------|---------------|--------------|---|-------------------------------|------------------------------|------------|------------|-------------|----------|------------------|---------------------|------------------|-------------|---------|---------------------------------------|------------------------|---|
| | | | | | | | | | | | | | | | | | |
| Project Voya | ger 2020: I | Project | Plan MEDICAID EVENT Confid | ential | | | | | | | | | | | | | |
| | | Legend: | Milestone / Activity in Black - Medicald Event has cirect responsibilities to execute | | | | | | | | | | | | | | |
| | | Legeno: | Milestone / Activity in Brack - medicaid Event has cirect responsionals to execute Milestone / Activity in Grey - Medicaid Event has oversight only; dependency on other Workstream / Event to e | poecute | | | | | | | | | | | | | |
| | | | Milestone / Activity with Light Blue Fill - Added based on CVS implementation milestone list | | | | | | | | Const. Workstream D | | | | | | |
| | Event / | | | Owner | Owner | | | | Percent | 2 2 2 3 - 12 2 2 | | | 로 ㅎ ㅎ ㅎ ㅎ ㅎ | | S S S S S S S S S S S S S S S S S S S | | |
| Event / Workstream | Workstream ID | Milestone ID | Milestone/Activity | (IntenipRx) | (cvs) | Start Date | Due Date | Status | Complete | [후 위를 위라 티크 원음 · | 비급 취로 외용 됨 | <u>로 티탈 최종 함</u> | 최종 최종 원종 | 취용 위표 절 | [월 3]월 <u>6]월 2]</u> 및 1 및 1 및 1 및 1 | Dependency Description | Comments |
| | 21 | 21.1.2.1 | Medicare / Medicaid current reporting inventory list Analyze current resulatory reports provided by ESI and determine Medicaid resulatory | L Ansari T. Weber / C. | N/A | 11/1/2017 | 1/31/2018 | On Track | 0% | | | | | _ | | | |
| | 11 | 11.9.1 | reporting requirements | Gutzwiller | | 10/18/2017 | 12/31/2017 | Complete | 100% | × | | | | | × | | |
| | 11 | 11.9.2 | Define reports to be produced in-house vs. supplied by CVS | T. Weber / C. Gutzwiller | - | 1/1/2018 | 3/31/2018 | Not Started | 0% | × | | | × | | x | | |
| Aedicald | 3 | 3.14.1 | Define operational reporting requirements, including adhoc reports | R. Bertrand / B. Henderson | B. Sintic | 1/1/2018 | 1/31/2018 | In Progress | 20% | | | | × | _ ′ | × | | Including state drug rebates (Title 19) reporting |
| tedicald | 3 | 3.14.2 | Provide inventory of sample Medicaid operational reports | R. Bertrand / B. Henderson | B. Sintic | 1/1/2018 | 1/31/2018 | Not Started | 0% | | | | | | | | |
| | 21 | 21.2 | CVS Reporting Capability Assessment | L. Ansari | J. Hendrix | 11/6/2017 | 2/28/2018 | On Track | 0% | x x x x | × | × | × | x x | x x x x x | | |
| | 21 | 21.2.2.1 | CVS to share reports for Medicare / Medicaid; IngenioRx to understand Member | L Ansari | J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | 0% | | | | | | x x | | |
| | 21 | 21.5 | Experience reporting actions Finalize decisions on report ownership: IntenioRx or CVS | I Ansari | 1 Handriy | 1/1/2018 | 2/28/2018 | Not Started | 0% | | | _ | | | | | |
| | 21 | 21.6 | Wave 1 Report Design and Build (including Regulatory Reports) | L Ansari / C. | J. Hendrix / R. | 1/15/2018 | 6/30/2018 | On Track | 0% | | | | | | x x | | |
| | 21 | 21.6.1 | CVS and IngenioRx to identify any new reports need to be built and any modification to the | Wheelock L. Ansari / C. | Sangili J. Hendrix / R. | 1/15/2018 | 3/15/2018 | On Track | 0% | | | | | | x x | | |
| | | | existing reports. Militate any scope risk to timeline. | Wheelock L. Anseri / C. | Saneili J. Hendrix / R. | 4 | | | 0% | * | | | | | | | |
| | 21 | 21.6.5 | CVS to provide design plan for regulatory reports identified to be modified / built out | Wheelock L. Anseri / C. | Sangili J. Hendrix / R. | 4/1/2018 | 4/28/2018 | On Track | | | | | | | x x | | |
| | 21 | 21.6.6 | CVS has regulatory reports identified built and implemented Wave 2 Report Design and Build fincluding Client Reports. Standard Reports & Reporting Tools - | Wheelock L Ansari / C. | Sangili J. Hendrix / R. | 5/1/2018 | 6/30/2018 | On Track | 0% | | | | | | x x | | |
| | 21 | 21.7 | ReNavirator, Retrainhts) | Wheelock | Sannili | 3/1/2018 | 9/30/2018 | On Track | 0% | x x x x | × | × | × | × × | x x x x x | | |
| | 21 | 21.7.1 | CVS and Ingeniofix to identify any new reports need to be built and any modification to the existing reports. Mitigate any scope risk to timeline. | L. Ansari / C. Wheelock | J. Hendrix / R. Sangili | 3/1/2018 | 3/31/2018 | On Track | 0% | | × | × | × | × × | x x x x x | | |
| eporting | 21 | 21.8 | Wave 3 Report Design and Build (including Ad-Hoc Reports) | L. Ansari / C. Wheelock | J. Hendrix / R. Sannili | 3/1/2018 | 12/31/2018 | On Track | 0% | X X X X | × × | × | × | × × | * * * * * | | |
| | 21 | 21.8.1 | CVS and IngerioRx to identify any new reports need to be built and any modification to the existing reports. Mitigate any scope risk to timeline. | L. Ansari / C. Wheelock | J. Hendrix / R. Sanelli | 3/1/2018 | 4/28/2018 | On Track | 0% | X X X X | × | × | × | x x | x x x x x | | |
| | 21 | 21.8.5 | CVS to provide design plan for reports identified to be modified / built out | L Ansari / C. | J. Hendrix / R. | 6/1/2018 | 7/31/2018 | On Track | 0% | x x x x | × | × | × | × × | x x x x x | | |
| | 21 | 21.8.6 | CVS has Ad-Hoc reports identified built and implemented | L Ansari / C. | J. Hendrix / R. | 8/1/2018 | 12/81/2018 | On Track | 0% | | × | × | × | x x | x x x x x | | |
| | 21 | 21.9 | Benef Bus Out | Wheelock I Ameri | Sangli I Handriy / S. Bay | 1/1/2018 | 12/51/2019 | On Track | 0% | | | | | | | | |
| | 21 | 21.10 | Model Testing (BIPV) Preparation & Participation | L Ansari / C. | J. Hendrix / R. | 12/18/2017 | 6/29/2019 | On Track | 0% | | | | | | | | |
| | 21 | 21.11 | Reporting Business Process | Wheelock L Ansari | Sanaili J. Hendrix | 7/1/2018 | 12/31/2018 | On Track | 0% | | × | × | | | * * * * * | | |
| | | | | L Ansari / C. | J. Hendrix / R. | _ | 32/31/2010 | | 0% | x x x x | | × . | × | | * * * * * | | |
| | 21 | 21.13 | Claims Surveillance | Wheelock L. Anseri / C. | Sangli J. Hendrix F.R. | 1/1/2018 | | On Track | | x x x | × × | | | | | | |
| | 21 | 21.13.1 | Understand Claims Surveillance High-level Requirements | Wheelock L Ansari / C | Sannii J. Hendrix / R. | 1/1/2018 | 1/31/2018 | On Track | 0% | x x x | х х | | | | | | |
| | 21 | 21.13.2 | Claims Surveillance for Parallel Testing | Wheelock | Sinch | 4/1/2018 | 9/27/2019 | On Track | 0% | x x x | x x | | | | | | |
| | 21 | 21.13.3 | Claims Surveillance for Post Go-Live | L. Ansari / C. Wheelock | J. Herdrix / R. Sangli | 4/1/2019 | 12/31/2019 | On Track | 0% | x x x | х х | | | | | | |
| eporting | 21 | 21.14 | Parallel Testing Preparation & Participation | L. Ansari / E. Wheeleck | 1. Hendrix / R. Sangili | 5/1/2018 | 9/27/2019 | On Track | 0% | x x x x | x x x | × | × | × × | x x x x | | |
| | 21 | 21.15 | Triage Changes / Issues from testing results | L Fotieri / C | | 2/15/2019 | 9/27/2019 | On Track | | | | | | | | | |
| | 21 | 21.16 | IngenioRx and CVS to operationalize report run out | L Ansari | J. Hendrix | 5/1/2019 | 6/33/2019 | On Track | 0% | | x x | | | | | | |
| | 21 | 21.17 | InsenioRx Internal Future State Report Built | L Ansart / C. | N/A | 9/1/2018 | 10/31/2019 | On Track | 0% | x x x x | × | × | × | x x | * * * * * | | |
| | 21 | 21.18 | Transition to Production (Claim History Load & Training) | L Ansari | J. Hendrix | 6/1/2019 | 1/1/2020 | On Track | 0% | x x x x | x x | × | × | × × | x x x x | | |
| Aedicaid | 3 | | Issue Management Process | R. Bertrand | B. Sintic | 6/15/2018 | 1/1/2020 | On Track | 0% | | | | | | × | | |
| Aerlicaid | 3 | 3.15.1 | Document current IngenioRx and CVS Issue Management Process | D. Bertrand | B Sintin | 6/15/2018 | 7/31/2018 | Not Started | 0% | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| tedicald | 3 | 3.15.2 | Identify gaps / deficiencies and develop remediation plan to close the gaps. Review updated Issue Management Process with impacted stakeholders and leadership and obtain. | R. Bertrand | B. Sintic | 8/1/2018 | 8/31/2018 | Not Started | 0% | | | | | | | | |
| ledicald | 3 | 3.15.3 | NEWWW updated issue warugement vitorius with impacted statendident and readership and obtain simplif | R. Bertrand | B. Sintic | 9/1/2018 | 9/30/2018 | Not Started | 0% | | | | | | | | |
| ledicald | 3 | 3.15.4 | Test issue management process with gap remediation completed | R. Bertrand | B. Sintic | 10/1/2018 | 9/30/2019 | Not Started | 0% | | | | | | | | |
| tedicald | 3 | 3.15.5 | Train resources on Issue Management Processes and RXTicket tool | R. Bertrand | B. Sintic | 9/30/2019 | 12/1/2019 | Not Started | 0% | * | | | | | | | -Leverage IngenioRx's "Tina Dunway" training document |
| Medicald | 3 | 3.15.6 | Roll out issue management processes | R. Bertrand | B. Sintic | 1/1/2020 | 1/1/2020 | Not Started | 0% | | | | | | | | |
| | 11 | 11.10 | Compliance and Regulatory Requirements | T. Weber | W. Greene / P. Shah | 10/18/2017 | 12/31/2019 | On Track | 0% | * * * * * | x x x | x x x | x x x : | x x x | x x x x x | × | Joint effort between Contract, Legal and Regulatory and Medicald teams |
| | 11 | 11.10.1 | Establish transition and on-going regulatory and compliance update processes | T. Weber | P. Shah | 10/18/2017 | 1/31/2018 | Not Started | 0% | x x x x x | x x x | x x x | x x x | × × × | x x x x x | x | |
| egustory | | | | | | | | | | | | | | | | | |

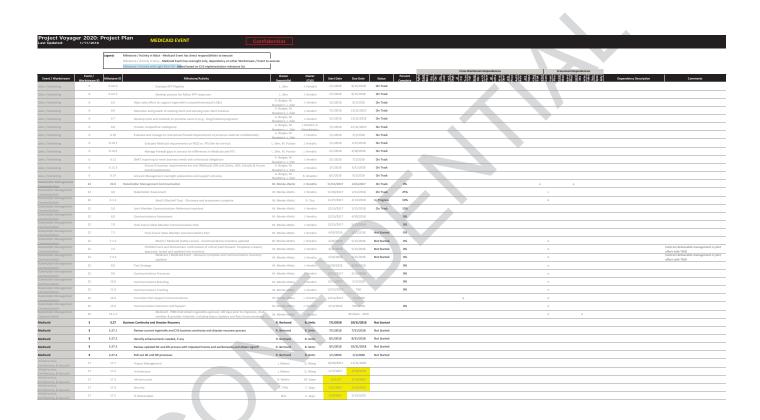


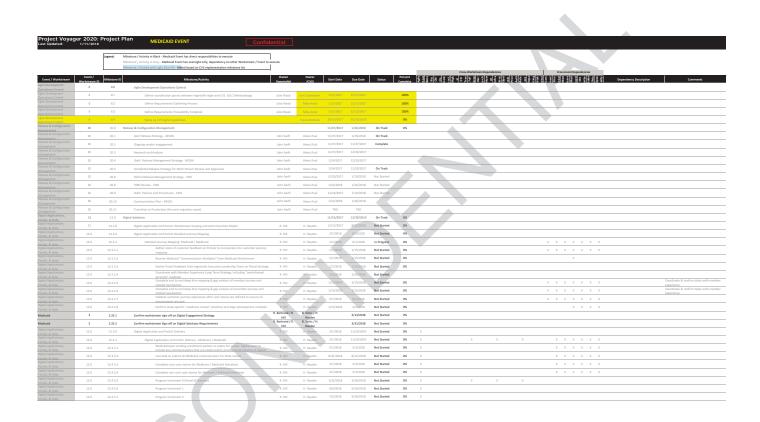


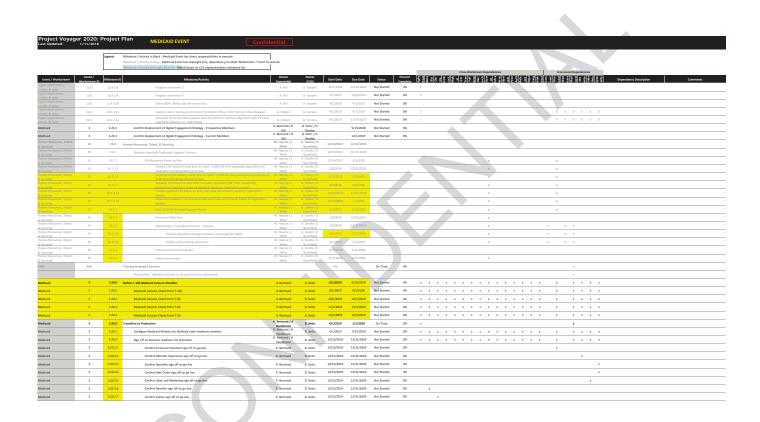


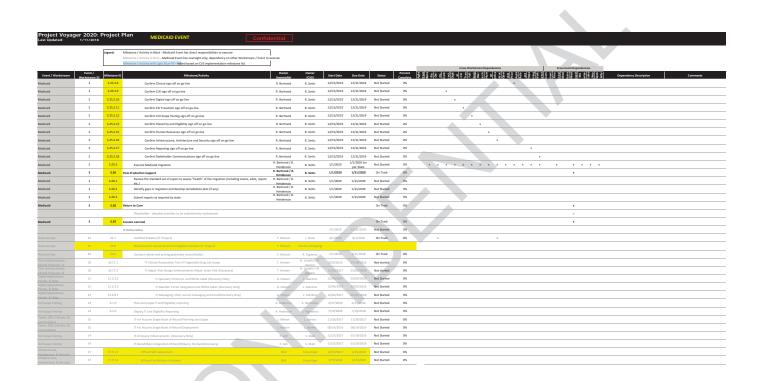




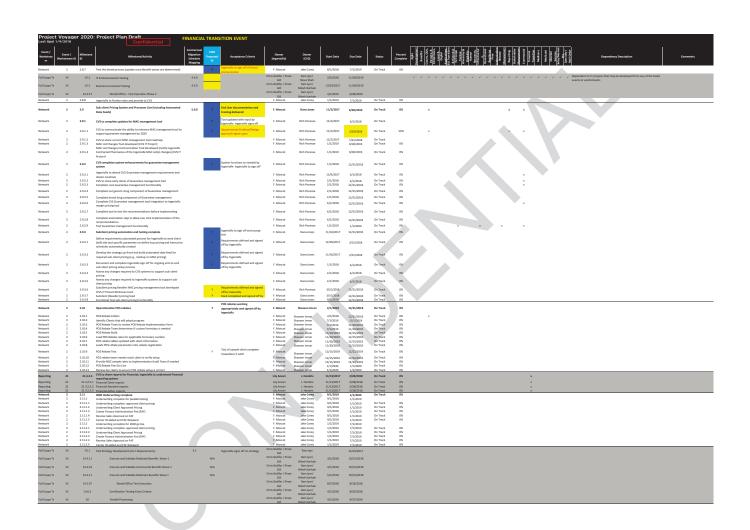


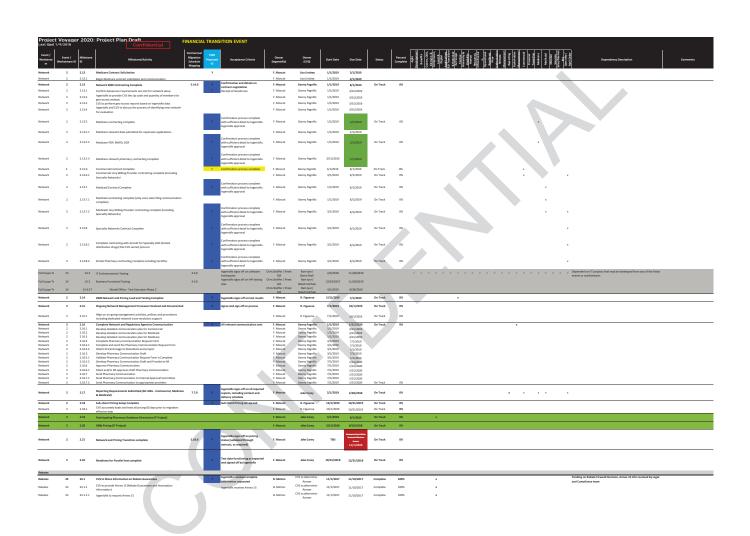






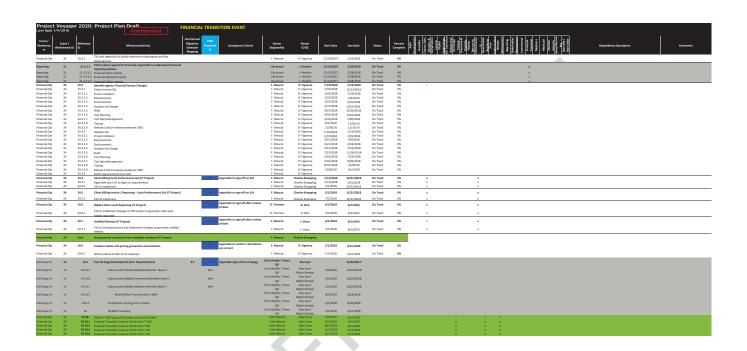
| Project V | Voyag | er 2020 | : Project Plan Draft | INANCIAL T | TRANSITION EVENT | | | | | | | | | | | | | |
|--|---|---|--|--------------------------------------|--|--|--|---|--|---|--|--|--|---|--|---|--------------------------|--|
| Last Upd: 1/9 | 9/2018 | | Confidential | INVINCIAL I | TRANSPILION EVENT | | | | | | | | | | | | | |
| Event/ | Event / | Milestone | Milatone/Activity | Contractual Migration Schedule | TMO | Owner (Instanto Pa) | Owner (CVS) | Start Date | Due Date | Status | Percent 2 | 10 To | Section of the sectio | drg coder extin from from from from from from from from | F 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | Community |
| m Wo | lorkstream | D ID | Monitorial Activity | Schedule Mapping | IG Acceptance Criticina | (IngenioRx) | (CVS) | Start Date | DOS DISTR | Status | Complete 4 | Control of the contro | The second of th | Minne Stakes Stakes Minne Corre Fina Inam Med | Par Spirit Spirit | Dependency Descrip | ses | Comments |
| Network Network | 2 | 2.1 | Detailed Network Transition Plan Completed | 540 | | F. Moscot | R. Figueroa | 11/1/2017 | 11/30/2017 | On Track | 75% | | | | | | | |
| Network Network | 2 | 2.1.1 | IntenioRx to distribute Financial / Network Transition event charter | 5.4.0 | Jointly sign off on transition plan | F. Moscat | R. Figueros | 11/2/2017 | 11/30/2017 | Complete | | | | | | | | |
| Natural. | 2 | 2.1.2 | and discuss IngenioRx and CVS to align on scope, key milestones and key transition | | | F. Moscot | R. Figueros | 11/2/2017 | 11/3/2017 | Complete | | | | | | | | |
| APPLIED L | | | dates IngenioRx and CVS to finalize detail project plan, including staff names, | | | | | | | | | | | | | | | |
| Network | 2 | 2.1.3 | roles, responsibilities, organizational structure, dependencies and task assignment | | | F. Moscot | R. Figueroa | 11/2/2017 | 1/14/2018 | On Track | | | * * * * * | | | | | |
| Network Network | 2 2 | 2.13.1 2.13.2 | Draft project plan complete integrated project plan finalized | | | F. Moscot F. Moscot | R. Figueros R. Figueros | 11/2/2017 12/7/2017 | 11/20/2017 1/14/2018 | Complete On Track | 100% 50% | | | | | | | |
| Network Network | 2 | 2.2 | Medicare Part D 2020 Strategy Planning and Analysis Complete | | | F. Moscot F. Moscot | Usa Undsey Lisa Undsey | 11/20/2017 | 3/31/2018 | On Track On Track | 25% 50% | | | × | | | | |
| Network Network Metwork | 2 2 | 2.2.1 | 2019 strategy including premium buildup analysis complete 2020 strategy designed | | | F. Moscot F. Moscot Christina Suick | Lisa Lindsey | 1/20/2017 1/1/2018 1/1/2019 | 1/30/2018 3/31/2018 | On Track On Track | 50% 0% | | | × | | | | |
| Network Network | 2 2 | 2.3.1 | 2020 Medicare filing requirements documented Medicare Annual Election Period Preparation Filing | 11.16.0 | | Christine Swick | Jake Corey Jake Corey | 1/1/2019 | 9/30/2019 | On Track | 0% | | | | | | | |
| Network Network | 2 | 2.6 2.6.1 | 2020 Commercial filine requirements documented Product kick off by project managers | | | Kit Leung Kit Leung | Jake Corey Jake Corey | 2/15/2019 2/15/2009 | 9/1/2019 | On Track On Track | 9% | | | × | | | | |
| Network | 2 | 2.4.2 | Detailed requirements complete | | | Kit Leung | Jake Corey | 2/15/2019 | 3/31/2019 3/31/2019 | On Track | 0% | | | × | | | | |
| Network | 2 | 2.4.3 | Products live by quoting effective date | | | Kit Leung | Jake Corey | 4/1/2019 | 9/1/2019 | On Track | 0% | | _ | × | _ | | | |
| Network | 2 | 2.5 | 2020 State and Federal Filing Requirement for Medicald Documented Confirm legal and compliance have identify state and federal | | | Sarah Alberti-Gond | Lisa Lindsey | 11/15/2017 | 1/31/2018 | On Track | 0% 0% | | | | * | | | |
| Network | 2 | 2.5.1 | requirements State geoaccess requirements identified: California, Florida, Georgia, | | | Sarah Alberti-Bond | Lisa Lindsey | 11/15/2017 | 1/31/2018 | On Track | 0% | | | | * | | | |
| Network | 2 | 2.5.1.1 | Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Nevada, New Jersey, New York (Including western NY), South Carolina, Texas | | | Sarah Alberti-Bond | Danny Pagnillo | 11/15/2017 | 1/31/2018 | On Track | 0% | | | | × | | | |
| Mahamah | , | 2512 | Including Seton), Virginia, Washington, West Virginia, DC, TN, WI Confirm legal and compliance have developed corresponding filing | | | Sarah Alberti-Bood | | | | | | | | | | | | |
| THE REAL PROPERTY. | - | | roadmap | | | | Lisa Lindsey | 11/15/2017 | 1/31/2018 | On Track | 0% | | | | × | | | |
| Network | 2 | 2.5.1.3 | Provide sample state contracts to Medicaid team Network Mapping and Disruption Analysis on Current Networks | | Inserinfly receives sur-t | Sarah Alberti-Bond | Lisa Lindsey | 1/19/2018 | 1/19/2018 | On Track | 0% | | | _ | × | | | |
| Network | 2 | 2.6 | Complete IngenioR and CVS discuss and agree on process of Network Mapping | 5.5.0 | Y IngenioRx receives analysis results | Darren Gettings | Danny Pagnillo | 11/8/2017 | 2/1/2018 | On Track | 50% | | | * | | | | |
| Network | 2 | 2.6.1 | and Disruption Analysis on current network | | | Darren Gettings | Danny Pagnillo | 11/2/2017 | 12/31/2017 | Complete | 100% | | | * | | | | |
| Network | 2 | 2.6.1.1 | Exhibit 3, Section 6.2 (detailed disclosure of all pharmacy network offerings) delivered by CVS to IngenicRx | | | Darren Gettings | Danny Pagnillo | 11/15/2017 | 1/14/2018 | On Track | 0% | | | | | | | |
| Network | 2 | 2.6.2 | CVS to propose format and layout needed to do the network analysis | | | Darren Gettings | Danny Pagnillo | 11/8/2017 | 11/21/2017 | Complete | 100% | | | × | | | | |
| Network Network | 2 2 | 2.6.3 2.6.4 | IngenioRx to review format and address questions to CVS IngenioRx to utilize agreed format to pull current network data | | | Darren Gettings Darren Gettings | Danny Pagnillo Danny Pagnillo | 11/21/2017 12/1/2017 | 12/1/2017 12/15/2017 | Complete Complete | 100% 100% | | | 1 | | | | |
| Network | 2 | 2.6.5 | CVS to perform network mapping and disruption analysis on various network options- Map ESI networks to CVS networks and detremine | | | Darren Gettings | Danny Pagnillo | 12/15/2017 | 1/12/2018 | On Track | 50% | × | | * | | | | |
| Network Network | 2 | 2.6.6 2.6.7 | CVS to send back the disruption analysis results ingenioRx to analyze data and financial results | | | Darren Gettings Darren Gettings | Danny Pagnillo Danny Pagnillo | 1/12/2018 1/12/2018 | 1/12/2018 2/1/2018 | On Track On Track | 50% 0% | X X | | x x | | | | |
| Network Network | 2 2 | 2.6.9 | CVS to address gaps in network and propose solutions and process to ingenioRx to analyze data and financial results | | | Darren Gettings Darren Gettings | Danny Pagnillo Danny Pagnillo | 1/12/2018 1/12/2018 | 2/1/2018 1/19/2018 | On Track | 0% | × | | 4 | | | | |
| Network | 2 | 2.7 | 2018: Complete ESI to CVS Network mapping to enable functional testing | | Network setup is complete for testing | Darren Gettings | Dana Jones | 1/1/2018 | 10/15/2018 | On Track | 0% | x x x x | | x x x | x x | | | |
| Network Seperits | 2 9 | 2.7.1 | Determine actual versus fictitious network mapping Complete Business Gatherine Requirements | 9.2 | Y | Darren Gettings | Dana Jones | 1/1/2018 | 1/31/2018 | On Track | 0% | × × | х х | x x x | x x | | | |
| Network | 2 | 2.7.2.1 | Commercial Networks Complete | | | | Dana Jones | 2/1/2018 | 7/1/2018 | | | | | × | | | | |
| Network | | | | | Y Indiana and processing to | Darren Gettings | Dana Jones | 2/1/2018 | 7/1/2018 | On Track | 0% | X X | | | | | | |
| | 2 | 2.72.1.1 | | | testine | Darren Gettings Darren Gettings | Dana Jones Dana Jones | 2/1/2018 | 2/28/2018 | On Track | 0% | x x | | * | | | | |
| Network | 2 | 2.7.2.1.1 | | | testing | Darren Gettings Darren Gettings Darren Gettings | | | | | | x x x x x x x | | * | | | | |
| Network Network | | 2.72.1.1 | Wave 1: National network, mail network, and specialty network mapped | | testine | Darren Gettings | Dana Jones | 2/1/2018 | 2/28/2018 | On Track | 0% | x x | | × | | | | |
| Network Network Network | | 27211 27212 27213 | Wave 1: National network, mall network, and specially network mapped Wave 1: Network (NIT) Ratal Network Profiles Sont to Benefits Team Wave 1: National network and ROD network Wave 2: National network and ROD network Wave 3: Network (NIT) Retail Network Profiles Sont to Benefits Team | | testes | Darren Gettings Darren Gettings | Dana Jones Dana Jones | 2/1/2018 3/1/2018 | 2/28/2018 3/16/2018 | On Track On Track | 0% 0% | x x | | × | | | | |
| Network Network Network | | 27211 27212 27213 | Wave 1: National network, mail network, and specialty network mapped Wave 1: Network (NET) Retail Network Profiles Sent to Benefits Team Wave 1: National network add ROD network | | entice | Darren Gettings Darren Gettings | Dana Jones Dana Jones Dana Jones | 2/1/2018 3/1/2018 3/16/2018 | 2/28/2018 3/16/2018 4/1/2018 | On Track On Track On Track | 0% 0% 0% | x x | | x | | | | |
| Network Network Network Network | 2 2 2 | 27211 27212 27213 27214 27215 | Wive 1: National network, mall network, and upcoalty network mapped www 1: National (NUT) Retail Network Profiles Sent to Benefits Team Wive 1: National network, and 800 network Wive 1: National network, and 800 network Wive 2: National network, and 500 network Wive 2: National network, and 500 network Profiles Sent to Benefits Team Wive 5: National network, and 500 network, and ontitle pharmary Wive 5: National network, and 500 network, and ontitle pharmary | | entine | Darren Gettings Darren Gettings | Dana Jones Dana Jones Dana Jones Dana Jones | 2/1/2018 3/1/2018 3/16/2018 4/1/2018 | 2/28/2018 3/16/2018 4/1/2018 4/17/2018 | On Track On Track On Track On Track | 0% 0% 0% 0% | x x | | × | | | | |
| Network Network Network Network Network | 2 2 2 2 2 2 | 2721.1 27212 27213 27214 27215 27216 | Note: 1. Microsi retentin, mel retentin, and specially retention mapped. Wood: 1. Microsi retentin, 2003 Josef Merican Print's Sent to Benefits Team Wood: 1. Microsi retentin, and El Distrations' Wood: 1. Microsi retenting to the Microsi Retenting to the Senting Sent | | Vention strap is complete for | Darren Gettings Darren Gettings Darren Gettings Darren Gettings Darren Gettings Darren Gettings | Dana Jones | 2/1/2018 3/1/2018 3/16/2018 4/1/2018 4/18/2018 6/1/2018 2/1/2018 | 2/28/2018 3/16/2018 4/1/2018 4/17/2018 6/1/2018 6/15/2018 5/31/2018 | On Track | 0% 0% 0% 0% 0% 0% | x x | | * | | | | |
| Network Network Network Network Network Network Network | 2 2 2 2 2 2 | 2721.1 27212 27213 27214 27215 27216 | Next - 1. Marcal of teach, "and research, and operating sensest managed of the property of the | | Tention of steps a complete for body | Darren Gettings Darren Gettings Darren Gettings Darren Gettings Darren Gettings Darren Gettings | Dana Jones | 2/1/2018 3/1/2018 3/16/2018 4/1/2018 4/18/2018 6/1/2018 | 2/28/2018 3/16/2018 4/1/2018 4/17/2018 6/1/2018 6/15/2018 | On Track | 0% 0% 0% 0% 0% | x x x x x x x x x x x x x x x x x x x | | | | | | |
| Network | 2 2 2 2 2 2 | 2721.1 2721.2 2721.3 2721.4 2721.5 2721.6 2722.2 2722.1 2722.1 | Note: 1. Microsi retentin, mel retentin, and specially retention mapped. Wood: 1. Microsi retentin, 2003 Josef Merican Print's Sent to Benefits Team Wood: 1. Microsi retentin, and El Distrations' Wood: 1. Microsi retenting to the Microsi Retenting to the Senting Sent | | Station A step to complete for motion. Stationary step to complete for motion. Memorial step to complete for motion. | Darren Gettings | Dana Jones Cana Jones | 2/1/2018 3/1/2018 3/16/2018 4/1/2018 4/18/2018 6/1/2018 2/1/2018 2/1/2018 | 2/28/2018 3/26/2018 4/1/2018 4/12/2018 6/12/2018 5/25/2018 5/25/2018 | On Track | 0% 0% 0% 0% 0% | x x x x x x x x x x x x x x x x x x x | | | × | | | |
| Network | 2 2 2 2 2 2 | 2721.1 2721.2 2721.3 2721.4 2721.5 2721.6 2722 2722.1 2722.2 2722.2 2722.2 2722.3 | Sec.) The control of | | Methods arrays to complete for states | Darren Gettings | Dana Jones | 2/1/2018 3/1/2018 3/16/2018 4/1/2018 4/18/2018 2/1/2018 2/1/2018 2/1/2018 2/1/2018 | 2/28/2018 3/56/2018 4/12/2018 4/12/2018 6/12/2018 6/12/2018 5/12/2018 5/12/2018 5/12/2018 5/12/2018 5/12/2018 5/12/2018 | On Track | 0% 0% 0% 0% 0% | x x x x x x x x x x x x x x x x x x x | | | | | | |
| 4etwork | 2 2 2 2 2 2 | 2721.1 2721.2 2721.3 2721.4 2721.5 2721.6 2722 2722.1 2722.2 2722.2 2722.2 2722.3 | Sec.) The control of | | Market and the complete for | Darren Gettings | Dans Jones | 2/1/2018 3/1/2018 3/16/2018 4/1/2018 4/18/2018 2/1/2018 2/1/2018 2/1/2018 2/1/2018 | 2/28/2018 3/56/2018 4/12/2018 4/12/2018 6/12/2018 6/12/2018 5/12/2018 5/12/2018 5/12/2018 5/12/2018 5/12/2018 5/12/2018 | On Track | 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0 | x x x x x x x x x x x x x x x x x x x | | | | | | |
| Network | 2 2 2 2 2 2 | 27211 27212 27213 27214 27215 27216 2722 27221 27222 2723 27211 27212 27211 27212 | Sec.). The control of section, and indeed, and equally are section properties of the control of | | Property of the party of the pa | Discren Gettings | Dans Jones Clans | 2/1/2018 3/1/2018 3/1/2018 4/1/2018 4/18/2018 6/1/2018 2/1/2018 2/1/2018 2/1/2018 2/1/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 | 2/28/2018 3/26/2018 4/12/2018 4/12/2018 6/12/2018 5/21/2018 5/21/2018 5/21/2018 5/21/2018 5/21/2018 5/21/2018 6/15/2018 6/15/2018 | On Track | 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0 | x x x x x x x x x x x x x x x x x x x | | | | | | |
| Network | 2 2 2 2 2 2 | 27211 27212 27213 27214 27215 27215 2722 27221 27222 27221 27221 27222 27212 27212 27212 27212 27212 27213 27214 27214 | Sec.). Second service, the direction, and control present important members of the second se | | active and a single for the same and a | Darren Gettings | Dans Jones | 2/1/2018 3/1/2018 3/1/2018 3/1/2018 4/13/2018 4/13/2018 5/13/2018 5/13/2018 5/13/2018 5/13/2018 5/13/2018 5/13/2018 5/13/2018 5/13/2018 5/13/2018 | 2/28/2018 3/36/2018 4/12/2018 4/12/2018 6/12/2018 6/12/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 5/31/2018 6/35/2018 6/35/2018 6/35/2018 6/35/2018 6/35/2018 6/35/2018 6/35/2018 | On Track | 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0 | x x x x x x x x x x x x x x x x x x x | | | | | | |
| Network | 2 2 2 2 2 2 | 27211 27212 27213 27214 27215 27215 27212 27222 27221 27212 27212 27213 27214 27213 27214 27215 27216 | Sec.). Second service, the offence, for all quality present properties of the prope | | and the state of t | Discren Gettings | Dans Jones Clans | 2/1/2018 3/1/2018 3/1/2018 4/1/2018 4/18/2018 6/1/2018 2/1/2018 2/1/2018 2/1/2018 2/1/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 5/15/2018 | 2/28/2018 3/26/2018 4/12/2018 4/12/2018 6/12/2018 5/21/2018 5/21/2018 5/21/2018 5/21/2018 5/21/2018 5/21/2018 6/15/2018 6/15/2018 | On Track | 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0 | x x x x x x x x x x x x x x x x x x x | | | | | | |
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| Network | 2 | 27211 27212 27213 27214 27215 27216 2721 27221 27221 27221 27221 27211 27212 27213 27214 27215 27216 27217 27218 27217 27218 2 | Sec.). Second services, we of receive, for a greatly present. When I have been present the second by the second | | Month and a registra for the second | Deres Getting | Dama Jones Dama J | 2/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 4/1/2018 2/1/2018 2/1/2018 2/1/2018 2/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 | 2/28/2018 3/16/2018 4/17/2018 4/17/2018 4/17/2018 6/15/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 5/11/2018 | On Track | ONS | | | | | | | |
| Network | 2 | 27211 27212 27213 27214 27215 27216 2722 27221 27212 27212 27211 27212 27213 27214 27214 27215 27214 27216 27216 27217 27218 27218 27218 27218 27218 27218 27218 27218 | Sec. 1. Sec. 1 | | Maken kerjah separa Polisian dan pengana Polisian d | Daren Gering Deven Gelting | Dama Jones Curra Jones Dama | 2/1/2018 3/1/2018 3/1/2018 3/1/2018 4/18/2018 4/18/2018 2/1/2018 2/1/2018 5/15/2018 | 2/28/2018 3/16/2018 4/17/2018 4/17/2018 4/17/2018 6/17/2018 6/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 5/17/2018 | On Track | ON O | | | | | | | |
| Nethwork | 2 | 272.11 272.12 272.13 272.14 272.15 272.16 272.21 272.21 272.21 272.21 272.21 272.21 272.21 272.22 272.21 272.23 272.24 27 | Sec. 3. Words demonst. And relevant, for all quantity presents present present presen | | Model and a complete for the complete fo | Deres Gering | Curra Janes Curra | 2/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 3/1/2018 2/1/2018 2/1/2018 2/1/2018 3/1/2018 | 2/28/2018 3/16/2018 4/16/2018 4/16/2018 4/16/2018 6/16/2018 6/16/2018 5/16/2018 5/16/2018 5/16/2018 6/16/2018 | On Track | ON O | | | | | | | |
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| iethacek | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 27211 27212 27213 | Section 1 and a section of the section of the section 1 and a | ü | Y Implementation design complete and signed off by Imperiods | Darwell Gelings Darwell Geling | Centra James Chana James Chan | 2/L/2018 3/L/2018 3/L/2018 4/L/2018 4/L/2018 4/L/2018 5/L/20 | 2/28/2018 3/34/2018 4/1/2018 4/1/2018 4/1/2018 4/1/2018 4/1/2018 4/1/2018 5 | On treat | 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0 | | | | x Extract CVS | | paling data to med to | ulternessis, solidioring, other worker |
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|----------------------------|----------|----------------|--|--------------------------------------|---|--------------------------|--------------------------|----------------------|---------|--|
| Last Upd 1/ | 9/2018 | 2020 | : Project Plan Draft | | | | | | | |
| Event / Workstrea | Event / | Milestone | Contractual TMO Migration Missionn/Activity Schedule Proposed Acceptance | Owner (IngenioRs) | Owner (CVS) | Start Date | Due Date | Status | Percent | Without Bright And State Comments Comments |
| - " | | | Mapping IS CIS to provide Annex IS Relate Guarantees and Assumption | | CVS to determine - | | | | Company | |
| Rebates | 23 | | Information) within 10 business days upon request as stated in the contract | 8. Minton | Roman CVS to determine - | 11/1/2017 | 11/10/2017 | Complete | 100% | |
| Rebates | 23 | 23.2 | Rebate Firewall Strategy Set Jointly sign off on p Inserciolis to discuss with Lend team and occoors rebate information | | Legal CVS to determine - | 11/1/2017 | 1/31/2018 | On Track | 10% | |
| Rebates | 23 | 23.2.1 | sharing and rebate contracting processes under the Rebate Firewall CVS and investoRs discuss and allen on rebate sharing and rebate | 8. Minton | Legal CVS to determine - I | 11/1/2017 | 2/28/2018 | On Track | 15% | |
| Rebates Rebates | 23 | 2122 | contracting processes under the firewall CVS and ingenioRx align on the level of rebate contract details can be | B. Minton | Stahl & Others CVS to determine - J. | 11/1/2017 | 2/28/2018 2/28/2018 | On Track On Track | 0% | os x |
| Rebates | 23 | 23.3 | shared and the form of the information to be shared Current State Discovery | B. Minton | CVS to determine - Legal / Roman / | 11/1/2017 | 2/28/2018 | On Track | SN | 255 x |
| Rebates | 21 | 23.3.1 | IngerioRx and CVS to go over contracting processes, including contract CVS walks through | nd to end 8. Minton | Dixon J. Stahl | 11/1/2017 | 12/14/2017 | Complete | 100% | |
| Rebates | 23 | 23.3.1.1 | structure, current renewal dates, contract length, etc. IngenioRx and CVS to schedule the session - date: 12/54/2017 | B. Minton | J. Stahl | 12/14/2017 | 12/14/2017 | Complete | 100% | |
| Rebates | 23 | 23.3.1.2 | Baseline with RFP responses on Current State Discovery session | 8. Minton | CVS to determine | 11/27/2017 | 12/14/2017 | Complete | 100% | 100% |
| Rebates | 23 | 23.3.2 | CVS to provide IngenioRx contract details (depending on finewall decision in 23.2.2.2 and legal approval) | ontract details 8. Minton | Joe Stahl / Jim Dixon | 12/1/2017 | 2/28/2018 | On Track | 0% | 0% x |
| Rebates | 23 | 21.3.2.1 | IngenioRs and CVS to discuss and determine the contract details to be provided to ingenioRx | 8. Minton | Joe Stahl / Jim Dixon | 12/1/2017 | 1/31/2018 | On Track | 0% | 0% x |
| Rebates | 23 | 23.3.2.2 | IngenioRx to provide the request of information needed and file layout (e.e., Base Rate, Price Protection, Admin Fee, Formulary Requirements - Y Information receive | d in layout 8. Minton | Joe Stahl / Jim Dixon | 12/1/2017 | 1/15/2018 | On Track | 0% | 05 x |
| | | | PA/ST, Market Share Information, etc.) | oRx | AND AGENTY AND COLOR | | 2/1/2018 | | | |
| Rebates | 23 | 23.3.2.3 | CVX to provide contract details based on ingenicida's requests - Contract session Subsibil 1-2.3.2 CVX to share reports for Financial; Ingenicida to understand Financial | | Joe Stahl / Jim Dixon | | 2/28/2018 | On Track | 0% | |
| Reporting Reporting | 21 21 | 21.3.2.5 | recording actions | Lily Ansari Lily Ansari | J. Hendrix J. Hendrix | 11/11/2017 11/11/2017 | 2/28/2018 2/28/2018 | On Track On Track | 0% | |
| Reporting Reporting | 21 21 | 21.12.5 | Financial Standard reports Financial Adhor reports | Lûy Ansari Lûy Ansari | J. Hendrix J. Hendrix | 11/13/2017 11/13/2017 | 2/28/2018 2/28/2018 | On Track On Track | 0% | OK x x x |
| Rebates Rebates | 23 23 | 23.4 23.4.1 | Future State Contracting Strategy Finalized Discussion session ingeriolist and CV5 to set up session on contract process options, tools available and modeling strategy | omplete B. Minton B. Minton | J. Stahl J. Stahl | 11/1/2017 11/1/2017 | 12/14/2018 12/14/2018 | On Track On Track | SON SON | |
| Rebates | 23 | 23.4.1.1 | IngenioRx and CVS to discuss future state requirements of the tools | S. Minton | CVS to determine - J. Stahl & Dixon | 11/1/2017 | 3/31/2018 | On Track | 0% | 0% x x |
| Rebates | 23 | 23.5 | Rebate System Expansion and Partition (IT Project) 7.8.0 Y ingenioRx signs off partition completion | an CVS B. Minton | Jim Dixon | 2/1/2018 | 8/1/2019 | On Track | 0% | |
| Rebates Rebates | 23 | 23.5.2 | IngenioRx and CVS to align on requirements CVS to implement plan for system expansion | B. Minton B. Minton | Jim Dison Jim Dison | 2/1/2018 3/1/2018 | 1/31/2018 8/1/2019 | On Track On Track | 0% | |
| Rebates | 23 | 23.5.3 | CVS to build out capability to generate market share report for IngenioRx Claims | S. Minton | Jim Dison | 1/1/2019 | 8/1/2019 | On Track | 0% | 0% x |
| Rebates | 23 | 23.6 | Rebotes Data Analysis through the CVS System Complete (highlight to TMO - need CVS and legenicits signs off to TMO - need CVS and legenicits alignment on the method to completion (to ing completion and in the completion of the c | on test run nioRx's B. Minton | Brian Roman / Sm Dixon / Joe Stahl | 11/1/2017 | 5/1/2018 | On Track | 0% | 85 x x x |
| Rebates | 23 | 23.6.1 | IngenioRx and CVS to align on data analysis plan | 8. Minton | Brian Roman / Jim Dison / Joe Stahl | 11/1/2017 | 12/11/2017 | On Track | 0% | 0% x x x |
| Rebates | 23 | 23.6.2 | CVS to provide data file layout for how CVS want to receive claims data to do the analysis for rebate rates | 8. Minton | Brian Roman / Jim Dison / Joe Stahl | 11/1/2017 | 12/31/2017 | On Track | 0% | |
| Rebates | 23 | 23.6.3 | IngenioRx and CVS to discuss and align on execution plan of the data analysis | B. Minton | Brian Roman / Jim Dison / Joe Stahl | 12/12/2017 | 2/1/2018 | On Track | ON | |
| PA, Clinical, Formulary | 19 | 19.63 | Load and QA Medicare Part D formulary and UM for Benefit configuration and testing | L Vicory | D. Weber | 4/1/2018 | 10/31/2018 | Not started | | x x x Due date based on waves for Benefits load and validation (Medicare several to start \$\frac{1}{2}\$/2003). |
| Rebates | 23 | 23.6.3.1 | IngenioRx and CVS to discuss and align on the analysis acenarios: 1. using ingenioRx data run on CVS formularies; 2. using IngenioRx data run on IngenioRx formularies | 8. Minton | Brian Roman / Jim Dispin / Joe Stahl | 12/12/2017 | 2/1/2018 | On Track | ON. | 0% x |
| Rebates | 23 | 23.6.4 | IngenioRx to provide data needed for CVS to do the analysis | 8. Minton | Brian Roman / Jim Dison / Joe Stahl | 2/1/2018 | 2/15/2018 | On Track | 0% | OS x |
| Rebates | 23 | 23.6.5 | CVS to conduct the test run and provide data analysis results to ingenioRx | B. Minton | Brian Roman / Jim Dison / Joe Stahl | 2/1/2018 | 5/1/2018 | On Track | 0% | ON x |
| Rebates | 23 | 23.6.6 | IngenioRx and CVS jointly review the data analysis results | S. Minton | Brian Roman / Jim Dison / Joe Stahl | 3/1/2018 | 5/1/2018 | On Track | 0% | 0% x |
| Rebates | 23 | 23.7 | Alignment on Rebate Rates Comparison and Strategy for 2020 Future 7.6.0 IngenioRx upps off comparison and sc comparison and sc strategy for 2020 in the strategy for 2020 i | eptance of a strategy | Joe Stahl / Brian Roman | 5/1/2018 | 11/1/2018 | On Track | 0% | ox |
| Rebates | 23 | 23.7.1 | IngenioRs to compare the results of estimated rebate rates under current CVS rebate contracts to ingenioRs current rebate garantees | E. Minton | Joe Stahl / Brian | 5/1/2018 | 6/1/2018 | On Track | 0% | 05 |
| Rebates | 23 | 23.7.2 | current CVS rebate contracts to Ingenicifix current rebate guarantees Ingenicifix and CVS to align on strategy for future rebate contracting | S. Minton | Roman Joy Stahi | 5/1/2018 | 6/1/2018 | On Track | 0% | 05 |
| Rebates | 23 | 23.6 | Rebate Guarantee Processes Defined | d and agreed B. Minton | Brian Roman | 7/1/2018 | 12/1/2018 | On Track | 0% | 0% |
| Rebates | 23 | 23.8.1 | Process between IngenioRx and CVS to account for changes in the sucrambers | S. Minton | Brian Roman | 7/1/2018 | 12/1/2018 | On Track | 0% | ON CONTRACTOR OF |
| Rebates | 23 | 23.8.2 | Discuss process and communication on interface and rebate data | B. Minton | Brish Roman | 7/1/2018 | 12/1/2018 | On Track | 0% | os · |
| Rebates | 23 | 23.8.3 | Discuss and document process for managing "Naio Effect" in contract section - 8.1.19 Page 328 Rile in acceptable 6 | S. Minton | Brian Roman | 7/1/2018 | 12/1/2018 | On Track | 0% | 0% |
| Rebates | 23 | 23.9 | Rebate Pharma Invoicing File (to Finance for accruals) Was appropriate data-type representations of the properties of t | | Jim Dixon | 7/1/2018 | 12/1/2018 | On Track | ens | 0% |
| Rebates | 23 | 23.10 | Reporting Requirements Definition (All LOBs - Commercial, Medicare 7.7.0 Y seports, including o | on all required ontent and 0. Minton | CVS to determine - Roman / Dison | 2/1/2018 | 12/3/2018 | On Track | ens. | ON x x x |
| Rebates | 23 | 23.10.1 | delivery schedule ingenieliku and CVS to align on account set up and hierarchy for interface and reports | B. Minton | CVS to determine - Roman / Dixon | 2/1/2018 | 6/1/2018 | On Track | cns | 9% x x x |
| Rebates | 23 | 23.10.2 | IngenioRx and CVS to align on all reports needed and implement modifications, content and frequency of delivery, including Rebate | B. Minton | CVS to determine - Roman / Dixon | 4/1/2018 | 12/3/2018 | On Track | 0% | 0% x x x |
| Rebates | 23 | 23.10.2.1 | Rate File Ingeriolika and CVS to discous reporting regularements to ensure consistency with ingeriolik current interfaces and data elements | S. Minton | CVS to determine - Roman / Dixon | 4/1/2018 | 5/1/2018 | On Track | 0% | 0% x x x |
| Rebates | 21 | 23.10.2.2 | Insertinity and DIS to define and modify reporting requirements to | B. Minton | CVS to determine - | 4/1/2018 | 5/1/2018 | On Track | 95 | 7% |
| | ** | 22.00.2.2 | resture new data element requirements are captured from both reporting and interface perspective | a. Asinton | Roman / Dixon | 40.424.48 | 5/1/2018 | OH HALK | - W | * |
| | | | | | | | | | | |

| Project | Vovad | er 2020 |): Project Plan Draft | | | | | | | | | | | | | | |
|--|--|---|--|--|---|--|---|--|---|--|--|---------------------------------------|--------------|--|---|------------------------|--|
| Last Upd 1 | 9/2018 | 2020 | Confidential | NANCIA | L TRANSITION EVENT | | | | | | | | | | | | |
| Event/ | | | | Contractual | TMO | | | | 1 | | | हैं , इंबर्ड है है ये । ए : | , da a a a | . 1 . 2 1 3 | . J≨ − 8 | | |
| Workstrea | Event / forkstream I | Milestone D ID | Milestone/Activity | Migration Schedule | Proposed Acceptance Criteria | Owner (IngenioRx) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | | | dease month of oth number of our | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Dependency Description | Comments |
| | | | | Mapping | 16 | | CVS to determine - | | | | | 8 ° 8 48 1° 45 42 18 ° | = # # 8 # \$ | * # 8 8 # 9 # 5 E | 2 3 8 2 | | |
| Rebates | 23 | 23.10.2.3 | CVS to design and build the interfaces and reports needed in the future state with requirements inconporated | | | 9. Minton | Roman / Dixon | 5/1/2018 | 12/3/2018 | On Track | 0% | x x | | * | | | |
| Rebates | 23 | 23.10.2.4 | CVS to provide templates and demo of the interfaces and reports | | | 9. Minton | CVS to determine - Roman / Dixon | 6/1/2018 | 21/3/2018 | On Track | 0% | х х | | * | | | |
| Rebates | 23 | 23.11 | Rebate System Based Automated Formulary Checking & Calculations (IT Project) | | Formulary Data Incorporated in GDX Rebate System | a. minia | J. Dixon | 2/1/2018 | 8/1/2019 | On Track | 0% | | х х | | | | |
| Rebates Rebates | 23 23 | 23.11.1 | IngenioRx and CVS to align on requirements CVS to implement formulary data into GDX Rebate System | | | S. Minton S. Minton | J. Dixon J. Dixon | 2/1/2018 2/1/2018 | 1/31/2018 8/1/2019 | On Track On Track | 0% | | x x | | | | |
| Rebates | 23 | 23.12 | Rebate Member Level Inclusion / Exclusion (IT Project) | | VSC ins built out and functionis | E B. Minton | J. Direce | 2/1/2018 | E/1/2019 | On Track | 9% | | | | | | |
| resultes | ** | | | | as expected by IngenioRs | u | J. Uwon | 2/2/2020 | 8/1/2019 | OII HALK | 4.0 | | • | | | | |
| Rebates | 23 | 23.12.1 | IngenioRx requires value based initiative contracting within the CVS Rebate System; IngenioRx and CVS to align on requirements to | | | 9. Minton | J. Dixon | 2/1/2018 | 1/1/2019 | On Track | 0% | | × | | | | |
| Rebates | 23 | 23.12.2 | accommodate this CVS to build out inclusion / exclusion rule capabilities | | | 9. Minton | J. Dixon | 2/1/2018 | 1/1/2019 | | | | | | | | |
| Rebates | 23 | 23.12.3 | CVS to create a list of Groups/Lists of members for rebates | | Parameters and other treat is | S. Minton | J. Dixon Joe Stahl / Brian | 2/1/2018 | 8/1/2019 | On Track | 0% | | × | | | | |
| Rebates | 23 | 23.13 | Enhance CVS formulary modelling tool to include ingenioRx requirements (IT Project) | | Y complete and IngenioRx signs of | g. Minton | Roman / Frankle | TED | 12/31/2018 | On Track | 0% | | | | | | |
| | | | Determine the source claims data for 2020 formulary modeling, aligned | | entosi | | Duran Joe Stahl / Brian | | | | | | | | | | |
| Rebates | 23 | 23.13.1 | with Medicare Part D requirements | | | S. Minton | Roman / Frankie Duran | TED | TBD | On Track | 0% | | | | | | |
| Rebates | 23 | 23.13.2 | Determine source data and testing instance for claims data | | | 9. Minton | Joe Stahl / Brian Brown / Frankia | TEO | TRD | On Track | 0% | | | | | | |
| | | | • | | | Chris Shaffer / Preet | Duran | | | | | | | | | | |
| Full Scope Te | 14 | | Test Strategy Development (Incl. Requirements) | 4.1 | Y IngenioRx signs off on strategy | GIII Chris Shaffer / Preet | Ram lyer Ram lyer/ | | 12/23/2017 | | | | | | | | |
| Full Scope Te | 14 | 14.4.11 | Execute and Validate Medicald Benefits Wave 1 | | N/A | GII | Nilesh Karhale | 3/1/2018 | 10/31/2018 | | | | | | | | |
| Full Scope Te | 14 | 14.4.10 | Execute and Validate Commercial Benefits Wave 1 | | N/A | Chris Shaffer / Preet GIII | Ram Iyer/ Nilesh Karhale | 4/1/2018 | 10/31/2018 | | | | | | | | |
| Full Scope Te | 14 | 14.4.11 | Execute and Validate Medicare Benefits Wave 1 | | N/A | Chris Shaffer / Preet GIII | Milesh Karhale | 5/1/2018 | 10/31/2018 | | | | | | | | |
| Full Scope Te | 14 | 14.5.37 | Model Office Test Execution | | | Chris Shaffer / Preet | Ram lyer/ Nilesh Karhale | 8/7/2018 | 8/18/2018 | | | | | | | | |
| Full Scope Te | 14 | 14.6.5 | Certification Testing Entry Criteria | | | Chris Shaffer / Preet | | 4/1/2018 | 8/20/2018 | | | | | | | | |
| Full Scope Te | 14 | 16 | Parallel Processing | | | Chris Shaffer / Preet | Ram lyer/ | 4/1/2019 | 9/27/2019 | | | | | | | | |
| | | | Develop agreed-upon process for including claims not processed by | | | GII | Niesh Karhale CVS to determine - | | | | | | | | | | |
| Rebates | 23 | 23.14 | CVS (run-out) for rebate submissions post 1/1/2020 | | | S. Minton | Roman | TEO | 3/1/2019 | On Track | ON | x x | | | | | |
| Rebates | 23 | 23.15 | CVS Client Registration | | y IngenioRx requests CVS | B. Minton | CVS to determine | TEO | 8/31/2018 | On Track | 0% | | | | | | |
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| ct Voyagei | r 2020: Project Plan Draft MEMBER EXPERIENCE | EVENT | onfidentia | | | | | | | | | | |
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| Event / Works tream ID | ID Milestone | Acceptance Criteria | Owner (Ingeniofix) | Owner (CVS) | Start Date | Due Date | Agile Bene fits Claims, ODS, Compliance, Digital | Full Scope Hierarchy & Human | Operational Prior Release | Stakeholder Commercial | Medicare | Sales/Marketi Specialty/ | Comments |
| 5 5.1.0.0 | Transition Event Planning and Development | | . Esperti | | 11/6/2017 | 6/15/2018 | хх | | | · · · · · | | | |
| 5 5.1.0.0 | Develop Member Experience Transition Strategy Determine Member Experience Guiding Principles and Strategy | | L Esperti L Esperti | J. Wilson; P. Gould J. Wilson; P. Gould | 11/6/2017 | 2/2/2018 | х х | × | | х х | x x | хх | |
| 5 5.1.1.1 | Align Member Experience Guiding Principles and Strategy to overall IngenioRx strategy | | Esperti | J. Wilson; P. Gould | 11/6/2017 | 2/2/2018 | | | | | | | |
| 5 5.1.2.0 | Communicate branding requirements to CVS | | t. Hill; M. Menke- Vetts | TBD | 11/6/2017 | 2/2/2018 | x | x x | | X 1 | x x | X X | |
| 5 5.1.2.1 | Outline critical member touchpoints for marketing (e.g. customer scripting, print materials, etc.) | | . Esperti; M. Cohen; d. Menke-Watts | TBD | 11/6/2017 | 2/2/2018 | x | | \ | x x | x x | x x | |
| 5 5.1.2.2 | | IngenioRx to review and sign off on white lab | . Esperti; R. Hill | J. Wilson; P. Gould | 12/4/2017 | 2/23/2018 | x | | | × | | x x | |
| 5 5.1.2.5 | Review CVS approach, strategy, and build plan to white label IngenioRx call center facility for potential client tours | IngenioRx to review and sign off on white lat 8 | . Esperti; R. Hill | J. Wilson; P. Gould | 12/4/2017 | 6/15/2018 | × | | | × | | x x | |
| 5 5.1.3.0 | potential client tours Develop Transition Event Plan | IngenioRx and CVS to jointly review and subr R | . Esperti, M. William | S. J. Wilson: P. Gould | 11/6/2017 | 4/6/2018 | x x | | × | x x | x x : | × | |
| | Validate Physical Site Selection and Preparation Plan including layout, furnishing, and other | | | | | | | | | | | | |
| 5 5.1.4.0 | functional and aesthetic design decisions affecting the designated office space in order to ensure that the space is suitable for IngenioRx's needs and branding | IngenioRx to review, pre approve, and sign o | . Esperti, M. William | S. J. Wilson; P. Gould | 12/4/2017 | 6/8/2018 | | | × | 1 | х х | ж ж | |
| 5 5.1.5.0 | Develop In Person Member Processes and Policies | IngenioRx to review and approve in-person r | | | 12/4/2017 | 3/2/2018 | | | × | × | x x | х х | |
| 5 5.1.5.1 5 5.1.5.3 | | IngenioRx to validate / approve CVS recomm to | Esperti, M. William Fonorti M. William | | 12/4/2017 | 6/8/2018 6/8/2018 | | | × | × | x x | х х | |
| 5 5160 | Identify support teams and develop project plans to white label each activity / application ICVS Led | | | F. McAloon | 11/6/2017 | 4/6/2018 | | | | | | | |
| 5 5.1.6.0 | | | i. Kavuta I. Esperti, M. William | | 2/5/2018 | 4/6/2018 | | | | * | | * * | |
| 5 5.1.7.0 | Outline onsite sales / tour procedures Validate member experience strategy with key IngenioRx Pharmacy leaders | | i. Esperti, M. William I. Esperti | S. J. Chavez J. Wilson; P. Gould | 2/5/2018 12/4/2017 | 4/6/2018 3/2/2018 | | | | * | * * | * * | |
| | Validate and confirm strategy with broader service / experience organization (Ingeniofix Internal) | | . Esperti: M. Cohen | | 2/5/2018 | 3/2/2018 | | | _ | | | | |
| 5 5.2.0.0 | Stand up Member Service Enterprise Transition Progress Communications | | . Esperti, M. Cohen | | 11/6/2017 | 1/19/2018 | | | | × | x x | хх | |
| 5 5.2.1.0 | Identify dependent enterprise stakeholders | | . Esperti, M. Cohen | N/A | 11/6/2017 | 1/19/2018 | | | | × | x x | x x | |
| 5 5.2.2.0 5 5.2.3.0 | Identify content of status update Establish communication cadence to Ingeniofix enterprise stakeholders | | Esperti, M. Cohen Esperti, M. Cohen | N/A | 11/6/2017 11/6/2017 | 1/19/2018 | | | | × | x x | x x | |
| 5 5.2.4.0 | Conduct validation meetings with relevant groups as specific projects are kicked off | , | . Esperti, M. Cohen | | 11/6/2017 | 1/19/2018 | | | | × | хх | x x | |
| 5 5.3.0.0 | Complete Member Experience Current State Journey Mapping in coordination with Mail, Specialty and Digital | | . Esperti, R. Hill, L. M | io TBD | 12/10/2018 | 3/16/2018 | x | | | | | × | |
| 5 5.3.1.0 | Finalize journey mapping approach | , | . Esperti | N/A | 12/10/2018 | 1/5/2018 | × | | | | | × | |
| 5 5.3.1.1 5 5.3.1.2 | | | . Esperti . Esperti | N/A N/A | 12/18/2017 TBD | 1/19/2018 | 4 | | | | | × | |
| 5 5.3.1.3 | | | . Esperti | N/A | 1/1/2018 | 1/19/2018 | × | | | | | × | |
| 5 5.3.1.4 | Identify any LoB differences and document (e.g. pharmacy lock in, CMS filing deadlines, etc.) | , | d. Williams, J. Hutchi | 9 TBD | 12/10/2018 | 3/16/2018 | | | | × | x x | | |
| 5 5.3.2.0 | Compile customer journey maps | | . Esperti, R. Hill, L. M | ia TBD | 1/15/2018 | 2/23/2018 | × | | | | | × | |
| 5 5.3.2.1 | | , | . Esperti, R. Hill, L. M | o TBD | 1/15/2018 | 2/23/2018 | x | | | × | x x | x x | |
| 5 53.3.0 | Review customer journey maps with CVS | InsenioRx to approve capability and requirer N | . Esperti. R. Hill. L. M | to TBD | 2/26/2018 | 3/16/2018 | × . | | | | | × | |
| 5 5.3.4.0 | Validate member experience journey map with key Ingeniofix Pharmacy leaders | 1 | Esperti, R. Hill, L. M. | to TBD | 2/26/2018 | 3/2/2018 | x | | | | | x | |
| 5 5.4.0.0 | Finalize Member Experience Steady-State Operating Model Review CVS current state member experience and provider / prescriber configuration for other | | - aspecto | TBD | | 4,54,5000 | | | | | | | |
| 5 5.4.1.0 | clients including activities across call center(s) and digital applications | IngenioRx to review CVS current state docun | | J. Wilson; P. Gould | 12/18/2017 | 2/2/2018 | | × | | | | × | |
| 5 5.4.1.1 | | | | J. Hutchison; M. Williams | 12/18/2017 | 2/2/2018 | | | | × | х х | | |
| 5 5.4.1.2 | interpretation) | , | L Esperti; M. Cohen; | J. Hutchison; M. Williams | 12/18/2017 | 2/2/2018 | | | | × | х х | | |
| 5 5.4.2.0 | Review current state pharmacy help desk configuration for other clients | CVS to provide current state setup, IngenioR R | . Esperti | B. Smith | 12/18/2017 | 2/2/2018 | | | | 1 | | x | |
| 5 5.4.2.1 | Validate Pharmacy Communication Request Form is Complete | | L/A | B. Smith | 12/18/2017 | 2/2/2018 | | | | 1 | | x | |
| 5 5.4.2.1 5 5.4.2.3 | Develop Pharmacy Communication Draft and Provide to IM | | UA UA | B. Smith B. Smith | 12/18/2017 | 2/2/2018 2/2/2018 | | | | 1 | | × | |
| 5 5.4.2.5 5 5.4.2.4 | | | L/A L/A | B. Smith B. Smith | 12/18/2017 | 2/2/2018 2/2/2018 | | | | 1 | | x | |
| 5 5.4.3.0 | Review current state CVS Member Experience, Mail Order, Specialty, and Digital coordination | CVS to provide current state setup, IngenioR y | L Esperti: R. Hill | TBD | 1/8/2018 | 2/2/2018 | × | | | | | × | |
| 5 5.4.4.0 | Determine relevant CMS regulations and future-state processes for adherence | OS to escuido cumos crito do cumostático | A. Williams; J. | S. Leeper | 1/15/2018 | 3/23/2018 | | | | | | | |
| 5 5441 | | CVS to provide current state documentation | lutchison d. Williams; J. | S. Leeper | 1/15/2018 | 3/23/2018 | * * | | | | · × | | |
| | | | lutchison d. Williams: J. | | | | | | | | | | |
| 5 5.4.5.0 | Determine relevant Medicaid / State regulations and future-state processes | CVS to provide current state setup, IngenioR | lutchison | S. Leeper | 1/15/2018 | 3/23/2018 | × | | | | × | | |
| 5 5.4.6.0 5 5.4.7.0 | CVS to document all CVS current state activities and applications in use Ingeniofix to conduct blueprinting exercise | | . Esperti | J. Wilson; P. Gould N/A | 12/18/2017 12/18/2017 | 2/2/2018 2/2/2018 | | | | x | x x | × | |
| 5 5.4.7.1 | Review and finalize IngenioRx current state blueprints | IngenioRx to finalize | Esperti; M. Cohen; A. Williams; J. Autchinson | J. Wilson; P. Gould | 12/18/2017 | 2/2/2018 | | | | x | х х | | |
| 5 5.4.7.2 | Review and finalize Ingeniofix generated future state blueprints | Ingeniofic to finalize | i. Esperti; M. Cohen; d. Williams; J. Hutchinson | J. Wilson; P. Gould | 12/18/2017 | 2/2/2018 | | | | x | х х | | |
| | Validate initial future state blueprints | IngenioRx to review and validate internally if | lutchinson | J. Wilson; P. Gould | 12/18/2017 | 2/2/2018 | | | | × | х х | × | |
| 5 5.4.8.0 5 5.4.9.0 | Review and gain alignment on future state blueprints with CVS Gather business requirements to inform future-state | CVS to review IngenioRx to coordinate requirements gathe 8 | . Esperti . Esperti | J. Wilson; P. Gould T. Saad | 12/18/2017 12/18/2017 | 2/2/2018 3/16/2018 | | | | × | x x | x x | |
| 5 5.4.10.0 | Conduct review of business requirements with IT counterparts | IngenioRx and CVS IT to review business req 8 | . Esperti | T. Saad | 2/5/2018 | 3/16/2018 | × | × | х х х | - | | - | |
| 5 5.4.10 5 5.4.11.0 | Finalize release calendar to accommodate Member Experience development needs Engage Legal for review for TCPA compliance / Exempt Touchpoints | | Huskisson L Esperti | T. Saad I. Wilkon: P. Gould | 1/15/2018 | 3/23/2018 3/16/2018 | × | × | × | × | | | |
| 5 5.4.11 | 1 Finalize 'Do Not Call' List for members who are not to be contacted during transition | , | . Esperti | J. Wilson: P. Gould | 1/15/2018 | 3/16/2018 | × | | | × | | | |
| | 2 Confirm exempt contacts and alignment between organizations | | L Esperti | J. Wilson; P. Gould | 1/15/2018 | 3/16/2018 | × | | | × | | | |
| 5 5.4.11 | | | | J. Wilson: P. Gould | 1/15/2018 | 3/16/2018 | | | | | | | |
| 5 5.4.11 | 3 Establish future TCPA handling and communication of member contact preferences between both organizations | | . Esperti | | | | | | | * | | | |
| | organizations Work with Account Managers to identify members on the "Do Not Contact List" | , | i. Esperti i. Esperti i. Esperti | J. Wilson; P. Gould J. Wilson; P. Gould J. Wilson: P. Gould | 1/15/2018 1/15/2018 1/15/2018 | 3/16/2018 3/16/2018 3/16/2018 | × | | | × | | ж | |

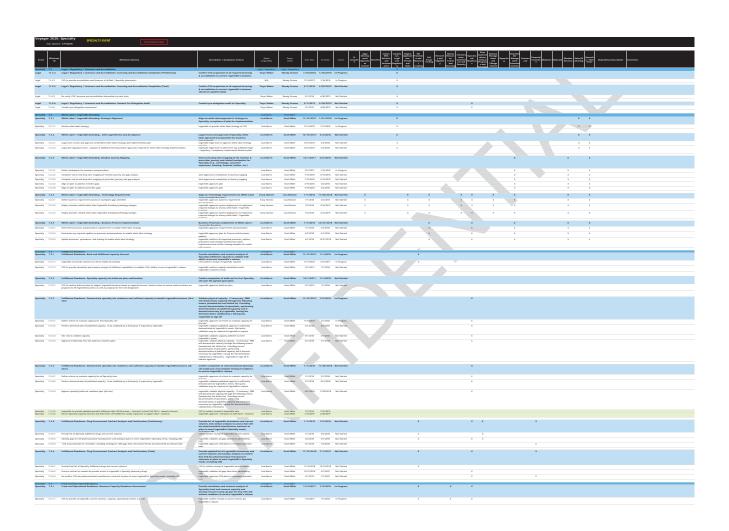
| oyager | 2020: Project Plan Draft MEMBER EXPERIENCE EVI | ENT | | | | | | | | | | | |
|----------------------|--|---|--|--|-------------------------|------------------------|---|-----------|--------------------------|-------------------|--------|---------|----------|
| | | | | | | | | | | | | | |
| Milestone IC | D Milestone | Acceptance Criteria | Owner (Insertiofix) | Owner (CVS) | Start Date | Due Date | gile nefits ss, ODS, Jiance, gital ansition Scope srchy & | ructure, | rior le ase orting | mercial ancial | dicaid | ialty / | Comments |
| | | | | ,, | | | Comples of Full Full Hera | Hr Ope | Rep Re | Me Fin | Me | Spe | |
| 5.4.13.0 | Develop requirements for CVS white label call center for IngenioRx potential client tours Inge | nioRx to sign off | K. Esperti | J. Wilson; P. Gould | 2/12/2018 | 5/23/2018 | · · · · · · · · · · · · · · · · · · · | = | × | | | 2 | |
| 5.4.14.0 | Validate member experience future state operating model with key IngenioRx Pharmacy leaders Inge | nioRx to conduct internal socialization | tı K. Esperti | J. Wilson; P. Gould | 3/19/2018 | 3/30/2018 | | | | × × | ×× | K X | |
| 5.5.0.0 | Steady State Business and Operational Processes Define Member Experience Steady State Operations / Processes | | K. Esperti | J. Wilson | 2/5/2018 | 4/13/2018 | | | | x x | × | _x | |
| 5.5.1.0 | Create member service workflows including call hand offs / escalation between both organizations (IngenioRx / CVS) for the handling benefit inquiries, Mail Order, Specialty, associate support, etc. | | K. Esperti | J. Wilson | 2/5/2018 | 4/13/2018 | | | | х х | x | × | |
| 5.5.1.1 | Determine process to monitor employee escalation and handoff appropriateness for questions that may not fall under scope of Associate who answers phone | | K. Esperti | J. Wilson | 1/15/2018 | 4/19/2019 | | | | х х | x | × | |
| 5.5.1.2 | Validate escalation process for questions that may not fall under scope of Associate who answers phone | | K. Esperti | J. Wilson | 1/15/2018 | 1/3/2020 | | | | x x | × | × | |
| 5.5.1.3 | Outline paper claims process | | K. Esperti | J. Wilson | 1/15/2018 | 4/19/2019 | x x x x | | , · | x x | x | | |
| 5.5.2.0 5.5.2.1 | Create CVS escalation pathway for dialing back to Ingeniofix Ingeniofix to determine internal resourcing to support 24/7 model | | K. Esperti K. Esperti | J. Wilson J. Wilson | 1/15/2018 1/15/2018 | 8/31/2018 8/31/2018 | | | | X X | x | x x | |
| 5.5.2.2 5.5.3.0 | Ingeniofix to determine internal support for 'dial-a-friend' escalations from CVS | | K. Esperti K. Esperti | J. Wilson I. Wilson | 1/15/2018 5/7/2018 | 8/31/2018 2/1/2019 | | | | x x | × | × | |
| | Validate CVS member disaster recovery plan / continuity of care plan | | | | 5/7/2018 | 2/1/2019 | | | | x x | x | x | |
| 5.5.3.1 | Refine CVS member disaster recovery plan / continuity of care plan to meet IngenioRx needs | | K. Esperti | J. Wilson | | | | | | x x | x | x | |
| 5.5.4.0 | Define policies and procedures for steady state Review of CVS capabilities for formulary alternative identification, and define policies and | | K. Esperti L. Vicory | J. Wilson D. Weber | 11/6/2017 | 4/27/2018 2/2/2018 | | | | × × | × | × | |
| 5.5.5.0 | procedures regarding the presentation of clinical opportunities to clients / members Forecast peak season call volume handling to staff for go-live | | K. Esperti | J. Prouls | 1/15/2018 | 8/16/2019 | | | • | x x | × | × | |
| | Determine initial runout requirement topics for Member Experience Build business runout requirements for Member Experience | | C. Reich C. Reich | D. Ingino D. Ingino | 12/18/2017 1/31/2018 | 1/31/2018 3/31/2018 | * | | | | | | |
| 5560 | Build business runout requirements for Member Experience Define policies and procedures for member communications and scripting review (incl. branding | | K Fonerti | J. Wilson: P. Gould | 1/31/2018 | 3/31/2018 | | | | | | | |
| 5.5.6.1 | sign-off) | | K. Esperti | J. Wilson; P. Gould J. Wilson: P. Gould | 1/29/2018 | 2/1/2019 | | | | | | , | |
| 5.5.7.0 | Outline member scripting requirements across all scenarios Validate CVS storage / recall process (e.g. 100% recorded, duration for storage to be specified) | | K. Esperti, M. Williams | | 8/6/2018 | 2/1/2019 | | | * * | x x | x | × | |
| 5.5.8.0 | Define current-state and future-state issue tracking tools and processes to define requirements | | K. Esperti | I Wilson | 1/2/2018 | 6/15/2018 | * * * * | * | x x x | x x | x | × | |
| 5.5.8.1 | (e.g., forTicket) Understand CVS current state issue tracking tools and capabilities | | K. Esperti | I Wilson | 3/5/2018 | 6/15/2018 | | * | x x x | x x | x | × | |
| 5.5.8.2 | | | K. Esperti | J. Wilson | 3/5/2018 | 6/15/2018 | | | | x x | x | × | |
| 5.5.9.0 | Review warm transfer process between IngenioRx medical Associate and CVS Care representative | | K. Esperti | J. Wilson | 3/5/2018 | 6/15/2018 | | | | x x | x | x | |
| 5.5.10.0 | Define new client / employer group install process (including CIF generation) | | K. Esperti, TBD - Acco | | 3/5/2018 | 6/15/2018 | | | | x x | х х | к х | |
| 5.5.10.1 5.5.10.2 | Define process for client preferences on IVR options to Client Liaison Mgr. Receive signed CRD/MRD (requirements documents) and CPM (clinical program management) form from I | | K. Esperti, TBD - Acco K. Esperti, TBD - Acco | | 3/5/2018 3/5/2018 | 6/15/2018 6/15/2018 | | | | x x | х х | с х | |
| 5.5.10.3 | Prepare/Schedule Training Timeline & Materials Pre/Open Enrollment | M | K. Esperti, TBD - Acco | u J. Chavez | 3/5/2018 | 6/15/2018 | | | | x x | x x : | t x | |
| 5.5.10.4 5.5.11.0 | Prepare/Schedule Training Timeline/Materials Post Enroll/Go live Define future state (post-2020) member experience roadmap | | K. Esperti, TBD - Acco K. Esperti | J. Chavez J. Wilson | 3/5/2018 | 6/15/2018 3/6/2020 | | | | x x | × × : | x x | |
| 5.6.0.0 | Develop Client Information Form for Standard & non-standard client information Inge | nioRx to approve CIF implementation p | | J. Chavez, S. Leeper | 3/5/2018 | 8/31/2018 | х х х | × | × | x x | х : | x x | |
| 5.6.1.0 | Review current state standard and non-standard client information collection forms to determine best practices and potential areas for revision | | K. Esperti | J. Chavez; S. Leeper | 3/5/2018 | 8/31/2018 | х х х | × | × | x x | x | к х | |
| 5.6.2.0 | Determine scale (number) of CIFs that will be needed | | K. Esperti | J. Chavez; S. Leeper | 3/5/2018 | 8/31/2018 | х х х | × | × | x x | x | к х | |
| 5.6.3.0 | Determine process for CIF builds (how information will be uploaded into the system, IT, implementation as Determine if automation of the manual CIF process is needed | utomation, manual) | K. Esperti K. Esperti | J. Chavez; S. Leeper | 3/5/2018 3/5/2018 | 8/31/2018 8/31/2018 | x x x | × | × | x x | x | x x | |
| 5.6.4.0 | Conduct document standard and non-standard client information form incorporation to reduce member a | brasion | K. Esperti | J. Chavez; S. Leeper | 3/5/2018 | 8/31/2018 | х х х | × | × | x x | × | ε x | |
| 5.6.5.0 | Identify and contact any IngenioRx teams whose data / file format may be changed due to updates in the client information collection forms | | K. Esperti | J. Chavez; S. Leeper | 3/5/2018 | 8/31/2018 | х х х | × | × | x x | x | к х | |
| 5.6.6.0 | Incorporate updated standard & non-standard client information forms into member & client | | K. Esperti | J. Chavez; S. Leeper | 3/5/2018 | 8/31/2018 | | | | x x | | x x | |
| 5.6.7.0 | services staff processes Communicate information form process flow readiness to relevant Interniofix stakeholders | | K. Esperti | J. Chavez: S. Leeper | 3/5/2018 | 8/31/2018 | | · · | ÷ | | | | |
| 5.7.0.0 | Member Experience Internal Reporting Cadence and CVS Self-Service Reporting Capability Analysis | | K. Esperti, L. Ansari | | 4/2/2018 | 9/6/2019 | × | × | × | x x | × | t x | |
| 5.7.1.0 | Define future state reporting and cadence | | K. Esperti, M. Williams | s, J. Proub; C. Weber | 4/2/2018 | 12/7/2018 | | | × | x x | × | к х | |
| 5.7.2.0 | Assess CVS current state CVS to IngenioRx reporting capabilities | | K. Esperti, M. Williams | s, J. Proub; C. Weber | 4/2/2018 | 12/7/2018 | | | × | x x | × | к х | |
| 5.7.3.0 | Finalize business requirements for future-state reporting needs | | K. Esperti, M. Williams | s, J. Proub; C. Weber | 4/2/2018 | 12/7/2018 | | | x | x x | × | x x | |
| 5.7.3.1 | Setup reporting expectations and requirements for Call Center metrics | | K. Esperti, M. Williams | s, J. Proub; C. Weber | 4/2/2018 | 12/7/2018 | | | × | x x | х : | к х | |
| 5.7.3.2 5.7.3.4 | Receive reporting validation from Metrics Outline BCBSA Reporting Requirements | | K. Esperti, M. Williams K. Esperti, M. Williams | s, J. Proulx; C. Weber | 4/2/2018 4/2/2018 | 12/7/2018 12/7/2018 | | | x x | x x | × | x x | |
| 5.7.3.5 | Outline regulatory reporting for Med D and Medicaid | | M. Williams, J. Hutchi | 9 J. Proubs, S. Leeper | 4/2/2018 | 8/17/2018 | | | × | х х | x | к х | |
| 5.7.4.0 | Conduct gap analysis to determine areas of focus and build for CVS to Ingeniofix reporting | | K. Esperti, M. William | | 4/2/2018 | 8/17/2018 | | | х | × × | × | к х | |
| 5.7.5.0 | Assess CVS current state self-service reporting capabilities Finalize business requirements for future-state reporting and self-service reporting needs (including | | K. Esperti, M. William | | 4/2/2018 | 8/17/2018 | | | × | x x | × | к к | |
| 5.7.6.0 | PG, and plan president reporting) | | K. Esperti, L. Ansari | | 4/2/2018 | 8/17/2018 | | | × | x x | × | к х | |
| 5.7.7.0 | Conduct gap analysis to determine areas of focus and build for self-service reporting capabilities | | K. Esperti, L. Ansari | | 4/2/2018 | 8/17/2018 | × | х х | × | х х | × | к х | |
| 5.7.8.0 | | nioRx to approve | K. Esperti, L. Ansari | | 4/2/2018 | 12/7/2018 | | | × | × × | × : | к х | |
| 5.7.9.0 5.7.10.0 | Establish daily / weekly cadence of each report from CVS to IngenioRx Validate IT testing of CVS to IngenioRx reporting | | K. Esperti, L. Ansari K. Esperti, L. Ansari | | 12/3/2018 | 2/1/2019 4/5/2019 | | | × | × × | × : | x x | |
| 5.7.11.0 | Validate IT testing of CVS to Ingeniofix reporting Communicate reporting readiness to key ingeniofix stakeholders across LOBs | | K. Esperti, L. Ansari K. Esperti, M. Williams | | 6/3/2018 | 9/6/2019 | × | | × v | | × : | | |
| 5.8.0.0 | Validate CVS Associate Performance Audit and Customer Satisfaction Survey Capabilities | | K. Esperti, M. Wells | | 4/2/2019 | 12/7/2018 | × | × | x x | x x | x | x | |
| 5.8.1.0 | Review CVS audit processes and procedures for associate performance monitoring | | K. Esperti, M. Wells K. Esperti, M. Wells | N. Rodriguez | 5/7/2018 5/7/2018 | 12/7/2018 | × | × | x x | x x | x | × | |
| 5.8.2.0 | Review CVS associate performance audit cadence | | | | | | | | | | | | |

| Project Voyage | er 2020: Project Plan Draft MEMBER EXPERIENCE | EVENT | Confidential | | | | | | | | |
|--|---|--|--|---------------------------|-----------------------|--------------------------|--|--|---|------------|----------|
| | | | | | | | | | | | |
| | | | | | | | Cross-Workstream Depe | ndencies | Cross-Event Dep | pendencies | |
| Succes | | | | | | | v e E s | e' = | = - | g _ | |
| Event / / | | | Owner | Owner | | | 의 호 등 등 등 등 수 등 등 | 를 많을 물 | cial cial | lt ak | |
| Workstrea Works Milesto | e ID Milestone | Acceptance Criteria | (IngenioRx) | (CVS) | Start Date | Due Date | [발] 3 [[[[[[[[[[[[[[[[[[| 를 하는 등 등 등 등 등 | [절 절 절 | [등 조 명 | Comments |
| ID ID | | | | | | | ` 폴 퓰 튱 ㅁ 턌 큔 횰 ㅍ | fa Reg Reg Fa State Fa Fa Fa Fa Fa Fa Fa F | \$ ± \$ \$ | Spelles 3 | |
| | Develop Interniofix oversight and audit protocols for steady-state (e.e. subset of recorded calls | | | | | | | <u>=</u> | | N N | / |
| lember Ex 5 5.8.5.0 | provided to IngenioRx on defined cadence, etc.) | | K. Esperti, M. Wells | N. Rodriguez | 5/7/2018 | 12/7/2018 | × | х х х | х х х | x | |
| tember Ex 5 5.8.6.0 tember Ex 5 5.8.7.0 | Create 'shadowing' process to QA CVS resources prior to go-live | | K. Esperti, M. Wells K. Esperti, M. Wells | N. Rodriguez | 5/7/2018 | 12/7/2018 | × | 1 15 | 1 1 1 | × | |
| tember Ex 5 5.8.8.0 | Validate audit readiness to Ingeniofix Member Experience oversight team | | A. Ravula | N. Rodriguez J. Wilson | 4/2/2018 | 12/7/2018 | * | | x x x | * | |
| tember Ex 5 5.8.80 | Initiate Medallia Project Discovery - Audit Capabilities and Customer Satisfaction survey (IT Project) | | A. Ravula | | 4/2/2018 | 12/7/2018 | * | x x | 1 X X | | |
| Wember Ex 5 5.83 Wember Ex 5 5.83 | 13 Initiate Medallia Project 12 Confirm Medallia integration and readiness for model office testing | | A. Ravula A. Ravula | J. Wilson J. Wilson | 4/2/2018 4/2/2018 | 3/1/2018 | × | 1 1 1 | 1 1 1 | | |
| Aember Ex 5 5.9.0.0 | Validate Ingeniofix Health Guide / White Glove Services Operational Readiness | IngenioRx to approve | K. Esperti K. Esperti | J. Wilson | 4/2/2018 4/2/2018 | 10/12/2018 | | x | х х х | x x | |
| Aember Ex 5 5.9.1.0 Aember Ex 5 5.9. | Develop IngenioRx Health Guide / White Glove Services Operational Readiness Plan 1 Catalog IngenioRx upsell services (e.g., AHG) | IngenioRx to approve | K. Esperti K. Esperti | J. Wilson J. Wilson | 4/2/2018 4/2/2018 | 8/3/2018 8/3/2018 | | | * * * | x x x x | |
| Aember Ex 5 5.9. Aember Ex 5 5.9.2.0 | | | K. Esperti | J. Wilson | 4/2/2018 4/2/2018 | 8/3/2018 8/3/2018 | | | x x x | x x | |
| Aember Ex 5 5.9. | Conduct gap analysis on IngenioRx Health Guide / White Glove operational processes 1 Develop project plan to remediate identified gaps in service | | K. Esperti K. Esperti | J. Wilson I. Wilson | 4/2/2018 4/2/2018 | 8/3/2018 8/3/2018 | | | * * * | x x x x | |
| tember Ex 5 5.9.3.0 | Create escalation pathway for IngenioRx Health Guide Resources | | K. Esperti | J. Wilson | 7/30/2018 | 10/12/2018 | | x | x x x | x x | |
| Wember Ex 5 5.9.4.0 | Incorporate escalation processes and procedures into Ingeniofix Health Guide member experience workflow | | K. Esperti | J. Wilson | 7/30/2018 | 10/12/2018 | | × | х х х | x x | |
| Member Ex 5 5.9.5.0 | Identify all clients enrolled / with AHG, White-glove, and other ancillary services | | K. Esperti | J. Wilson | 7/30/2018 | 10/12/2018 | | | х х х | х х | |
| Member Ex 5 5.9. | Define transition approach to move clients with AHG, white glove, and other ancillary services | | K. Esperti | J. Wilson | 7/30/2018 | 10/12/2018 | | | х х х | х х | |
| Member Ex 5 5.9.6.0 | Communicate IngenioRx Health Guide readiness to relevant IngenioRx stakeholders | | K. Esperti | J. Wilson | 1/14/2019 | 10/12/2018 | × | | x x x | х х | |
| | Technology Readiness Validate E2E Member Experience Support Technology and CVS Associate System Development | | | | | | | | | | |
| Member Ex 5 5.10.0.0 | Needs | IngenioRx to review and approve all identi | ie K. Esperti, A Ravula, K | . T. Saad | 12/18/2017 | 4/5/2019 | * * * * * | x x x | х х х | x | |
| Member Ex 5 5.10.1.0 | Understand CVS current state capabilities, tools, interfaces and process flow for member experience | | K. Esperti, A Ravula, K | T. Saad | 12/18/2017 | 3/2/2018 | x x x x x | x x x | х х х | x | |
| Member Ex S 5.10 | Determine variations from current state IngenioRx processes and tools and identify key | | K. Esperti. A Rayula, K | T food | 12/18/2017 | 3/2/2018 | * * * * * | x x x | x x x | | |
| | stakeholders within CVS IT Validate inventory of all systems and interfaces in use by member experience (including AG) | | | | | | | | | - | |
| Wember Ex 5 5.10.2.0 | Validate inventory of all systems and interfaces in use by member expenience (including AG) | | K. Esperti, A Ravula, K | T. Saad | 12/18/2017 | 3/2/2018 | x x x x x | x x x | х х х | x | |
| Prior Autho 19 | 19.15 Establish connection between Agadia and CVS Client Online Service (COS) | | A. Matthews / B. Hall | N. Lindahl | 1/1/2018 | 6/30/2018 | x x x x x | x x x | x x x | x | |
| Prior Autho 19 | 19.15 Establish connection between Agadia and People Safe (Member Services) | | A. Matthews / B. Hall | N Lindshil | 1/1/2018 | 6/30/2018 | * * * * * | | | | |
| | | | | | | | | | | • | |
| Wember Ex 5 5.10.3.0 | Identify gaps in technology readiness (e.g. service desktop, AG tools, etc.) | | K. Esperti, A Ravula, K Kinzer | | 3/5/2018 | 10/12/2018 | * * * * * | x x x | х х х | × | |
| Wember Ex 5 5.10 | 3.1 Create project plan and identify IT stakeholders necessary to remediate identified technology gaps | | K. Esperti, A Ravula, K | | 3/5/2018 | 10/12/2018 | x x x x x | x x x | x x x | x | |
| Member Ex 5 5.10.4.0 | Document business and technical requirements / user stories | | K. Esperti, A Ravula, K | T food | 3/5/2018 | 10/12/2018 | | | | | |
| | Conduct discovery meetines to determine if technology build is required for load process for | | Kittzer | | | | | | | • | |
| Wember Ex 5 5.10.5.0 | standard and non-standard client information forms | | K. Esperti, A Ravula, K | | 3/5/2018 | 10/12/2018 | x x x x x | x x x | х х х | x | |
| Member Ex 5 5.10.6.0 Member Ex 5 5.10.7.0 | Complete support technology design Develop plan for how CVS will achieve readiness to service IngenioRt's volume | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | | 3/5/2018 3/5/2018 | 10/12/2018 | * * * * * * | x x x | x x x | x | |
| Wember Ex 5 5.10.8.0 | Complete development and build of identified member support IT needs | IngenioRx approval | K. Esperti, A Ravula, K | T. Saad | 3/5/2018 | 10/12/2018 | x x x x x | x x x | x x x | × | |
| Wember Ex 5 5.10 Wember Ex 5 5.10 | | IngenioRx approval IngenioRx approval | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad | 3/5/2018 3/5/2018 | 10/12/2018 | * * * * * | x x x | x x x | x | |
| Wember Ex 5 5.10.9.0 | Ingeniofix to validate member communication dashboard | IngenioRx approval | K. Esperti, A Ravula, K | T. Saad | 3/5/2018 | 10/12/2018 | * * * * * | x x x | x x x | × | |
| Wember Ex 5 5.10.10.0 Wember Ex 5 5.10 | Determine critical system access needs for IngenioRx resources 10.1 Determine critical system access needs for CVS resources | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad | 3/5/2018 3/5/2018 | 10/12/2018 10/12/2018 | x x x x x x x x x x x x x x x x x x x | x x x | x x x | × | |
| Wember Ex 5 5.10 | 10.2 Create project plan to roll out system access to identified resources | | K. Esperti, A Ravula, K | T. Saad | 3/5/2018 | 10/12/2018 | * * * * * | x x x | x x x | x x | |
| Wember Ex 5 5.10.11.0 Wember Ex 5 5.10.12.0 | Confirm member experience support technology readiness for Model Office | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad | 10/8/2018 | 3/1/2019 8/2/2019 | * * * * * | x x x | х х х | × | |
| Wember Ex 5 5.10.13.0 | Confirm technology readiness to handle IngenioRx volume | | K. Esperti, A Ravula, K | T. Saad | 3/4/2019 | 8/2/2019 | * * * * * | x x x | x x x | × | |
| Wember Ex 5 5.10.14.0 | Confirm deployment of Member Experience technology complete | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad | 3/4/2019 | 8/2/2019 | * * * * * | x x x | х х х | × | |
| Wember Ex 5 5.11.0.0 | Confirm CVS member & client services technology readiness for production Validate Provider / Prescriber (Physician) Support Technology Needs | IngenioRx to review and approve all identi | | | 1/15/2018 | 4/5/2019 | * * * * * | x x x | x x x x | x | |
| Wember Ex 5 5.11.1.0 | Understand CVS current state capabilities, tools, interfaces and process flow for provider / | | K. Esperti, A Ravula, K | J. Davis | 1/15/2018 | 4/6/2018 | x x | x x x | x x x x | × | |
| | prescriber experience Determine variations from current state Ingeniofix processes and tools and identify key | | | 1.00-1 | 4.045.0040 | A P. DOAC | | | | | |
| Wember Ex 5 5.11 | stakeholders within CVS IT | | K. Esperti, A Ravula, K | | 1/15/2018 | 4/6/2018 | * * | х х х | x x x x | × | |
| Member Ex 5 5.11.2.0 | Validate inventory of all systems and interfaces in use by member experience for provider / prescriber | | K. Esperti, A Ravula, K | | 1/15/2018 | 4/6/2018 | * * | х х х | * * * * | x | |
| Member Ex 5 5.11.3.0 | Identify gaps in technology readiness | | K. Esperti, A Ravula, K | | 1/15/2018 | 4/6/2018 | * * | х х х | * * * * | x | |
| Member Ex 5 5.11 | 3.1 Create project plan and identify IT stakeholders necessary to remediate identified technology gaps | | K. Esperti, A Ravula, K | J. Davis | 1/15/2018 | 4/6/2018 | * * | x x x | x x x x | x | |
| tember Ex 5 5.11.4.0 | Document business and technical requirements / user stories | | K. Esperti, A Ravula, K | | 1/15/2018 | 4/6/2018 | × × | x x x | x x x x | x | |
| tember Ex 5 5.11.5.0 tember Ex 5 5.11.6.0 | Complete Provider / Prescriber support technology design Complete development and build of identified Provider / Prescriber support IT needs | IngenioRx approval | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | J. Davis | 1/15/2018 4/1/2018 | 4/6/2018 10/12/2018 | * * * | x x x x x | x x x x x x x | x x | |
| tember Ex 5 5.11 | 6.1 Validate system and integration testing completed | IngenioRx approval | K. Esperti, A Ravula, K | J. Davis | 10/8/2018 | 3/1/2019 | * × | х х х | x x x x | x | |
| tember Ex 5 5.11 tember Ex 5 5.11.7.0 | 6.2 Validate user acceptance testing completed Determine critical system access needs for IngenioRx resources | IngenioRx approval | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | | 10/8/2018 10/8/2018 | 3/1/2019 3/1/2019 | * * * | x x x x | x x x x x | x x | |
| lember Ex 5 5.11 | 7.1 Determine critical system access needs for CVS resources | | K. Esperti, A Ravula, K | J. Davis | 10/8/2018 | 3/1/2019 | × × | х х х | x x x x | x | |
| | 7.2 Create project plan to roll out system access to identified resources | | K. Esperti, A Ravula, K | | 10/8/2018 | 3/1/2019 | * * | х х х | x x x x | × | |
| tember Ex 5 5.11.8.0 tember Ex 5 5.11.9.0 | Confirm Provider / Prescriber (Physician) Support Technology Readiness for Model Office | | K. Esperti, A Ravula, K | | 10/8/2018 | 3/1/2019 8/2/2019 | × × | х х х | x x x x | × | |
| tember Ex 5 5.11.9.0 tember Ex 5 5.11 | Communicate technology readiness to relevant IngenioRx stakeholders 9.1 Create checklist of all member and Provider / Prescriber technology readiness items | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | J. Davis J. Davis | 3/4/2019 10/8/2018 | 8/2/2019 3/1/2019 | x x | x x x x x x | x x x x x x | x x | |
| tember Ex 5 5.11.10.0 | Document overflow and contingency planning for volume spikes on 1/1/2020 | | K. Esperti, A Ravula, K. | J. Davis | 10/8/2018 | 3/1/2019 | × × | x x x | x x x x | x | |
| tember Ex 5 5.11.12.0 | Confirm deployment of Provider / Prescriber technology complete Confirm Provider / Prescriber support technology production readiness | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | J. Wilson, J. Davis | 8/5/2019 | 11/1/2019 | * * * | x x x x x | x x x x x | x x | |
| tember Ex 5 5.12.0.0 | Validate Help Desk Support Technology Needs | IngenioRx to review and approve all identi | ie K. Esperti, A Ravula, K | T. Saad | 1/2/2018 | 4/5/2019 | × | х х х | x x x x | x | |
| Member Ex 5 5.12.1.0 | Understand CVS current state capabilities, tools, and process flow for Help Desk experience | | K. Esperti, A Ravula, K | T. Saad | 1/2/2018 | 3/16/2018 | × | x x x | ${\bf x} = {\bf x} = {\bf x} = {\bf x}$ | × | |
| Aember Ex 5 5.11 | Determine variations from current state Ingenio®x processes and tools and identify key | | K. Esperti. A Ravula. K | T. Saad | 1/2/2018 | 8/3/2018 | * | x x x | x x x x | x | |
| | stakeholders within CVS IT Validate inventory of all systems and interfaces in use by member experience for Pharmacy Help | | | | | | ** | | | - | |
| Member Ex 5 5.12.2.0 | Desk | | K. Esperti, A Ravula, K | | 1/2/2019 | 3/16/2018 | × | | * * * * | × | |
| Member Ex 5 5.12.3.0 | Identify gaps in technology readiness | | K. Esperti, A Ravula, K | T. Saad | 3/12/2018 | 10/12/2018 | × | x x x | * * * * | × | |
| | | | | | | | | | | | |

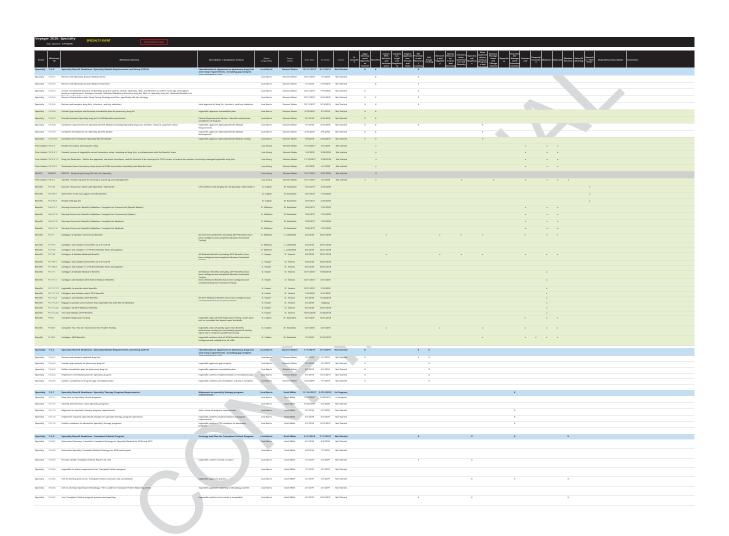
| ect Vovager | 2020: Project Plan Draft MEMBER EXPERIENCE | EVENT | Confidential | | _ | _ | |
|--------------------------------|--|--|--|------------------------|--------------------------|-----------------------|---|
| K ### | MEMBER EXPERIENCE | EVENT | | | | | |
| | | | | | | | Cross-Workstream Dependencies Cross-Event Dependencies |
| | | | | | | | |
| Event / | | | | | | | 2002 2002 2002 2003 2003 2003 2003 2003 |
| a Works Milestone II | D Milestone | Acceptance Criteria | Owner (Ingenioftx) | Owner (CVS) | Start Date | Due Date | Comments Charles and Comments Comments |
| tream ID | | | | | | | Spe les Me Me Me Reg Reg Reg Reg Reg Reg Reg Reg Reg Re |
| | | | | | | | |
| x 5 5.12.3.1 | Create project plan and identify IT stakeholders necessary to remediate identified technology gaps | | K. Esperti, A Ravula, K | T. Saad | 3/12/2018 | 10/12/2018 | 8 x x x x x x x |
| x 5 5.12.4.0 | Document business and technical requirements / user stories | | K. Esperti, A Ravula, K | | 3/12/2018 | 10/12/2018 | |
| x 5 5.12.5.0 x 5 5.12.6.0 | Complete support technology design Complete development and build of identified Help Dask IT needs | IngenioRx approval | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | | 3/12/2018 3/12/2018 | 10/12/2018 | |
| x 5 5.12.6.1 | Validate system and integration testing completed | IngenioRx approval | K. Esperti, A Ravula, K | T. Saad | 10/8/2018 | 3/1/2019 | x x x x x x x x |
| x 5 5.12.6.2 x 5 5.12.7.0 | Determine critical system access needs for CVS resources | IngenioRx approval | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad T. Saad | 10/8/2018 | 3/1/2019 3/1/2019 | |
| Ex 5 5.12.7.1 Ex 5 5.12.7.2 | Create project plan to roll out system access to identified resources Create project plan to roll out system access to identified resources | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad | 10/8/2018 | 3/1/2019 3/1/2019 | x x x x x x x x |
| x 5 5.12.8.0 | Confirm Help Desk Support Technology Readiness for Model Office | | K. Esperti, A Ravula, K | T. Saad | 10/8/2018 | 3/1/2019 | x x x x x x x x |
| x 5 5.12.9.0 x 5 5.12.9.1 | Communicate technology readiness to relevant IngenioRx stakeholders | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | T. Saad | 3/12/2018 3/12/2018 | 10/12/2018 | |
| x 5 5.12.10.0 | Document overflow and contingency planning for volume spikes on 1/1/2020 | | K. Esperti, A Ravula, K | T. Saad | 3/12/2018 | 10/12/2018 | 8 x x x x x x x x |
| x 5 5.12.11.0 x 5 5.12.12.0 | Confirm deployment of Help Desk technology complete Confirm Help Desk support technology production readiness | | K. Esperti, A Ravula, K K. Esperti, A Ravula, K | | 10/8/2018 8/5/2019 | 3/1/2019 11/1/2019 | |
| x 5 5.13.0.0 | Develop and execute IVR Configuration and 1-800 plan | | A. Ravula, K. Kinzer | D. Wilkins | 12/18/2017 | 10/26/2018 | 8 x x x x x |
| x 5 5.13.1.0 | Identify IngenioRx IVR enterprise stakeholders / IT support team | | J. Huskisson K. Esperti; M. Cohen; | D. Wilkins | 11/6/2017 | 1/5/2018 | × |
| x 5 5.13.2.0 | Define IVR future state strategy including 1-800 number decisions | | A. Ravula | D. Wilkins | 11/6/2017 | 3/14/2018 | |
| x 5 5.13.2.1 | Align on IngenioRx enterprise consolidated 800 number strategy | | K. Esperti; M. Cohen; A. Ravula | | 12/18/2017 | 3/14/2018 | |
| x 5 5.13.2.2 | Confirm 1-800 strategy for recard including pharmacy questions, specialty, mail, and pharmacy help | | K. Esperti; M. Cohen; | D. Wilkins | 12/18/2017 | 3/14/2018 | |
| Ex 5 5.13.2.3 | desk numbers | | K. Esperti; M. Cohen; | | 12/18/2017 | 3/14/2018 | |
| | Confirm 1-800 strategy for open lines / 2020 benefit queries received in 2019 | | | | | | |
| | Confirm 1-800 strategy for 1/1/2020 readiness | | K. Esperti; M. Cohen; A. Ravula | | 12/18/2017 | 3/14/2018 | |
| tic 13 13.7.9 | Execute Recarding Plan | | J. Werner | TBD | 4/1/2018 | 7/1/2019 | x x |
| x 5 5.13.3.0 | Review inflight enterprise initiatives for planned IVR updates | | K. Esperti; M. Cohen; A. Ravula | | 12/18/2017 | 2/9/2018 | x x x x x x x |
| x 5 5.13.4.0 | Develop IngenioRx to develop project plan for Pharmacy IVR configuration and integration with Medical IVR (including SQA) | | K. Esperti, A. Ravula, K. Kinzer | D. Wilkins | 12/1/8/17 | 4/5/2019 | * * * * * * * * |
| x 5 5.13.4.1 | Develop 1-800 and IVR integration plan to support call routing from recarding till model office | | K. Esperti, A. Ravula, | D. William | 12/18/2017 | 6/1/2018 | * * * * * * * * |
| | testing (10/1/18-4/1/19) (including SOA) | | K. Kinzer | | 12,10,2017 | 0/1/2020 | |
| x 5 5.13.4.2 | Develop 1-800 and IVR integration plan to support call routing to support model office testing (4/1/19 through go-live / initiation of CVS handling member calls) (including SOA) | | K. Esperti, A. Ravula, K. Kinzer | D. Wilkins | 6/4/2018 | 9/14/2018 | |
| x 5 5.13.4.3 | | | K. Esperti, A. Ravula, | | | 12/14/2018 | |
| x 5 5.13.4.3 | 2019 (including SOA) | | K. Kinzer | | 9/17/2018 | 12/14/2018 | 8 x x x x x x x x |
| x 5 5.13.5.0 | Design and implement IngenioRx-owned, Pharmacy specific IVR configuration to interface with CVS routine capabilities (including SQA) | | K. Esperti, A. Ravula, K. Kinzer | D. Wilkins | 12/1/8/17 | 4/5/2019 | x x x x x x x x |
| ix 5 5.13.5.1 | Design and implement 1-800 and IVR integration to support call routing solution from recarding till model office testing (10/1/18-4/1/19) (including SOA) | | K. Esperti, A. Ravula, K. Kinzer | D. Wilkins | 12/18/2017 | 6/1/2018 | x x x x x x x x |
| | Production of Inches and Add and State Inches and an add and the second and a second and a second as second as | | K. Esperti, A. Ravula, | | | | |
| x 5 5.13.5.2 | testing (4/1/19 through go-live / initiation of CVS handling member calls) (including SOA) | | K. Kinzer | D. Wilkins | 6/4/2018 | 9/14/2018 | x x x x x x x x |
| x 5 5.13.5.3 | Design and implement 1-800 and IVR integration to support call routing to support 2020 benefits | | K. Esperti, A. Ravula, | D. Wilkins | 9/17/2018 | 12/14/2018 | 8 |
| | questions in 2019 (including SOA) | | K. Kinzer K. Esperti, A. Ravula, | | | | |
| | Determine IVR opt-out scenarios | | K Kinzer | D. WHEIIS | 1/15/2018 | 10/5/2018 | |
| x 5 5.13.6.0 | Initiate testing on IVR configuration | | K. Esperti, A. Ravola, K. Kinzer | D. Wilkins | 12/17/2018 | 8/2/2019 | * * * * * * * * * |
| T 14 | Initiate Unit / SIT testing for recard | | K. Esperti, A. Ravula, K. Kinzer | D. Wilkins | 1/15/2017 | 10/1/2018 | 8 xx x xxxx x |
| 7 14 | Initiate Unit / SIT testing for model office | | K. Esperti, A. Ravula, | D Wilkins | 11/1/2018 | 3/15/2019 |) x x x x x x x |
| | | | K. Kinzer K. Esperti, A. Ravula, | | | | |
| 1 14 | Initiate Model Office Testing | | K. Kinger | D. Wilkins | 4/1/2019 | 8/2/2019 | * * * * * * * * |
| x 5 5.13.7.0 | Identify any technical issues / capability gaps in IVR | | K. Esperti, A. Ravula, K. Kinzer | D. Wilkins | 4/1/2019 | 8/2/2019 | х х |
| x 5 5.13.8.0 | Create project plan to remediate any IVR configuration issues | | K. Esperti, A. Ravula, | D Wilkins | 4/1/2019 | 8/2/2019 | * * * * * * |
| x 5 5.13.9.0 | Validate CVS IVR canabilities to support refils and order status | | K. Kinzer K. Esperti, A. Ravula, | D. Wilkins | 4/1/2019 | 8/2/2019 | * * * * * * |
| | Validate CVS IVR capabilities to support retils and order status Communicate IVR conflicuration readiness to enterprise and transition stakeholders (e.g. Mail Order | | K. Kinzer K. Esperti, A. Ravula, | D. WIRINS | | | |
| x 5 5.13.10.0 | / Specialty, IngenioRx Health Guide, IT stakeholders) | | K. Kinzer | D. Wilkins | 8/5/2019 | 10/4/2019 | |
| x 5 5.14.0.0 x 5 5.14.1.0 | Support the development of the digital experience strategy Inseniofix to understand CVS digital agos / digital capabilities available for white label | | K. Esperti, A. Ravula K. Esperti, A. Ravula | | 12/18/2017 12/18/2017 | 11/1/2019 3/2/2018 |) x x x x x x x |
| x 5 5.14.2.0 | Ingeniofix and CVS to jointly develop E2E digital consumer experience strategy | Joint approval | K. Esperti, A. Ravula | H. Rayden | 3/5/2018 | 6/1/2018 | x |
| x 5 5.14.2.1 x 5 5.14.2.2 | Provide input into digital experience strategy development Support definition of digital experience requirements | Ingeniofix approval Ingeniofix approval | K. Esperti, A. Ravula K. Esperti, A. Ravula | H. Rayden H. Rayden | 3/5/2018 3/5/2018 | 6/1/2018 6/1/2018 | x x |
| 19 | Establish search tool connection to all relevant external facing sites | | L Vicory | D. Weber | TED | 10/31/2019 | |
| d 12 12.5.3.0 d 12 | Member Migration: Early Member Digital Adoption Define Strateay, Goals, and KPIs for early digital adoption campaign | | R. Hill R. Hill | H. Rayden H. Rayden | 6/1/2018 6/1/2018 | 11/1/2019 8/1/2018 |) x x |
| 1 12 | Embed digital awareness & adoption communications in member communication plan (in | | R. Hill | H. Rayden | 8/1/2018 | 2/1/2019 | x x |
| 1 12 | conjunction with Stakeholder Communication Workstream) Develop communications for digital adoption and migration | | R. Hill | H. Rayden | 2/1/2019 | 9/2/2019 | |
| n 12 | , Transfer member profile / preference data from ESI to CVS (dependency on Legal) for early digital | | R. Hill | H. Rayden | 8/1/2019 | 9/2/2019 | x x |
| 1 12 | adoption Portal and Digital Applications open for early digital adoption | | R. Hill | H. Rayden | 9/2/2019 | 9/2/2019 | - * |
| 12 | : Communication with members on early digital adoption to portals and digital | Inseniofly approve mobile and web capabil | R. Hill | H. Rayden | 9/2/2019 | 11/1/2019 |) x x x x |
| x 5 5.14.3.0 pl 12 12.4.8.0 | Validate capability / functionality build-out plan Digital Application and Portal: Delivery - SMS, Chat, and Secure Messaging | Ingemotic approve mobile and web capabil | R. Hill | H. Rayden | 9/2/2019 3/1/2018 | 11/1/2019 12/30/2019 | |
| pl 12 12. | 4.1 (T-Messaging: Chat, secure messaging and email(Discovery Only) | | G. Osborne | L. Giardino | 12/04/2017 | 02/05/2018 | 8 x |
| | 4.1 Assess planned Ingeniofix SMS, Chat, and Secure Messaging programs / touchpoints as of 2020 | | R. Hill | H. Rayden | 1/1/2018 | 4/2/2018 | |
| 1 12 12 1 12 12 | 4.1 Assess planned CVS SMS programs available as of 2020 | InsenioRx approves SMS system integration | R. Hill | H. Rayden H. Rayden | 1/1/2018 | 4/2/2018 | |
| | 4.1 Define SMS / Email / Chat system integration approach across Mail / Specialty | ingeniorix approves SMS system integration | s n. mill | n. rwyden | 1/1/2018 | 4/2/2018 | |

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| 12 12.41 12 12.41 | Assess requirements for a Central Communications hub to manage outbound messaging preferences. (Complete core user stories for SMS / Chat / Secure Messaging (Iterative) (Complete one-core user stories for SMS / Chat / Secure Messaging (Iterative) (Program Increment O'Proof of Concept) | | R. Hill | H. Rayden | 1/1/2018 | 4/2/2018 | |
| 12 | Complete core user stories for SMS / Chat / Secure Messaging (Iterative) - Complete non-core user stories for SMS / Chat / Secure Messaging (Iterative) - Program Increment 0 (Proof of Concept) | | R. Hill | H. Rayden | 1/1/2018 | 4/2/2018 | |
| 12 1241 12 1241 | Program Increment 0 (Proof of Concept) | IngenioRx approves core user stories | R. Hill | H. Rayden | 3/1/2018 | 4/2/2018 | |
| # 12 12.41 # 12 12.41 | Program increment o (Proor or Concept) | IngenioRx approves non-core user stories IngenioRx approves Proof of Concept | R Hill R Hill | H. Rayden H. Rayden | 3/1/2018 | 5/1/2018 | |
| 6 12 1243 6 12 1244 6 12 1243 6 12 1243 6 12 1243 6 12 1244 6 12 1243 6 12 1243 | Program increment 1 | IngenioRx approves deployment | R. Hill | H. Rayden | 4/2/2018 | 6/11/2018 | |
| 12 1241 12 1241 12 1241 12 1241 12 1241 12 1241 12 1241 12 1241 12 1241 | J Program Increment 2 J Program Increment 3 | IngenioRx approves deployment IngenioRx approves deployment | R. Hill R. Hill | H. Rayden H. Rayden | 6/11/2018 8/20/2018 | 8/20/2018 10/29/2018 | |
| 12 | 1 Program Increment 4 | IngenioRx approves deployment | R. Hill | H. Rayden | 10/29/2018 | 1/21/2019 | |
| 6 12 12.4.1 6 12 12.4.1 6 12 12.4.1 6 12 12.4.1 | Program Increment 5 Client (BDA, Wells) sign off on security | IngenioRx approves deployment IngenioRx receives approval from Clients | | H. Rayden H. Rayden | 1/21/2019 4/2/2018 | 4/1/2019 4/1/2019 | |
| i 12 12.41 i 12 12.41 | Deploy code in testing environment for Model Office / E2E Testing (Initial Release) | Joint approval on Model Office E2E Testing | G. Osborne | L. Giardino | 4/1/2019 | 4/1/2019 | |
| 1 12 12.4.1 | Define SMS adoption strategy, objectives, and KPIs | IngenioRx approves SMS Adoption Strategy | | H. Rayden H. Rayden | 4/1/2019 5/31/2019 | 5/31/2019 9/2/2019 | x x x x x x |
| | Daning SMS ariention communications | | R. Hill | H. Rayden L. Giardino | 9/2/2019 4/1/2019 | 12/30/2019 | |
| | Steady State Resourcing and Training | IngenioRx approves incremental updates co | u. usborne | L. quardino | 4/1/2019 | 11/29/2019 | |
| E E1600 | Evaluation and Approval of Member Experience and Help Desk (including off shore) Resource Ramo Uo Plan | | K. Esperti, T. Ferguson | J. Proulx | 1/2/2018 | 3/16/2018 | x x x x x x |
| | Assess resourcing and ramp up plan for Help Desk, member experience, and provider / prescriber | | K. Espert, T. Ferguson | J. Prouls | 1/2/2018 | 2/9/2018 | x |
| | support Assess off-shore plan for IngenioRx Help Desk Volume | | K. Espert, T. Ferguson | | 1/2/2018 | 2/9/2018 | x x x x x x |
| 61613 | Resource Model Evaluation: Work with Trish Ferguson's organization to evaluate CVS proposed | | K. Espert, T. Ferguson | | 1/2/2018 | 2/9/2018 | x |
| | resource model and ramp-up plan IngenioRx to provide updated volumes from skills based routing project | | K. Espert, T. Ferguson | | 1/2/2018 | 4/13/2018 | x x x x x x |
| x 5 5.16.2.0 | Communicate resource ramp-up plan to IngenioRx stakeholders | | K. Espert, T. Ferguson | J. Proulx | 1/2/2018 | 11/16/2018 | x x x x x x |
| x 5 5.17.0.0 x 5 5.17.1.0 | CVS White-Labeled Facility, Resource and Security Readiness Assessment Evaluate Facility requirements and resource ramp plan to handle InterrioRx's volume | IngenioRx to approve | | W. Rice W. Rice | 2/5/2018 2/5/2018 | 3/9/2018 | x x x x x x x x x x x x x x x x x x x |
| x 5 5.17.2.0 | Identify gaps in CVS resourcing and facility planning | | K. Esperti | W. Rice | 2/5/2018 | 3/9/2018 | x |
| x 5 5.17.2.1 | Create project plan to mitigate any potential facility and f or resourcing constraints Evaluate CVS space separation and associated security measure planning | | | W. Rice W. Rice | 2/5/2018 4/16/2018 | 4/13/2018 7/20/2018 | x |
| x 5 5.17.4.0 | Evaluate CVS white-labeled IngenioRx facility | | K. Esperti | W. Rice | 7/16/2018 | 11/9/2018 | x x x x x x |
| | Communicate physical capacity readiness to relevant Ingeniofix stakeholders Develop Ingeniofix Specific Training Materials into CVS Training (Incl. shadow training) and | | K. Esperti K. Esperti, L&D Suppor | W. Rice | 11/12/2018 | 4/5/2019 8/16/2019 | x |
| x 5 5.18.1.0 | Conduct review of CVS proposed Associate training materials | | K. Esperti, L&D Suppor | A. Klis: D. Madiag | 8/6/2018 | 10/12/2018 | 7 x x x x x |
| x 5 5.18.1.1 x 5 5.18.1.2 | Incorporate standard & non-standard client information processes into training Incorporate Ingeniofix Health Guide / white glove client training | | K. Esperti, L&D Suppor K. Esperti, L&D Suppor | S Leeper & J. Chavez A Kis- D Marliae | 8/6/2018 8/6/2018 | 10/12/2018 | x x x x x x x x x x x x x x x x x x x |
| | | Reference documentation completed by | K. Lipero, Lab Juppor | A. Ass, D. Hausing | 100/2020 | 10/12/1010 | |
| x 5 5.18.2.0 | Develop IngenioRx Specific Training Plan (including train the trainer, IngenioRx associate training, CVS care rep training to support IngenioRx, etc.) | IngenioRx/IngenioRx L&D documentation analyst in conjunction with CVS | K. Esperti, L&D Suppor | A. Kīs; D. Madiag | 8/6/2018 | 10/12/2018 | x x x x |
| | | documentation analyst | | | | | |
| | Provide simulations and scenario analysis of Member Experience resource capacity and develop | | K. Esperti, L&D Suppor | A. Klis: D. Madiae | 10/8/2018 | 2/1/2019 | x x x x x |
| | resource ramp-up plan for how CVS will achieve readiness to service IngenioRx's volume | | | | | | |
| | Implement change management process for continuous assessment of appropriateness of agreed upon resourcing levels (e.g. staffing & technology) | | K. Esperti, L&D Suppor | A. KEs; D. Madiag | 10/8/2018 | 2/1/2019 | x x x x |
| | Deploy shadow training mechanisms for CVS Care representatives (incl. call simulations) | | K. Esperti, L&D Suppor | A KTs-D Madiae | 10/8/2018 | 2/1/2019 | x |
| | Conduct white glove / IngenioRx Health Guide specific training for a subset of CVS resources | | | | | | |
| x 5 5.18.5.1 | Conduct write gove / regeneral react datas special training for a subset of C+2 resources | | K. Esperti, L&D Suppor | J. Wilson | 1/14/2019 | 2/1/2019 | x x x x x x |
| | Complete training and communicate training completion (including train the trainer, IngenioRx | | K. Esperti, L&D Suppor | A PERIO MANERA | 4/1/2019 | 8/16/2019 | v v v v |
| | associate training, CVS care rep training to support Ingeniofix, etc.) to enterprise stakeholders | | K. Espero, Calo Joppos | AL RES; D. Madridg | 44,4013 | 49 149 1419 | * * * * * |
| | Steady State Readiness Assess Overall Member Experience Business Readiness | IngenioRx to approve | K. Esperti | J. Wilson: P. Gould | 5/14/2018 | 11/22/2019 | x x x x x x |
| | Assess Overall Member Experience Business Readiness Create checklist to assess business readiness | IngenioRx to approve IngenioRx to approve checklist | | J. Wilson; P. Gould J. Wilson; P. Gould | 5/14/2018 | 8/31/2018 | x x x x x x |
| | Confirm client standard and non-standard information form readiness requirements | ingenioric to approve crecinat | | J. Wilson; P. Gould | 5/14/2018 | 8/31/2018 | * * * * * * * |
| 5 5.19.1.2 | Confirm reporting readiness requirements | | K. Esperti | J. Wilson; P. Gould | 5/14/2018 | 8/31/2018 | x x x x x x x x x x x x x x x x x x x |
| x 5 5.19.1.3 | Confirm audit readiness requirements | | K. Esperti | J. Wilson; P. Gould | 5/14/2018 5/14/2018 | 8/31/2018 8/31/2018 | x x x x |
| x 5 5.19.1.5 | Confirm IngenioRx Health Guide / white glove service readiness requirements Confirm overall member experience operations readiness | | K. Esperti | J. Wilson; P. Gould J. Wilson; P. Gould | 5/14/2018 | 8/31/2018 | x x x x x x x x x x x x x x x x x x x |
| 5 5.19.1.6 | Confirm resourcing readiness (incl. training) requirements Confirm IT / System Access readiness requirements | | | J. Wilson; P. Gould J. Wilson; P. Gould | 5/14/2018 5/14/2018 | 8/31/2018 8/31/2018 | х |
| 5 5.19.1.7 5 5.19.1.8 | Confirm IT / System Access readiness requirements Confirm call center facility readiness requirements | | K. Esperti K. Esperti | J. Wilson; P. Gould J. Wilson; P. Gould | 5/14/2018 5/14/2018 | 8/31/2018 8/31/2018 | х х х х |
| | Identify key Pharmacy stakeholders for Member Experience Business Readiness sign off | | | J. Wilson; P. Gould | 5/14/2018 | 8/31/2018 | x |
| 5 5.19.2.0 | Confirm Member Experience Commercial Readiness with C. Dorris | | K. Esperti | J. Wilson; P. Gould | 4/1/2019 | 11/1/2019 | x x |
| x 5 5.19.2.1 | Conduct review of planned Commercial communications | | K. Esperti | J. Wilson; P. Gould | 5/14/2018 4/1/2019 | 8/31/2018 11/1/2019 | x x |
| 5 5.19.3.1 | Confirm Member Experience Medicaid Readiness with R. Bertrand Conduct compliance review of planned Medicaid member communications | | K. Esperti, M. Williams K. Esperti, M. Williams | J. Wilson; P. Gould J. Wilson; P. Gould | 4/1/2019 5/14/2018 | 11/1/2019 8/31/2018 | x |
| | Communicate any relevant changes in communication and/or branding to relevant state Medicaid | | K. Esperti, M. Williams | | 5/14/2018 | 1/4/2019 | х х |
| | offices Confirm Member Experience Medicare Readiness with R. Bertrand | | K. Esperti, J. Hutchison | | 4/1/2019 | 11/1/2019 | x x |
| 5 5.19.4.1 | Conduct compliance review of planned Medicare member communications | | K. Esperti, J. Hutchison | J. Wilson; P. Gould | 5/14/2018 | 8/31/2018 | х х |
| | Communicate any relevant changes in communication and/or branding to CMS Capture ongoing mandates / organizational changes | | K. Esperti, J. Hutchison K. Esperti | J. Wilson; P. Gould J. Wilson: P. Gould | 5/14/2018 4/1/2019 | 1/4/2019 11/1/2019 | x x x x x x |
| x 5 5.19.5.1 | Incorporate any relevant changes into resource training | | K. Esperti | J. Wilson; P. Gould | 4/1/2019 | 8/16/2019 | х х х |
| x 5 5.19.5.2 x 5 5.19.6.0 | Incorporate any relevant changes into member experience workflows Confirm medical process / procedure readiness | | | J. Wilson; P. Gould J. Wilson; P. Gould | 4/1/2019 4/1/2019 | 8/16/2019 11/1/2019 | х х х х х х |
| | Confirm facility readiness including the completion of the preparation plan including layout. | | ., | | 4-4 | ,-,, | |
| x 5 5.19.7.0 | furnishing, and other functional and aesthetic design decisions affecting the designated office space | | K. Esperti | J. Wilson; P. Gould | 4/1/2019 | 4/5/2019 | x x x |
| | in order to ensure that the space is suitable for ingeniofic's needs and branding | | | | | | |
| x 5 5.19.8.0 | Confirm Pharmacy Help Desk Readiness (including system outage communication) Confirm hiring (including experience requirements), onboarding, and training of member, | | K. Esperti | J. Wilson; P. Gould | 4/1/2019 | 11/1/2019 | х х х |
| x 5 5.19.9.0 | Confirm hiring (including experience requirements), onboarding, and training of member, provider/prescriber, and pharmacy help desk staff (including Ingeniofts culture training, LOB training, and seneral care training) | IngenioRx to sign off | K. Esperti | J. Wilson; P. Gould | 4/1/2019 | 9/1/2019 | x x x x x |



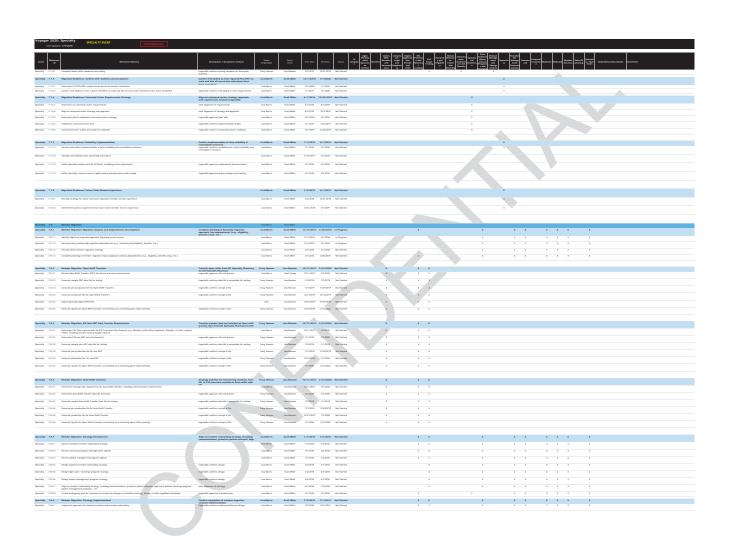


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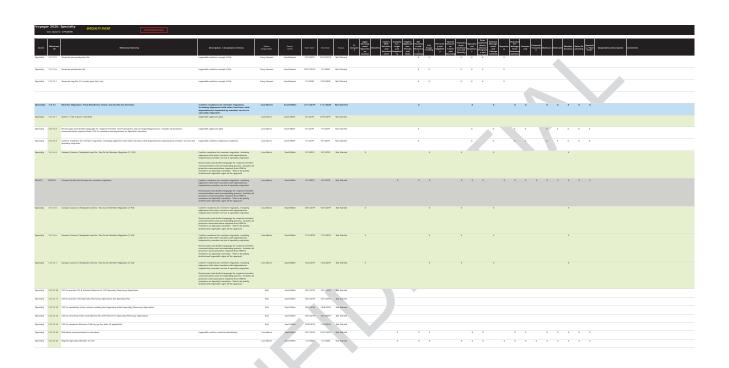


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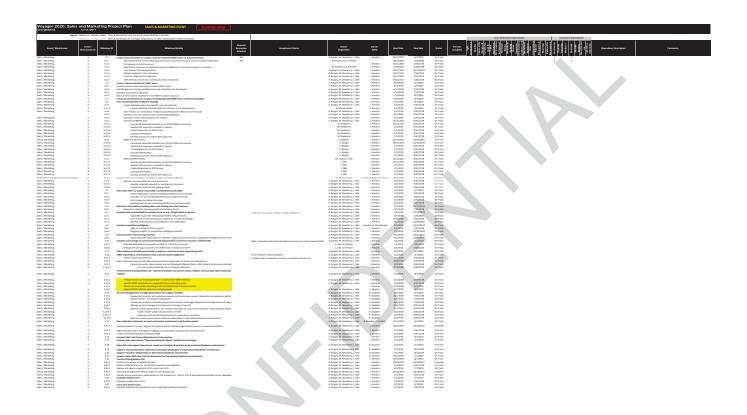
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| shable, inclined pulsage with their solutions and their solutions are solved in their solutions and an inclined and their solutions are solved in their solutions and solutions and solutions are solved in their solutions and solutions are solved in their solutions and solved in their solutions are solved in the solutions and solved in their solutions are solved in the solutions are solved in their solutions are solved in the solutions are solved in their solutions are solved in their solutions are solved in the solution | 26.9.16.6: Combat Culturer Checkpoint and Go / No Go for Member Migration (T/RC) | Confirm readiness for mail member migration per subscer should'd, including alternant with other functions with | Sisteral Hill | Christina Perry | 10/1/0019 | 10/1/0014 | Not Started | x | | * | × | | × | | | | | × | | | | | |
| 24 % 14.6 Conduct Colorest Orchopation and Graft for Sear Member Migration (T-20) Graft on resident for the conduct of the Sear Member Migration (T-20) Annie Sea Membe | | | Eishard HE | Christina Perry | 11/1/0019 | 11/1/0094 | Not Started | * | | × | × | | × | | | | | × | | | | | |
| | | | Eishard HE | Christina Perry | 13/3/3019 | 13/3/3019 | Not Started | * | | × | × | | × | | | | | × | | | | | |
| NATALE Menter recognization in terminal contraction in the contraction in the contraction of the contraction | | | | | | | | | | | | | | | | | | | | | | | |



| Project S | Speedw | ay: Projec | t Plan Draft | BENEFITS WORKSTREAM | | | | |
|----------------------|---------------|------------------------|--|---|--|-------------------------------|-----------------|---|
| Last Upda | 1/9/2018 | | Confidential | BENEFIIS WORKSTREAM | | | | |
| | | | | | | | | Casa-Workstream Dependencies Casa-Gwest Dependencies |
| Event/ | Event/ | Milestone ID | Milestone (Artivity | Arrentenza Criteria Owner | Owner | | Due Date | Supplement Company 등 왕 등 등 보통 경증 경우 영문 역을 세를 위한 명단 기를 위한 기를 위한 기를 위한 기를 위한 경우 병원 경우 기를 위한 |
| Workstream V | Workstream ID | 910 | Develop Workstream Governance | Acceptance Criteria (IngenioRx) D. Cubbin | (CVS) M. Kolachina | 11/1/2017 | 2/15/2018 | [경] 등 이용 경조 역 경 역 기본 기본 경보 대용 이 시작 기본 경 원 기본 경 및 본 외옷 위송 역 |
| Denetits Denefits | 9 | 9.1.1 | CVS to identify team members (including Benefits | D. Cubbin | M. Kolachina | 11/1/2017 | 11/2/2017 | X X X Comptee |
| Benefits | 9 | 9.1.2 | Government Programs team) Identify counterparts within Benefits workstream and other key workstream / events | D. Cubbin | M. Kolachina | 11/1/2017 | 11/2/2017 | |
| Denefits | 9 | 9.1.3 | Jointly develop project plan for next 90 days | D. Cubbin | M. Kolachina | 11/1/2017 | 11/2/2017 | Complete |
| Benefits Benefits | 9 | 9.1.4 9.1.5 | Develop meeting cadence Identify owners for key activities (e.g., benefit fall- | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 11/1/2017 | 11/2/2017 | |
| Deserts | | 9.4.3 | out) Identify the project managers (IngenioRx & CVS) to | | m. none.ma | 14/1/2017 | 11/10/2017 | Conjunt |
| Benefits | 9 | 9.1.6 | lead the meetings, take minutes, manage deliverables, execute follow-ups during the meetings and a project plan | D. Cubbin | M. Kolachina | TBD | TBD | |
| Denefits | 9 | 9.1.7 | Develop process to track meetings, decisions, and | D. Cubbin | M. Kolachina | 11/1/2017 | 11/10/2017 | |
| Benefits | 9 | 9.1.8 | information sharing Develop Change Management Process to handle | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | |
| Denefits. | 9 | | Benefit structure changes Develop change management process to | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | |
| Benefits | 9 | 9.1.8.1 | handle retroactive benefit structure changes in IngenioRx to support claims runout | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | |
| Benefits | 9 | 9.1.8.2 | Develop charge management process to handle retroactive benefit structure changes in ESI to support claims runout | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | |
| Denefits | 9 | 9.1.8.3 | Develop process for CEP (Case Exception Process) | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | |
| Denefits | 9 | 9.1.8.4 | Develop process for urgent benefit submissions | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | |
| Denefits | 9 | 9.1.8.5 | Execute assessment of SharePoint site connected between IngenioRx and ESI | D. Cubbin | M. Kolachina | 1/1/2018 | 2/10/2018 | - |
| Denefits | 9 | 9.1.8.6 | Replicate ESI and Ingenioric and ESI Replicate ESI and Ingenioric SharePoint connections for CVS | D. Cubbin | M. Kolachina | 2/5/2018 | 2/15/2018 | |
| Denefits | 9 | 9.1.8.7 | Define Daily Maintenance/Changes Add Process and identify requirements | D. Cubbin | M. Kolachina | 1/22/2018 | 2/2/2018 | |
| Benefits | 9 | 9.1.9 | Process and identity requirements Wave Tracking Governance and Reporting | Wave Governance | Wave Governance | 1/11/2018 | 11/1/2018 | Added per TMO conversation on 1/13 at 3:30 PM with input from healing |
| | | | | | | | | team Reportine must contain, by waver-Pains in Wave-Plans received by Cycs. |
| Denefits | 9 | 9.1.9.1 | Develop Tracking metrics reporting with input from TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 1/11/2018 | 2/1/2018 | Plans Bull by CVE, Plans Societies Functional Tested by CVE, Plans despeed to future wave, Plans with Revolutions to address in MCS |
| Denefits | 9 | 9.1.9.2.1 | Update Tracking metrics to TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 2/1/2018 | 2/1/2018 | |
| Benefits | 9 | 91922 | Update Tracking metrics to TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 2/22/2018 | 2/22/2018 | |
| Denefits | 9 | 91923 | Update Tracking metrics to TMO/Testing | D. Cubbin Q. Williams | M. Kolachina | 3/15/2018 | 3/15/2018 | |
| Denefits | 9 | 9.1.9.2.4 | Update Tracking metrics to TMO/Testing | D. Cubbin Q. Williams | M. Kolachina | 4/5/2018 | 4/5/2018 | |
| Denefits | 9 | 9.1.9.2.5 | Update Tracking metrics to TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 4/25/2018 | 4/26/2018 | |
| Denefits | 9 | 91926 | Update Tracking metrics to TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 5/17/2018 | 5/17/2018 | |
| Denefits | 9 | 91927 | Update Tracking metrics to TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 6/7/2018 | 6/7/2018 | |
| Denefits | 9 | 91928 | Update Tracking metrics to TMO/Testing | D. Cubbin O. Williams | M. Kolachina | 6/28/2018 | 6/28/2018 | |
| Denefits | 9 | 91929 | Update Tracking metrics to TMO/Testing | D. Cubbin | M. Kolachina | 7/19/2018 | 7/19/2018 | |
| Denefits | 9 | 9.1.9.2.10 | Update Tracking metrics to TMO/Testing | O. Williams D. Cubbin | M. Kolachina | 8/9/2018 | 8/9/2018 | |
| Benefits | 9 | 9.1.9.2.11 | Update Tracking metrics to TMO/Testing | O. Williams D. Cubbin | M. Kolachina | 8/30/2018 | 8/30/2018 | |
| Benefits | | 919212 | Update Tracking metrics to TMO/Testing | O. Williams D. Cubbin | M Kolachina | 9/20/2018 | 9/20/2018 | |
| Denetts Denefts | 9 | 9.1.9.2.13 | | O. Williams D. Cubbin | M. Kolachina | 10/11/2018 | 10/11/2018 | |
| Benefits Benefits | | 9.1.9.2.14 | Update Tracking metrics to TMO/Testing Update Tracking metrics to TMO/Testing | O. Williams D. Cubbin | M. Kolachina M. Kolachina | 11/1/2018 | 10/11/2018 | |
| Benefits Benefits | 9 | 920 | Update Tracking metrics to TMO/Testing Training / System Access / User Provisioning | O. Williams Training Workstream | n Training Workstream | | 1/31/2018 | X 1 1 X X X |
| Benefits Benefits | 9 | 92.1 92.1 92.1.1 | Deep-dive into tools | Training Workstream | n Training Workstream | 11/1/2017 11/1/2017 TBD | 1/1/2018 TBD | |
| Benefits Benefits | 9 | 9.2.1.2 | Stand up training teams (IngenioRx and CVS) Review tool capabilities in detail (e.g., demo) | Training Workstream | n Training Workstream n Training Workstream | 11/1/2017 | 1/15/2018 | |
| Benefits | 9 | 9.2.1.3 | Identify gaps in tools | Training Workstream Ingeniofks/Ingeniofks team members are able | n Training Workstream | 11/1/2017 | 1/15/2018 | <u> </u> |
| | | | | to log into CVS production systems, | | | ~ | |
| Denefits | 9 | 9.2.1.4 | Train & Grant Access IngenioRx on tools | and able to view all Training Workstream | n Training Workstream | 11/1/2017 | 1/31/2018 | x Dependent on MR Training workstream; need access process, roles, functions, environments |
| | | | | Ingeriofts/Ingeriofts benefits as | | | | |
| | | | | communicated via any | | | | |
| | | | | source by Ingeniofix | | | | |
| Benefits | 9 | 9.2.1.5 | Develop initial requirements document to be shared with CVS and IT teams to address roles, expected functions, etc. of these CVS | Training Workstream | n Training Workstream | 12/18/2017 | 1/31/2018 | 1 |
| Benefits | 9 | 930 | tools to be built Complete "Discovery" Phase | D. Cubbin | M. Kolachina | 11/1/2017 | 2/15/2018 | x x x x x x |
| Benefits | 9 | 9.3.1 | Develop automated data exchange process / ABL | D. Cubbin | M. Kolachina | 11/1/2017 | 1/1/2018 | On Trask x |
| Benefits | 9 | 9.3.1.1 | Coordinate with Infrastructure team to identify and develop process. | D. Culbbin | M. Kolachina | 11/1/2017 | 1/1/2018 | On Track x |
| Benefits | 9 | 9.3.1.2 | Develop contingency plan until Infrastructure team has built formal process | D. Cubbin | M. Kolachina | 11/1/2017 | 11/10/2017 | Complete |
| Benefits | 9 | 9.3.2 | Engage IngenioRx Spider and Benefit Builder IT | A. Anderson | M. Govern | 11/6/2017 | 2/1/2018 | On Track |
| Denefits | 9 | 9.3.2.1 | beams Drafting high level business requirements via Initiation Process | A. Anderson | M. Govern | 11/6/2017 | 2/1/2018 | |
| | | | | | | | | |

| Project S | peedwa | ay: Project | t Plan Draft | BENEFITS WORKS | TREAM | | | | |
|----------------------|-------------------------|----------------------|---|--|---------------------------------------|------------------------------|--------------------------|--------------------------|--|
| Last Upda 1 | 1/9/2018 | | Confidential | DEMETTIS WORKS | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | Cross-Workstream Dependencies Crass-Event Dependencies |
| | Event / orkstream ID | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (Insertioffx) | Owner (CVS) | Start Date | | Status Procest Computing 등 함 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 |
| Denefits | 9 | 9.3.2.2 | indicate draft detailed business requirements | | A. Anderson | M. Govern | 11/6/2017 | 2/1/2018 | 1 이 분이 기능 하면 위 기본 기본 최도 기준 기본 회문 이 등 1도 위 등 1 등 1 등 기술 기계 |
| | | | for IT Build | CVS confirms that all gaps for all Medicaid | | | | | |
| Benefits | 9 | 9.3.3 | Execute 'Discovery' phase for all Medicaid | Benefits have been identified and | C. Harper | D. Tenorio | 11/13/2017 | 2/15/2018 | On Transk x x x |
| | | | Interviolity to Provide Requirements/Copiny | documented | | | | | |
| Benefits Benefits | 9 | 9.3.3.1 | Grid, Clinical Matrix, Benefit Scan) Review Copay Grid | | C. Harper | D. Tenorio D. Tenorio | 11/13/2017 | 11/17/2017 | |
| | 9 | | Review Clinical Matrix | | C. Harper C. Harper | | 11/20/2017 | 11/28/2017 | On Track x |
| Benefits Benefits | 9 | 9.3.3.4 | Review Benefit Scan(ESI Extract) Define Mapping from IngenioRx to CVSH | | C. Harper C. Harper | D. Tenorio D. Tenorio | 11/20/2017 | 11/28/2017 | On Track x On Track x |
| Benefits | 9 | 9.3.3.6 | BRMD Document Complete Base Plan Design | | C. Harper | D. Tenorio | 12/14/2017 | 12/22/2017 | On Track |
| Benefits | 9 | 9.3.3.7 | Define Plan Design and coding strategy for RxClaim | | C. Harper | D. Tenorio | 12/6/2017 | 1/22/2018 | |
| Benefits | 9 | 9.3.3.7.1 | Identify dependent workstreams / events with jointly owned efforts and | | C. Harper | D. Tenorio | 12/15/2017 | 12/22/2017 | |
| Denefits | 9 | 9.3.3.7.2 | Determine how jointly owned programs will be administered on RxClaim and | | C. Harper | D. Tenorio | 12/22/2017 | 1/22/2018 | |
| | - | 9338 | update mapping accordingly | | C. Harper | D. Tenorio | 12/22/2017 | 1/22/2018 | |
| Benefits Benefits | 9 | 9.3.3.9 | Load Benefits into CVS system Assess and plan for remaining Medicaid state | rs . | C. Harper | D. Tenorio | 12/14/2017 | 1/15/2018 | |
| Benefits Benefits | 9 | 9.3.3.10 9.3.3.11 | Identify and document all gaps Document and submit all gaps into IT project | s | C. Harper C. Harper | D. Tenorio D. Tenorio | 11/13/2017 | 1/31/2018 2/15/2018 | On Track x |
| | | | | CVS confirms that all gaps for all Medicare | | | | | |
| Benefits | 9 | 9.3.4 | Execute 'Discovery' phase for Medicare | Benefits have been identified and | K. Fowler | B. Frazey | 11/20/2017 | 1/26/2018 | On Track x x |
| Benefits | 9 | 9.3.4.1 | Send Benefit sources of truth (Standard Benefit Grid) to CVS | documented | K. Fowler | B. Frazey | 11/20/2017 | 11/22/2017 | Complete |
| Benefits | 9 | 9.3.4.2 | Send list of "pain points" to CVS | | K. Fowler | B. Frazey | 11/20/2017 | 1/15/2018 | |
| Benefits Benefits | 9 | 9.3.4.3 9.3.4.4 | CVS to complete iMRD matrix CVS internally reviews IMRD matrix | | K. Fowler K. Fowler | B. Frazey B. Frazey | 11/22/2017 12/4/2017 | 12/1/2017 12/5/2017 | Compiles On Treat |
| Benefits Benefits | 9 | 9.3.4.5 9.3.4.6 | Joint review of IMRD matrix | | K. Fowler K. Fowler | B. Frazey B. Frazey | 12/11/2017 12/13/2017 | 12/13/2017 12/20/2017 | On Track |
| Benefits | 9 | 9.3.4.7 | Ingenioftx review iMRD matrix Follow up Review of iMRD matrix | | K. Fowler | B. Frazey | 12/13/2017 | 12/22/2017 | Un Task |
| Benefits | 9 | 9.3.4.8 | Define mapping and automation strategy wit CVS IT | h | K. Fowler | B. Frazey | 12/6/2017 | 1/26/2018 | On Tasak |
| Benefits | 9 | 9.3.4.8.1 | Identify dependent workstreams / events with jointly owned efforts and | | K. Fowler | B. Frazey | 12/15/2017 | 12/22/2017 | 1 |
| Benefits | 9 | 9.3.4.8.2 | Determine how jointly owned programs will be administered on RxClaim and update mapping accordingly | | K. Fowler | B. Frazey | 12/22/2017 | 1/26/2018 | · |
| Benefits | 9 | 9.3.4.8.3 | Complete IMRD mapping required for automation | | K. Fowler | B. Frazey | 12/6/2017 | 1/26/2018 | |
| Benefits | 9 | 9.3.4.9 | Build and test benefits (6 MAPD, 2 MMP, 6 PDP plans, 6 EGWP, 3 MA) | | K. Fowler | B. Frazey | 12/29/2017 | 1/19/2018 | On Frank |
| Benefits Benefits | 9 | 9.3.4.10 9.3.4.11 | Identify and Document all gaps Document and submit all gaps into IT project | s. | K. Fowler K. Fowler | B. Frazey B. Frazey | 11/20/2017 11/20/2017 | 1/19/2018 1/26/2018 | |
| | | | | CVS confirms that all gaps for all Commercial | | | | | |
| Benefits | 9 | 9.3.5 | Execute 'Discovery' phase for Commercial (Benefit Builder) | Benefits on Benefit Builder have been identified and | O. Williams | L. Littlefield | 11/13/2017 | 2/2/2018 | On fact x x x |
| | | | Ingeniofix to send Benefit Builder XSD File & | documented | | | | | |
| Denefits | 9 | 9.3.5.1 | Updated Intent File Ingeniofix to send XML files and list valid plan | | O. Williams | L. Littlefield | 11/13/2017 | 11/17/2017 | |
| Denefits | 9 | 9.3.5.2 | to CVS Send recent Month of Benefit Builder XML | | O. Williams | L. Littlefield | 11/17/2017 | 12/1/2017 | Complete x |
| Denefits | 9 | 9.3.5.3 | files to CVS to validate existing benefit inventory fits mapping | | O. Williams | L. Littlefield | 11/17/2017 | 12/15/2017 | Copples |
| Benefits | 9 | 9.3.5.4 | Mold joint sessions to understand schema an values for each field | d | O. Williams | L. Littlefield | 12/6/2017 | 12/29/2017 | On Tack x |
| | | | | | | | | | |
| Benefits | 9 | 9.355 | Define Plan Design and coding strategy for | | O. Williams | L Uttlefield | 12/15/2017 | 1/26/2018 | |
| | • | **** | ReClaim | | _ ********* | C Mutural | racesara D17 | 474494418 | |
| | | | | | | | | | |
| Benefits | 9 | 9.3.5.5.1 | Identify dependent workstreams / events with jointly owned efforts and programs (e.g., 800) | | O. Williams | L Littlefield | 12/15/2017 | 12/22/2017 | |
| Benefits | 9 | 9.3.5.5.2 | (e.e., R90) will be administered on | | O. Williams | L Littlefield | 12/22/2017 | 1/26/2018 | |
| | | | RxClaim and update mapping according | ly | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Benefits | 9 | 9.3.5.6 | Update mapping from IngenioRx XML to CVS XML(CVS BB CRD) | | O. Williams | L. Littlefield | 12/15/2017 | 1/12/2018 | On Track x |
| | | | | | | | | | |
| | | | | | | | | | |
| Benefits | 9 | 9.3.5.7 | Load plans into Reclaim (Pre-Prod) | | O. Williams | L. Littlefield | 1/12/2018 | 1/26/2018 | |
| Benefits | 9 | 9.15.8 9.15.9 | Review of IngenioRx analysis of free form Tex | d | N. Larrsink N. Larrsink | R. Vootukuru R. Vootukuru | 11/27/2017 | 12/8/2017 12/29/2017 | |
| Benefits Benefits | 9 | 9.3.5.9 | Analyze free Form Text Complete initial analysis of free form tex | xt | N. Lansink N. Lansink | R. Vootukuru R. Vootukuru | 11/27/2017 | 12/29/2017 | AT THE AT |
| Benefits | 9 | 9.3.5.9.2 | Share free form text analysis with dependent workstreams / events | 4 | N. Lansink | R. Vootukuru | 12/18/2017 | 12/29/2017 | |
| Benefits | 9 | 93593 | dependent workstreams / events Define strategy to codify and clean up | | N. Lansink | R. Vootukuru | 12/18/2017 | 12/29/2017 | x |
| | | | | | | | | | |

| | | ay: Projec | t Plan Draft | BENEFITS WOR | KSTREAM | | | | | | | | | |
|-----------------------|--------------------------|--------------------|--|---|----------------------------|--------------------------------|--------------------------|------------------------|--|---|---|------------------------|---|----------|
| Last Upda | 1/9/2018 | | Confidential | BENEFITS WOR | KJIKEAWI | | | | | | | | | |
| | | | | | | | | | Cross-Works | tream Dependencies | Cross-Event Depen | dencies | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (Ingenioffx) | Owner (CVS) | Start Date | | Status Percent Complete Status Force of Complete Force of Complete Status Force of Complete Force o | feerand second feerand feerand feerand feerand feerand feerand feerand feerand | Sakebo Samme Samme Samme Samme Sakebo Samme Sakebo Samme Sakebo Sak Sakebo Sakebo Sakebo Sakebo Sakebo Sakebo Sakebo Sakebo Sake | Dependency Description | | Comments |
| Benefits | 9 | 9.3.5.10 | Perform proof of concept to convert Free Form Text to Structured data leveraging CVS | | N. Lansink | R. Vootukuru | 12/7/2017 | 1/31/2018 | On Track | 12 812 0 412 -12 | . 10 10 12 21 21 212 | -10 | ' | |
| Benefits | 9 | 9.3.5.10.1 | Tools Provide Workstream / Event leads with | | N. Lansink | R. Vootukuru | 12/4/2017 | 1/31/2018 | × | x x | * * * * | × | | |
| Benefits Benefits | 9 | 9.3.5.11 | Comment analysis (as needed) Send CVS all Benefit Builder Benefits | | O. Williams | L Littlefield | 11/17/2017 | 1/26/2018 | On Track | × | | | | |
| Benefits | 9 | 935.12 | Identify and Document all gaps Document and submit all gaps into IT projects | | O. Williams | L Littlefield | 11/13/2017 | 2/2/2018 | ON Track | × | | | | |
| Benefits | 9 | 936 | Execute 'Discovery' phase for Commercial (Spider) | CVS confirms that all gaps for all Commercial Benefits on Spider have been identified and documented | O. Williams | L. Littlefield | 11/4/2017 | 2/2/2018 | On Track | х х | x | | | |
| Benefits Benefits | 9 | 9.3.6.1 | Send Spider XSD File | | O. Williams | L Littlefield L Littlefield | 11/4/2017 | 11/17/201 | Complete | | × | | | |
| Benefits Benefits | 9 | 9.3.6.2 | Send XML files and list valid plan to CVS. Hold joint sessions to understand schema and | | O. Williams | L Littlefield | 11/17/2017 | 12/15/201 | | | * | | | |
| | | | values for each field Define Plan Design and coding strategy for | | | | | | | | | | | |
| Benefits | 9 | 9.3.6.4 | ReClaim Identify dependent workstreams / | | O. Williams | L. Littlefield | 12/15/2017 | 1/26/201 | | | | | | |
| Benefits | 9 | 9.3.6.4.1 | events with jointly owned efforts and programs (e.g., 890) | | O. Williams | L. Littlefield | 12/15/2017 | 12/22/201 | | * | | | | |
| Benefits | 9 | 93542 | Determine how jointly owned programs (e.g., R90) will be administered on RxClaim and update mapping accordingly | , | O. Williams | L. Littlefield | 12/22/2017 | 1/26/201 | | , i | × | | | |
| Benefits | 9 | 9.16.5 | Update mapping from IngenioRx XML to CVS XML (CVS BB CRD) | | O. Williams | L Littlefield | 11/27/2017 | 1/12/201 | On Track | | x | | | |
| Benefits | 9 | 9.3.6.6 | Load plans into Raclaim (Pre-Prod) | | O. Williams | L. Littlefield | 1/12/2018 | 1/26/201 | On Track | | × | | | |
| Benefits Benefits | 9 | 9.3.6.7 9.3.6.8 | Send CVS all Spider Benefits | | O. Williams O. Williams | L Littlefield L Littlefield | 11/20/2017 | 11/20/201 | Complete | × | | | | |
| Benefits | 9 | 9.3.6.9 | Identify and Document all gaps Document and submit all gaps into IT projects | | O. Williams | L Littlefield | 11/20/2017 11/20/2017 | 1/26/201 2/2/2018 | On Track | × | | | | |
| Benefits | 9 | 9.3.7 | Review ESI Intake Form (system enhancement requests) | | M. Verville | M. Kolachina | 11/1/2017 | 1/1/2018 | | × | | | | |
| Benefits Benefits | 9 | 9.3.7.1 | Identify in-flight initiatives for system enhancements Review list of ESI Enhancements with CVS | | M. Verville M. Verville | M. Kolachina M. Kolachina | 11/1/2017 | 1/1/2018 | | × | | | | |
| Benefits | 9 | 9.3.7.3 | Identify additional build-out required from CVS from list of ESI enhancements | | M. Verville | M. Kolachina | 11/1/2017 | 1/26/2018 | | × . | | | | |
| Benefits | 9 | 9.3.8 | Review CVS adjudication process and evaluate against ESI process | | D. Cubbin | M. Kolachina | 11/1/2017 | 1/1/2018 | Complete | x x | x x x | | | |
| Benefits | 9 | 9.3.8.1 | Review, in detail, CVS adjudication process against ESI current process Identify any gaps or differences between CVS | | D. Cubbin | M. Kolachina | 11/1/2017 | 1/1/2018 | | | x x x | | | |
| Benefits | 9 | 9.3.8.2 | and ESI processes | | D. Cubbin | M. Kolachina | 11/1/2017 | 1/1/2018 | | х х | x x x | | | |
| Benefits | 9 | 939 | Execute "Discovery" phase with Retail Networks | CVS confirms that all gaps for all Retail Network benefit components have been identified and documented | D. Cubbin | M. Kolachina | 12/7/2017 | 1/15/2018 | | | × | | | |
| Benefits Benefits | 9 | 9.3.9.1 | Determine if Networks will have Enhancements to Benefits | | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 12/7/2017 | 1/4/2018 | | | x x | | | |
| Benefits | 9 | 9.3.10 | Determine Tiered Pricing solution Execute "Discovery" phase with Specialty / Mall Order | CVS confirms that all gaps for all Specialty / Mail Order benefit components have been identified and documented | D. Cubbin | M. Kolachina | 12/7/2017 | 2/15/2018 | | | × | x | | |
| Benefits Benefits | 9 | 9.3.10.1 | Determine if CVS can support all S/M benefits | | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 12/7/2017 | 1/15/2018 2/15/2018 | | | | × | | |
| Benefits Benefits | 9 | 9.3.10.2 | Finalize S/M gap list Finalize requirements for unit / query testing response system to Ingenio | | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 12/7/2017 | 2/15/2018 1/15/2018 | | × | | х | | |
| Benefits | 9 | 9.3.12 | Define requirements for file transmission and benefit loads / updates between CVS and InternioRx | CVS confirms that all gaps in capability have been identified | A. Anderson | M. Govern | 12/7/2017 | 1/31/2018 | | × | | | | |
| Benefits | 9 | 9.3.13 | Ingeniofs: Finalize gap list and remediation plan for gaps in CVS capability | Deen identified CVS confirms that all existing gaps to build all Benefits across all LOBs have been identified and a remediation plan for each gap has been identified | D. Cubbin | M. Kolachina | 11/1/2017 | 2/15/2018 | | x | x x x | | | |
| Benefits | 9 | 9.3.13.1 | Create timeline for remediation and gap | | D. Cubbin | M. Kolachina | 11/1/2017 | 2/15/2018 | | × | x x x | | | |
| Benefits | 9 | 9.3.13.2 | Develop process to track progress against timeline | 7 | D. Cubbin | M. Kolachina | 11/1/2017 | 1/1/2018 | | | x x x | | | |
| Denefits | 9 | 9.3.14 | Finalize regularment documentation | CVS confirms that all IT projects required to dose any existing gaps identified to build any Benefit and to develop BAU process (e.g., AEL) has been identified and initiated | D. Cubbin | M. Kolachina | 12/4/2017 | 2/15/2018 | | х х | x x x | | | |
| | | | | - | | | | | | | | | | |

| Decises | Casada | Denies | t Dian Dooft | | | | | | |
|----------------------|---------------|------------------------|--|--|-------------------------------------|------------------------------|------------------------|--------------------------------------|---|
| Last Upda | 1/9/2018 | ay: Projec | t Plan Draft Confidential | BENEFITS WORKST | REAM | | | | |
| | | | | | | | | | From Ministrator Transplancias From France Agencias |
| Event / | Event/ | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner | Owner | Start Date | Due Date | 2000 Process Company (2 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| Workstream V | Workstream ID | | minitions y Accord | | Ingenial(x) | (cvs) | July Date | 500 500.0 | [8 집 등 [8 비통 집은 회약 집간 회안 이용 기존 최일 의용 기존 최일 기종 기존 최일 기종 기존 최일 기종 기존 최일 기종 기존 |
| | | | | Per completion of automation capabilities | | | | | |
| | | | | to mass load at least xx% (% to be | | | | | |
| Benefits | 9 | 9.4.0 | Automation and Enhancements | | D. Cubbin | M. Kolachina | 12/11/2017 | 8/31/2018 | |
| | | | | benefit plans encompassed underneath to complete | | | | | |
| | | | | underneath to complete satisfaction of IngenioRx. | | | | | |
| Benefits | 2 | 9.4.1 | Build data connection between IngenioRx and CVS | | D. Cubbin | M. Kolachina | 12/11/2017 | 3/12/2018 | |
| | | | | | | | | | |
| Denefits | 9 | 9.4.2 | Finish CVS data repository build to receive and stage the data that IngenioRx sends | | D. Cubbin | M. Kolachina | 12/11/2017 | 3/12/2018 | · |
| | | | | | | | | | |
| Benefits | 9 | 9.4.3 | Finish mapping process (need to document requirements) | | D. Cubbin | M. Kolachina | 1/31/2018 | 3/15/2018 | |
| Denefits | 9 | 9.4.4 | Finish acknowledgement and notification of | | D. Cubbin | M. Kolachina | 2/1/2018 | 3/15/2018 (will be repeated twice | |
| | | | IngenioRx with successful load for errors Finish mapping between data repository to CVS | | | | | per wave) | |
| Benefits | 9 | 9.4.5 | Benefit Builder | | D. Cubbin | M. Kolachina | 2/1/2018 | 3/15/2018 | |
| Benefits | 9 | 9.4.6 | Provide Benefits Build environment and enhance BxClaim / AS400 read and load jobs as needed | | D. Cubbin | M. Kolachina | 1/15/2018 | 3/15/2018 | |
| Benefits | 9 | 9.4.7 | Create notification to IngenioRx after plans are promoted to production | | D. Cubbin | M. Kolachina | 2/1/2018 | 8/31/2018 | |
| Benefits | 9 | 9.4.8 | Develop an initial solution for free form text conversion | | D. Cubbin | M. Kolachina | 1/31/2018 | 3/15/2018 | |
| Benefits | 9 | 95.0 | Dependencies | | D. Cubbin | M. Kolachina | 1/2/2018 | 10/31/2018 | |
| Benefits | 9 | 9.5.1 | Commercial - Dependency | | D. Cubbin | M. Kolachina | 1/29/2018 | 3/16/2018 | |
| Denefits | 9 | 19.8.3.1 | Complete Formulary build prior to Benefits wave 1 and 2 | | L. Vicory | D. Weber | 1/15/2018 | 3/16/2018 | |
| Benefits | 9 | 19.8.3.1 | Complete UM build prior to Benefits wave 1 and 2 Complete drug list build and hierarchy | | L. Vicory | D. Weber | 1/29/2018 | 3/16/2018 | |
| Benefits | 9 | 19.3.3.1 | definition prior to Benefits wave 1 and 2 Complete Pharmacy Network (standard & | | L. Vicory | D. Weber | 1/15/2018 | 3/16/2018 | |
| Benefits | 9 | 2.7.2.1 | custom) pricing build prior to Benefits wave 2 and 2 | | rren Gettings | Dana Jones | 1/2/2018 | 3/16/2018 | |
| Benefits Benefits | 9 | 15.3.3 9.5.2 | CAG / BPG Hierarchy definition and build Medicaid - Dependency | P. Will | iams; A. Anderson D. Cubbin | N/A M. Kolachina | 1/2/2018 1/29/2018 | 3/16/2018 3/16/2018 | |
| Benefits | 9 | 19.7.4.1 | Complete Formulary build prior to Benefits wave - 6 states to begin with | | L. Vicory | D. Weber | 1/15/2018 | 3/16/2018 | |
| Benefits | 9 | 19.7.4.1 | Complete UM build prior to Benefits waves Complete drug list build and hierarchy | | L. Vicory | D. Weber | 1/29/2018 | 3/16/2018 | |
| Benefits | 9 | 19.3.3 | definition prior to Benefits waves Complete Pharmacy Network (standard & | | L. Vicory | D. Weber | 1/15/2018 | 3/16/2018 | |
| Benefits Benefits | 9 | 2.7.2.3 | custom) pricing build prior to Benefits wave 3 | | rren Gettings | Dana Jones N/A | 1/2/2018 | 3/16/2018 | |
| Benefits | 9 | 9.5.3 | CAG / BPG Hierarchy definition and build Medicare - Dependency | | D. Cubbin | M. Kolachina | 6/1/2018 | 10/31/2018 | |
| Denefits | 9 | 19.6.2 | Complete Formulary build prior to Benefits waves | | L. Vicory | D. Weber | 6/1/2018 | 10/31/2018 | |
| Denefits Denefits | 9 | 19.6.2 19.3.3 | Complete UM build prior to Benefits waves Complete drug list build and hierarchy | | L. Vicory | D. Weber D. Weber | 6/1/2018 7/1/2018 | 7/1/2018 | |
| Benefits | 9 | 2.7.2.2 | definition prior to Benefits wave 1 and 2 Complete Pharmacy Network pricing build | | rren Gettings | Dana Jones | 7/1/2018 | 7/1/2018 | |
| Benefits | , | 15.3.3 | prior to Benefits wave 1 and 2 CAG / BPG Hierarchy definition and build | | irnen Gettings iams; A. Anderson | N/A | 7/1/2018 | 7/1/2018 | |
| Benefits | 9 | 9.6.0 | Develop Process for Benefits Validation | | O. Williams | M. Kolachina | 11/13/2017 | 2/15/2018 | x x x x |
| Benefits | 9 | 9.6.1 | Define Benefit QA team responsibilities and Full- Scope Testing Workstream responsibilities | | O. Williams | M. Kolachina | 11/13/2017 | 12/5/2017 | Complete x x x |
| | | | | CVS and IngenioRx jointly agree on testing schedule for each | | | | | |
| Denefits | 9 | 9.6.2 | Develop Testing Strategy | testing type (e.g., | O. Williams | M. Kolachina | 11/13/2017 | 1/31/2018 | * |
| | | | | Functional Testing, Certification Testing, etc.) | | | | ~ | |
| Benefits | | 9.6.2.1 | Complete Process and data flow document and requirements for Benefit Validation EZE | | O. Williams | M. Kolachina | 12/5/2017 | 1/31/2018 | 1 1 1 |
| Benefits | 9 | 9.6.2.1.1 | and requirements for Benefit Validation EZE (incl. ABL functioning) Complete for Commercial (Benefit | | O. Williams | M. Kolachina | 12/5/2017 | 1/31/2018 | 1 1 1 |
| Benefits | 9 | 9.6.2.1.2 | Complete for Commercial (Spider) | | O. Williams | M. Kolachina | 12/5/2017 | 1/31/2018 | х х х |
| Benefits Benefits | 9 | 9.6.2.1.3 9.6.2.1.4 | Complete for Medicare Complete for Medicaid | | O. Williams O. Williams | M. Kolachina M. Kolachina | 12/5/2017 12/5/2017 | 1/31/2018 1/31/2018 | x x x x x x x x x x x x x x x x x x x |
| Benefits | 9 | 9.6.2.2 | Build Cross-walk of data elements that exist on CVS data files to Ingeniofix Data Elements/Systems (For each LOB and benefit | | O. Williams | M. Kolachina | 12/5/2017 | 1/31/2018 | 1 1 1 |
| Benefits | 9 | 9.6.2.2.1 | system) Assess, Document and Close any gaps | _ | O. Williams | M. Kolachina | 12/5/2017 | 2/15/2018 | |
| | | | with the data files to meet Ingeriofits's Develop Lights-On Process to Import CVS Dat Files and Compare with Ingeniofits Data to | | | | | | |
| Benefits | 9 | 9.6.2.3 | Files and Compare with Ingeniotik Data to generate a Variance Report for Review (For each LOB and benefit system) Rebuild Import & Compare Processes fo | | O. Williams | M. Kolachina | 12/5/2017 | TBD | 1 1.1 |
| Benefits | 9 | 9.6.2.3.1 | each of our Current Audits to Process Flow Intent | | O. Williams | M. Kolachina | 12/5/2017 | TBD | I I I |
| Benefits | 9 | 9.62.32 | Determine method of Output of Variances (Queue, SharePoint, etc.) | | O. Williams | M. Kolachina | 12/5/2017 | TBD | |
| | | | | | | | | | |

| Project | Speedw | ay: Project | t Plan Draft | BENEFITS WORK | STREAM | | | | |
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| | | | | | | | | | Cross Weinfaltenan Specialismon |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (Ingenioftx) | Owner (CVS) | Start Date | | 200 Processor Comprises 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Denefits | 9 | 9.6.2.4 | Begin Lights-On receipt and processing of benefit validation files (For each LOB and benefit system) | | O. Williams | M. Kolachina | 12/5/2017 | TBD | 1 1 1 |
| Benefits | 9 | 9.6.2.4.1 | Begin working benefit validation files as a starting point of assessing ABL | | O. Williams | M. Kolachina | 12/5/2017 | TBD | 1 11 |
| Benefits | 9 | 9.6.2.5 | Mapping Efforts Jointly develop "test cases" with Full-scope testing workstream for testing scenarios | | O. Williams | M. Kolachina | 12/11/2017 | TBD | · |
| Benefits | 9 | 9.6.3 | Identify Benefits Testing resource requirements | | O. Williams | M. Kolachina | 12/5/2017 | 12/12/2017 | |
| Benefits | 9 | 9.6.4 | Develop a joint solution for tracking requests and responses and their stages of completion on a daily basis | , | O. Williams | M. Kolachina | 12/4/2017 | 1/31/2018 | |
| Benefits | 9 | 9.6.5 | Define and Understand Process of Communicating Completion of Benefit Build from CVS | | O. Williams | M. Kolachina | 12/4/2017 | 1/31/2018 | |
| Benefits | 9 | 9.6.5.1 | Define and Document examples of response files to be received by CVS for each benefit | | O. Williams | M. Kolachina | 12/4/2017 | 1/11/2018 | |
| Benefits | 9 | 9.6.5.2 | Define Frequency of file transmission (as finished, daily, etc.) | | O. Williams | M. Kolachina | 12/4/2017 | 1/11/2018 | |
| Benefits | 9 | 9.6.5.3 | Determine the Technology to be used for this effort (Access, Web portal/SQL Server, Etc.) | | O. Williams | M. Kolachina | 12/4/2017 | 1/31/2018 | x x x |
| Benefits Benefits | 9 | 9.7.0 | Benefit Configuration & Validation Complete initial scope gaps closure and | | D. Cubbin | M. Kolachina M. Kolachina | 12/4/2017 | 11/30/2018 TBD | x x x x x x x x x x x x x x x x x x x |
| | | | remediation for outstanding gaps Implement CVS benefit recommendations to | | | | | | |
| Benefits Benefits | 9 | 9.7.2 | streamline migration (i.e., free text analysis) Develop wave strategy for configuration | | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 1/1/2018 | 1/31/2018 | 3 3 X X X |
| Denetics | , | 9.7.3 | Develop wave strategy for configuration | InternipRx confirms | D. CUSON | M. Adiachina | 12/11/2017 | 12/15/2017 | |
| Benefits | 9 | 9.7.4 | Build automated benefit load to send Benefit updates / changes (pipes / transport) | functionality to send all Benefit Builder and Spider benefit changes | D. Cubbin | M. Kolachina | 1/15/2018 | 2/28/2018 | |
| Benefits | 9 | 9.7.5 | Complete XSD / file receipt validation | and updates via ABL | D. Cubbin | M. Kolachina | 1/15/2018 | 2/28/2018 | |
| Benefits. | 9 | 9.7.6 | Review and Update Health Plan Profiles (repository of benefit information for each market used for cal centers and other teams outside of Pharmacy | 1 | C. Harper | D. Tenorio | 12/4/2017 | 3/31/2018 | |
| Benefits | 9 | 9.7.7 | benefits) Define process to send CVS Benefit Test Files via New Infrastructure | | D. Cubbin | M. Kolachina | 2/1/2018 | Ongoing | |
| Benefits | 9 | 9.7.8 | Confirm dependencies have minimum requirements to begin Benefit Configuration | | D. Cubbin | M. Kolachina | 12/13/2017 | 1/26/2018 | |
| Benefits | 9 | 9.7.8.1 | Confirm shell retail network | | D. Cubbin | M. Kolachina | 12/13/2017 | 1/26/2018 | |
| Benefits | 9 | 9.7.8.2 | Confirm minimum requirements for Clinical Programs workstream | | D. Cubbin | M. Kolachina | 12/13/2017 | 1/26/2018 | |
| Benefits | 9 | 9.7.9 | Configure & Validate Commercial Benefits | All Commercial Benefits (including 2019 Benefits) have been configured and | O. Williams | L. Littlefield | 3/5/2018 | 11/16/2018 | |
| | | | | completed Business Functional Testing | | | | | |
| Benefits Benefits | 9 | 9.7.9.1 9.7.9.1.1 | Wave 1 Generate and share list of plans in Wave | | O. Williams O. Williams | L Littlefield L Littlefield | 3/5/2018 3/5/2018 | 6/15/2018 3/5/2018 | x x x x |
| Benefits | 9 | 9.7.9.1.2 | Configure and Complete Business | | O. Williams | L. Littlefield | 3/19/2018 | 5/18/2018 | * * * * * |
| Benefits | 9 | 9.7.9.1.3 | Functional Testing (Incl. Specialty Maintenance of Business (MOB) | | O. Williams | L. Littlefield | 5/21/2018 | 6/15/2018 | X X X X X |
| Benefits Benefits | 9 | 9.7.9.2 9.7.9.2.1 | Wave Za Generate and share list of plans in Wave | | O. Williams O. Williams | L Littlefield L Littlefield | 3/5/2018 3/5/2018 | 11/16/2018 3/5/2018 | x x x x x |
| Benefits | 9 | 9.7.9.2.2 | Configure and Complete Business Functional Testing (incl. Specialty Pass plans already holfs and hostoges | | O. Williams | L Littlefield | 3/19/2018 | 10/19/2018 | 1 1 1 1 |
| Benefits Benefits | 9 | 9.7.9.2.3 | functional tested with no MOB requirements to cert testing for | | O. Williams | L Littlefield | 7/20/2018 | 7/20/2018 | |
| Benefits Benefits | 9 | 9.7.9.3 | Maintenance of Business (MOB) Wave 2b | | O. Williams | L Littlefield L Littlefield | 10/22/2018 4/2/2018 | 11/16/2018 31/16/2018 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Benefits Benefits | 9 | 9.7.9.3.1 | Generate and share list of plans in Wave Configure and Complete Business | | O. Williams O. Williams | L Littlefield | 4/2/2018 4/16/2018 | 4/2/2018 10/19/2018 | |
| Benefits | , | 97933 | Functional Testing (incl. Specialty Pass plans already built and business functional tested with no MOB | | O. Williams | L Littlefield | 8/31/2018 | 8/31/2018 | |
| Benefits | 9 | 9.7.9.3.4 | requirements to cert testing for Maintenance of Business (MOB) | | O. Williams | L Lttlefield | 10/22/2018 | 11/16/2018 | |
| Benefits | 9 | 9.7.9.4 9.7.9.4.1 | Wave 3 | | O. Williams O. Williams | L. Littlefield | 4/2/2018 | 8/17/2018 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Benefits Benefits | 9 | 9.7.9.4.1 | Generate and share list of plans in Wave Configure and Complete Business | | O. Williams | L Littlefield Li Littlefield | 4/2/2018 4/16/2018 | 4/2/2018 7/20/2018 | |
| Benefits | 9 | 9.7.9.4.3 | Functional Testing (Incl. Specialty Maintenance of Business (MOB) | | O. Williams | L Littlefield | 7/23/2018 | 8/17/2018 | x x x x x x |
| Benefits Benefits | 9 | 9.7.9.5 9.7.9.5.1 | Wave 4 Generate and share list of plans in Wave | | O. Williams | L Littlefield | 4/30/2018 4/30/2019 | 9/14/2018 4/30/2018 | * * * * * |
| Benefits | 9 | 9.7.9.5.2 | Configure and Complete Business | | O. Williams | L Littlefield | 5/14/2018 | 8/17/2018 | x x x x x |
| Benefits | 9 | 9.7.9.5.3 | Functional Testing (Incl. Specialty Maintenance of Business (MOB) | | O. Williams | L. Littlefield | 8/20/2018 | 9/14/2018 | x x x x x |
| Benefits Benefits | 9 | 9.7.9.6 9.7.9.6.1 | Wave 5 Generate and share list of plans in Wave | | O. Williams O. Williams | L Littlefield L Littlefield | 6/4/2018 6/4/2018 | 11/16/2018 6/4/2018 | x x x x |
| Benefits | 9 | 9.7.9.6.2 | Corrigure and Complete Business Functional Testing (Incl. Specialty | | O. Williams | L Littlefield | 6/18/2018 | 10/19/2018 | 1 1 1 1 |
| Benefits | 9 | 9.7.9.6.3 | Pass plans already built and business functional tested with no MOB requirements to cert testing for | | O. Williams | L Littlefield | 7/20/2018 | 7/20/2018 | |
| Benefits Benefits | 9 | 9.7.9.6.4 9.7.9.7 | Maintenance of Business (MOS) Wave 6 | | O. Williams O. Williams | L Littlefield L Littlefield | 10/22/2018 7/2/2018 | 11/16/2018 11/16/2018 | x x x x x x x x x x x x x x x x x x x |
| Benefits Benefits | 9 | 9.7.9.7.1 9.7.9.7.2 | Generate and share list of plans in Wave Configure and Complete Business Functional Testing (incl. Specialty | | O. Williams | L Littlefield L Littlefield | 7/2/2018 7/16/2018 | 7/2/2018 10/19/2018 | 1 1 1 1 |
| Benefits | 9 | 9.7.9.7.3 | Pass plans already built and business functional tested with no MOB | | O. Williams | L. Littlefield | 8/31/2018 | 8/81/2018 | |
| Benefits | 9 | 9.7.9.7.4 | requirements to cert testing for Maintenance of Business (MOS) | | O. Williams | L. Littlefield | 10/22/2018 | 11/16/2018 | 1 1 1 I |
| | | | | | | | | | |

| Project : Last Upda | Speedwa 1/9/2018 | ay: Proje | ct Plan Draft Confidential | BENEFITS WORK | STREAM | | | | | | | | | | |
|------------------------|-------------------------|------------------------|--|---|-------------------------|----------------------------------|-------------------------|-------------------------|-------------------------------------|-------------|----------------|----------------------|---|-----------------------|--|
| | | | | | | | | | | Cross-Works | tream Depender | ncies | | Cross-Event D | nt Dependencies |
| Event / Workstream | Event/ Workstream ID | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (Ingeniofts) | Owner (CVS) | | | Status Percent Complete 8 8 8 6 8 8 | ES ES ES | man gunce | ure, rior rior | resse mage sordin kehol fer mmer | milio dian dian | P R |
| Benefits | 9 | 9.7.9.8 | Wave 7 (incl. 2019 Benefits) | | O. Williams | L. Littlefield | 8/6/2018 | 11/16/2018 | 8 8 6 9 8 | 190 N EL 9 | · - 기호 취임 | | ≅ ≅ ē ē ē | E E E E | 를 J을 되죠 리용 ~ |
| Benefits | 9 | 97981 97982 | Generate and share list of plans in Wave Configure and Contoliste Business | - | O. Williams | L. Littlefield | 8/6/2018 | 8/6/2018 | | | | | | | |
| Benefits Benefits | 9 | 9.7.9.8.2 | Functional Testing (incl. Specialty Maintenance of Business (MOB) | | O. Williams O. Williams | L. Littlefield L. Littlefield | 8/20/2018 10/22/2018 | 10/19/2018 | × | | | x x | × | | |
| | | | | All Medicaid Benefits (including 2019 | | | | | | | | | | | |
| Benefits | 9 | 9.7.10 | Configure & Validate Medicald Benefits | Benefits) have been configured and completed Business | C. Harper | D. Tenorio | 3/19/2018 | 11/16/2018 | × | | × | х х | | × | |
| Benefits | 9 | 9.7.10.1 | Wave 1 | Functional Testing | C. Harper | D. Tenorio | 3/19/2018 | 7/13/2018 | × | | × | х х | | × | |
| Benefits | 9 | 9.7.10.1.1 | Configure and Complete Business Functional Testing (incl. Specialty | | C. Harper | D. Tenorio | 3/19/2018 | 6/15/2018 | x | | | х х | 4 | × | |
| Benefits Benefits | 9 | 9.7.10.1.2 9.7.10.2 | Maintenance of Business (MOB) Wave 2 | | C. Harper C. Harper | D. Tenorio D. Tenorio | 6/18/2018 5/14/2018 | 7/13/2018 9/14/2018 | × | | x | x x | | × | |
| Denefits | 9 | 9.7.10.2.1 | Configure and Complete Business | | C. Harper | D. Tenorio | 5/14/2018 | 8/17/2018 | * | | × : | х х | | × | |
| Benefits | 9 | 9.7.10.2.2 | Functional Testing (Incl. Specialty Maintenance of Business (MOB) | | C. Harper | D. Tenorio | 8/20/2018 | 9/14/2018 | × | | | х х | | × | |
| Benefits Benefits | 9 | 9.7.10.3 9.7.10.3.1 | Wave 3 Configure and Complete Business | | C. Harper C. Harper | D. Tenorio D. Tenorio | 6/18/2018 | 10/12/2018 9/14/2018 | x x | | | x x | | × × | |
| Benefits Benefits | 9 | 9.7.10.3.1 | Functional Testing (Incl. Specialty Maintenance of Business (MOB) | | C. Harper C. Harper | D. Tenorio D. Tenorio | 6/18/2018 9/17/2018 | 9/14/2018 | x x | | | x x | | × | |
| Benefits | 9 | 9.7.10.4 | Wave 4 (incl. 2019 Benefits) | | C. Harper | D. Tenorio | 7/16/2018 | 11/16/2018 | × | | x | х х | | × | |
| Denefits | 9 | 9.7.10.4.1 | Configure and Complete Business Functional Testing (Incl. Specialty | | C. Harper | D. Tenorio | 7/16/2018 | 10/19/2018 | × | | × | | | × | |
| Denefits | 9 | 9.7.10.4.2 | Maintenance of Business (MOB) | All Medicare Benefits | C. Harper | D. Tenorio | 10/22/2018 | 11/16/2018 | × | | × | | | × | <u> </u> |
| Benefits | 9 | 9.7.11 | Configure & Validate Medicare Benefits | (including 2019 Benefits) have been configured and completed Business | K. Fowler | D. Tenorio | 12/11/2017 | 11/30/2018 | | | | | | × | Includes: a Part 8/8 vs. D Drugso Migration of open PA's for 8 vs. D drugs (i.e. ensuring a drug that was approved as 8, continues to pay as |
| | | | | Functional Testing Select Medicare | | | | | | | | | | | |
| Benefits | 9 | 9.7.11.1 | Configure and Validate 2018 Select Medicare Benefits | Benefits have been configured and completed Business Functional Testing | K. Fowler | D. Tenorio | 12/11/2017 | 3/31/2018 | | | | | | × | |
| Benefits | 9 | 9.7.11.1.1 | IngenioRx to provide select benefits | Functional Testing | K. Fowler | D. Tenorio | 12/11/2017 | 1/15/2018 | | | | | | × | |
| Benefits | 9 | 9.7.11.1.2 | Configure and validate select 2018 | All 2019 Medicare | K. Fowler | D. Tenorio | 1/15/2018 | 3/31/2018 | | | $\overline{}$ | | | × | |
| Benefits | 9 | 9.7.11.2 | Corrigure and Validate 2019 Benefits | Benefits have been configured and completed Business Functional Testing | K. Fowler | D. Tenorio | 3/1/2018 | 11/30/2018 | | | | | | × | |
| Denefits | 9 | 9.7.11.2.1 | Engage in parallel conversations that ingenioRx has with ESI for Medicare | | K. Fowler | D. Tenorio | 3/1/2018 | Ongoing | | · . | | | | × | |
| Benefits Benefits | 9 | 9.7.11.2.2 | Configure all 2019 Medicare Benefits Test and Validate 2019 Benefits | | K. Fowler K. Fowler | D. Tenorio | 8/1/2018 | 10/31/2018 | | | / | | | × | |
| Denefits | 9 | 28.0 | Transition to "Lights-On" | For all Line of Businesses, Ingerioftx confirms that all Benefits have been loaded and Benefit updates, changes, or additions go through the "BAU" process | D. Cubbin | M. Kolachina | 3/1/2018 | 11/30/2018 | | | | | × | × × | |
| Benefits | 9 | 9.8.1 | Transition to "Lights-On" for Commercia | Ingerioftx confirms that all Benefits have been loaded and Benefit updates, changes, or additions go through the "BAU" process | D. Cubbin | M. Kolachina | 3/5/2013 | 11/16/2018 | | | | | × | | |
| Denefits | 9 | 9.8.2 | Transition to "Lights-On" for Medicald | Ingerioftx confirms that all Benefits have been loaded and Benefit updates, changes, or additions go through the "BAU" process | D. Cubbin | M. Kolachina | 3/19/2018 | 11/16/2018 | | | | | | × | |
| Denefits | 9 | 9.8.3 | Transition to "Lights-On" for Medicare | Ingerioftx confirms that all Benefits have been loaded and Benefit updates, changes, or additions go through the "BAU" process | D. Cubbin | M. Kolachina | 3/1/2018 | 13/90/2018 | | | | | | × | |
| Denefits | 9 | 9.9.0 | Certification Testing | Ingeriofic signs off that Certification Testing results have met or exceeded the agreed upon threshold | D. Cubbin | M. Kolachina | 8/1/2018 | 1/31/2019 | | | | | × | | |
| Benefits Benefits | 9 | 9.9.1 9.9.2 | Complete Benefits Fallout Resolution Plan Execute on Benefits Fallout Resolution Plan | | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 12/1/2018 12/1/2018 | 12/31/2018 1/31/2019 | | × | | x x | × | x x | x |
| Denefits | 9 | 9.10.0 | Complete "Go / No-Go" Assessment for Parallel Testin | Ingeriofix and CVS jointly agree that Benefits workstream g testing has successfully passed all testing types and is ready for parallel processing | D. Cubbin | M. Kolachina | 12/1/2018 | 12/1/2018 | х | | x | × | × | x x | |
| Benefits Benefits | 9 | 9.11.0 9.11.1 | Execute Parallel Processing Complete Benefits Fallout Resolution Plan | | D. Cubbin D. Cubbin | M. Kolachina M. Kolachina | 1/1/2019 | 9/27/2019 3/31/2019 | | × | | x x | × | x x x | x x |
| Benefits | 9 | 9.11.2 | Execute on Benefits Fallout Resolution Plan | | D. Cubbin | M. Kolachina | 3/31/2019 | 9/27/2019 | | | | x. | × | х х | x |
| | | | | | | | | | | | | | | | |



| Desired Secondary | | Dian Da | -0 | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------|---|---|------------------------------------|---|---|---|------------|--------------------------|----------------------|-----------------------|------------------------------------|--|---|--|---|-------------------------------------|--|------------------------|---------------|----------------------------|----------|
| Project Speedway Last Updated: | /: Project | Plan Dr. | Confidential CLAIR | MS WORK | STREAM | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 3. | M M | - M | | | | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestons/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (IngenicRs) | Owner (CVS) | Start Date | Due Date | Status | Percent d Complete | Developmen Benefts Garm, OGS | Compliance, le & Regulator Depta Applications | Estransion disposal to ad ful Ecope Test Hierarchy & | Luman Resour Edent & Sourc Infrastruttun | And Redune Operational Readiness Prior | Release Managerrent Reporting | Stakeholder Manazornen Commercial Financial | Transition Medicare | Member Servi | E P Dependency Description | Comments |
| Dalms, ODS, Extracts, & Accumula Dalms, ODS, Extracts, & Accumula | 10 10 | 10.1.0 | Real Time COS Accumulator Interface Build COS Current State Mapping | N/A N/A | N/A N/A | | R. Bossman G. Branstetter L. Crutchieo | H. Orake L. Vossler J. Bennes | 10/18/2017 | 12/31/2019 12/15/2017 | On Track Fast Due | 5% 90% | x | | X X | × | | H | × | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 101.1.1 | Finalize Use Cases | N/A | N/A | | J. Ferlita G. Branstetter L. Crutchleo | D. Ingino L. Vossler J. Bennes | 11/13/2017 | 12/15/2017 | Fast Due | 90% | × | + | | | + | ++ | х, | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.1.2 | Complete COS Future State Design and Planning | N/A | N/A | | J. Ferlita G. Branstetter | D. Ingino L. Vossler | 11/1/2017 | 3/2/2018 | On Track | 0% | × | | × × | × | ε . | Н | × | | | | |
| Dalms, COS, Extracts, & Accumula | 10 | 10121 | Define and document business requirements | N/A | N/A | | L. Crutchleo J. Ferlita G. Branstetter | J. Bennes D. Ingino L. Vossler | 11/1/2017 | 3/2/2018 | On Track | 25% | | + | | Н | Н | Ш | | | | | |
| Daims, ODS, Extracts, & Accumula | 10 | 101111 | Define and document technical requirements | N/A | N/A | | L Crutchleo J. Ferlita G. Branstetter | J. Bennes D. Ineino L. Vossler | 12/1/2017 | 3/2/2018 | On Track | os. | - | | | Ш | | ш | | | 4 | | |
| Osims, ODS, Extracts, & Accumula | 10 | | Define and document testing requirements | N/A | N/A | | L Crutchleo J. Ferlita G. Branstetter | J. Bennes D. Ineino L. Vossler | 12/1/2017 | 3/2/2018 | On Track | 0% | Ш | | | Щ | | | | Ш | | | |
| | | | | | | | L Crutchleo J. Ferlita | J. Bennes D. Ingino | | | | | | | | 4 | | N | Ĺ | | | | |
| Dalms, CIOS, Extracts, & Accumula | 10 | | Complete interface review with IAS team | N/A | N/A | | G. Branstetter L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 12/1/2017 | 3/2/2018 | On Track | 0% | | | × | | ε. | | | 1 | | | |
| Claims, COS, Extracts, & Accumula | 10 | | Finalize, Review, and Approve Design | | | | G. Branstetter L. Crutchleo J. Ferlita | L. Vossler J. Bennes D. Ingino | 3/1/2018 | 4/20/2018 | On Track | 0% | х | Ш | X X | V, | | Ш | × | | Ш | | |
| Dalms, COS, Extracts, & Accumula | 10 | | Establish Commit Dates for remaining activities | N/A | N/A | | G. Branstetter L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Inrino | 3/15/2018 | 4/20/2018 | On Track | 0% | × | | × × | × | | П | × | | | | |
| Dalms, CIOS, Extracts, & Accumula | 10 | 10.1.3 | Complete COS Accumulator Build/Development | N/A | N/A | | G. Branstetter L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ineino | 2/1/2018 | 12/31/2018 | On Track | on. | × | | | ж | | | ж | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10131 | Phase 1: Critical Path (Real time functionality - ping, adjudicate, post) Build Complete | | | | G. Branstetter L. Crutchleo | L. Vossler J. Bennes | 2/1/2018 | 6/8/2018 | On Track | 0% | х | | | х | ε . | T | ж | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 101.3.2 | Phase 1: Critical Path (Real time functionality - ping, adjudicate, post) Functionality Target Release | | | | J. Ferlita G. Granstetter L. Crutchleo | D. Ingino L. Vossler J. Bennes | 2/1/2018 | 8/18/2018 | On Track | ON. | x | Ш | 1 | | | Ħ | × | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10133 | Phase 2: Additional Functionality Target Release | | | | J. Ferlita G. Branstetter L. Crutchleo | D. Ingino L. Vossler J. Bennes | 2/1/2018 | 11/30/2018 | On Track | ON. | 1 | | 1 | × | | H | × | | | | |
| Daims, 005, Extracts, & Accumula | 10 | 10.1.4 | Complete COS Accumulator Testing | N/A | N/A | | J. Ferlita G. Branstetter L. Crutchleo | D. Ingino L. Vossler J. Bennes | 6/10/2018 | 12/31/2018 | On Track | ON. | - | Н | х х | × | ε . | H | х | H | | | |
| Claims, CIDS, Extracts, & Accumula | 10 | 10.14.1 | Complete COS accums system testing | N/A | N/A | | J. Ferlita G. Branstetter L. Crutchleo | D. Ingino L. Vossler J. Bennes | 6/10/2018 | 12/31/2018 | On Track | ox. | - 1 | | х х | × | | Н | × | | | | |
| Daims, CIDS, Extracts, & Accumula | 10 | 10.1.4.2 | Complete COS accums functional testing | N/A | N/A | | J. Ferlita G. Branstetter J. Crytchien | D. Ingino L. Vossler | 6/10/2018 | 12/31/2018 | On Track | ox. | × | | x x | × | ε . | + | × | + | | | |
| Daims, 005, Extracts, & Accumula | 10 | 10.1.4.3 | Confirm readiness for BIPV / Model Office testing | N/A | N/A | | J. Ferlita G. Branstetter | D. Innino L. Vossler | 9/1/2018 | 12/31/2018 | On Track | ox | - 1 | | х х | | | Н | × | | | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.1.4.4 | Confirm readiness for Cert besting | N/A | N/A | | L. Crutchleo J. Ferlita G. Branstetter | J. Bennes D. Inrino L. Vossler | 9/1/2018 | 12/31/2018 | On Track | os. | x | + | × × | x | | + | × | ++ | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.1.4.5 | Confirm readiness for Parallel Testing | | | | L. Crutchleo J. Ferlita G. Branstetter | J. Bennes D. Ingino L. Vossler | 3/1/2018 | 12/31/2018 | On Track | os. | | + | × 1 | | | - | × | - | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.1.5 | Implement COS Accumulators | N/A | N/A | | L Crutchleo J. Ferlita G. Branstetter | J. Bennes D. Ingino L. Vossler | 8/18/2018 | 12/31/2019 | On Track | ox' | | | | Ш, | Ш | | | | Ш | | |
| Claims, CIOS, Extracts, & Accumula | 10 | | ODS Operational Readiness | | N/A | | L. Crutchleo J. Ferlita | J. Bennes D. Ingino | 10/1/2018 | 12/31/2018 | | | | | | Ш | | | | Ш | | | |
| | | | | N/A | N/A | | G. Branstetter L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | | | On Track | 0% | | | | | × | | × | | ` | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.1.5.2 | Medical Integration Interface Validation | 9.15.0 | Y | ingenioRx signs off that all functionality is implemented | G. Branstetter L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 12/1/2018 | 12/31/2018 | On Track | 0% | × | | x x x | × | x x | | × | | | | |
| Claims, COS, Extracts, & Accumula | 10 | | ODS Transition to Production/Lights On | N/A | N/A | | G. Branstetter L. Crutchleo | L Vossler J. Bennes | 12/31/2018 | 12/31/2019 | On Track | 0% | ++ | ++ | | + | + | H | × | | | | |
| Dalms, ODS, Extracts, & Accumula | 10 | | Develop Business Process Documentation Real Time LITES Accumulators Interface Build | N/A | N/A N/A | | G. Branstetter L. Crytchieo | L. Vossler J. Bennes | 1/1/2019 | 12/31/2019 | On Track | 0% 5% | Ш | Ш | | Ш | Ш | Ш | х | | | | |
| Claims, OOS, Extracts, & Accumula Claims, OOS, Extracts, & Accumula | 10 | 10.2.1 | UTICS Current State Mapping | N/A N/A | N/A N/A | | R. Bossman M. Gwodir L. Crutchieo | H. Drake L. Vossler J. Bennes | 10/18/2017 | 12/31/2019 | On Track Fast Due | 90% | x | Ш | X 3 | Ħ* | | Ħ | × | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 102.1.1 | Finalize Use Cases | N/A | N/A | | J. Ferlita M. Gwoadz L. Crutchleo | D. Ingino L. Vossler J. Bennes | 10/18/2017 | 12/15/2017 | Fast Due | 90% | х | †† | | Ħ | Ħ | Ħ | ж | Ħ | 1 | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.2.2 | Complete LITES Future State Design and Planning | N/A | N/A | | M. Gwords L. Crutchleo | D. Ineino L. Vossler 1. Bennes | 11/1/2017 | 3/2/2018 | On Track | 0% | х | †† | х х | × | | Ħ | ж | Ħ | 1 | | |
| Daims, 005, Extracts, & Accumula | 20 | 102.2.1 | Define and document business requirements | N/A | N/A | | J. Ferita M. Gwoodr L. Crutchleo J. Ferita | D. Inrico L Vossler J. Bennes | 11/1/2017 | 3/2/2018 | On Track | 25% | х | H | | Ħ | †† | H | ж | Ħ | + | | |
| Dalms, COS, Extracts, & Accumula | 10 | 10222 | Define and document technical requirements | N/A | N/A | | J. Ferlita M. Gwoadz L. Crutchleo | D. Ingino L. Vossler J. Bennes | 12/1/2017 | 3/2/2018 | On Track | 0% | + | ++ | × | × | | H | ж | + | + | | |
| Claims, COS, Extracts, & Accumula | 10 | 10223 | Define and document testing requirements | N/A | N/A | | J. Ferlita M. Gwords L. Crutchleo | D. Ingino L. Vossler J. Bennes | 12/1/2017 | 3/2/2018 | On Track | 0% | + | +++ | × | × | | H | × | + | + | | |
| Dalms, ODS, Extracts, & Accumula | 10 | 102.24 | Complete interface review with IAS team | N/A | N/A | | J. Ferlita M. Gwoodz | D. Ingino L. Vossler | 12/1/2017 | 3/2/2018 | On Track | 0% | + | ++ | × | × | | H | × | + | + | | |
| Daims, CIOS, Extracts, & Accumula | 10 | 102.2.5 | Finalize, Review, and Approve Design | N/A | N/A | | L Crutchleo J. Ferlita M. Gwordz | J. Bennes D. Ingino L. Vossler | 3/1/2018 | 4/20/2018 | On Track | on. | × | +++ | х з | × | E | 1 | × | | | | |
| Dalms, ODS, Extracts, & Accumula | 10 | | Establish Commit Dates for remaining activities | N/A | N/A | | L Crutchleo J. Ferlita M. Gwoods | J. Bennes D. Ingino L. Vossler | 3/15/2018 | 4/20/2018 | On Track | 0% | | \Box | × * | Н. | | Н | | 11 | Н | | |
| Daims, ODS, Extracts, & Accumula | 10 | | Complete LITES Accumulator Build-Development | N/A | N/A | | L. Crutchleo J. Ferlita M. Gwoods | L Vossler J. Bennes D. Ingino L Vossler | 2/1/2018 | 12/31/2018 | On Track | os. | | Ш | 1. | Щ | Ш | Ш | Ш | Ш | Ш | | |
| | | | | N/A | N/A | 7 | L. Crutchleo J. Ferlita | J. Bennes D. Ingino | | | | | * | Ш | | 11 | Ш | Ш | × | | Ш | | |
| Jaims, COS, Extracts, & Accumula | 10 | 10231 | Phase 1: Critical Path (Real time functionality - ping, adjudicate, post) Build Complete | | | | M. Gwoods L. Crutchleo J. Ferlita | L. Vossler J. Bennes D. Ingino | 2/1/2018 | 6/8/2018 | On Track | 0% | × | | | × | | | × | | | | |
| Dalms, CIDS, Extracts, & Accumula | 10 | 102.3.2 | Phase 1: Critical Path (Real time functionality - ping, adjudicate, post) Functionality Target Release | | | | M. Gwoadz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 2/1/2018 | 8/18/2018 | On Track | 0% | × | | | × | 1 | Ш | × | | 11 | | |
| Dalms, COS, Extracts, & Accumula | 10 | 102.3.3 | Phase 2: Additional Functionality Target Release | | | | M. Gwords L. Crutchleo | L Vossler J. Bennes | 2/1/2018 | 11/30/2018 | On Track | on. | × | | | × | E. | | × | | | | |
| | | | | | | | J. Ferlita | D. Innino | 1 | | | | \perp | | | Ш | | $\perp \perp$ | Ш | | $\perp \perp$ | | |

| Project Speedway | y: Project | Plan Dr. | CLAIM CLAIM | NS WORK | STREAM | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------|---|---|------------------------------------|---|---|--|------------|------------------------|----------------------|---------------------|--------------------------------|-----------|--|---|---|--|--|---------------------------------------|----------|----------------------------------|-----------------------------------|----------|--|
| | | | | | | | | | | | | | | | | | sendencies M | | | | | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (IngenicRs) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | Agle Development Benefts | DO XIL B. | Agalkalons Estransion istorical to adi | ul Kope Test Hierarchy& Clability urran Repuro | Elent & Sourcing Infrastructure, And Recture & Operational Readmess | Mutho ris ation Release Management 8 | Reporting Stakeholder Management | Commercial Financial Transition | Medicare | Moreber Servio Sales/Marketin | THE W / Ag Dependency Description | Comments | |
| Jaims, CIOS, Extracts, & Accumula | 10 | 10.2.4 | Complete LITES Accumulator Testing | N/A | N/A | | M. Gwordz L. Crutchleo J. Ferlita | L. Vossler J. Bennes D. Ingino | 6/10/2018 | 12/31/2018 | On Track | 0% | × | Ť | TÌ | ×× | × | | | ж | × | | | | |
| aims, 005, Extracts, & Accumula | 10 | 10.24.1 | Complete LITES system testing | | | | M. Gwoadz L. Crutchleo J. Ferlita | L. Vossler J. Bennes D. Ingino | 6/10/2018 | 12/31/2018 | On Track | 0% | х | | | х | ж | | | x | х | | | | |
| aims, 005, Extracts, & Accumula | 10 | 10.2.4.2 | Complete LITES functional testing | N/A | N/A | | M. Gwords L. Crutchieo J. Ferlita | L. Vossler J. Bennes D. Ingino | 6/10/2018 | 12/31/2018 | On Track | 0% | х | | | х | х | | | × | 1 | | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.2.4.3 | Confirm readiness for Model Office testing | N/A | N/A | | M. Gwordr L. Crutchieo J. Ferlita | L Vossler J. Bennes D. Ingino | 9/1/2018 | 12/31/2018 | On Track | 0% | × | | | x x | × | | | × | × | | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.2.4.4 | Confirm readiness for Cert testing | N/A | N/A | | M. Gwords L. Crutchieo J. Ferlita | L Vossler J. Bennes D. Innino | 9/1/2018 | 12/31/2018 | On Track | 0% | × | | | x x | × | | | × | | | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.2.4.5 | Confirm readiness for Parallel Testing | | | | M. Gwords L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 9/1/2018 | 12/31/2018 | On Track | 0% | × | | | ×× | À | | | × | * | | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.2.5 | Implement LITES Accumulator | N/A | N/A | | M. Gwordz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 8/18/2018 | 12/31/2019 | On Track | 0% | | | | И | × | × | 1 | × | × | | | | |
| ms, CDS, Extracts, & Accumula | 10 | 10.2.5.1 | UTIS Operational Readiness | N/A | N/A | | M. Gwordz L. Crutchleo J. Ferlita | J. Bennes D. Insino | 10/1/2018 | 12/31/2018 | On Track | 0% | | | | Л | x x | | | × | 1 | | | | |
| ms, COS, Extracts, & Accumula | 10 | | Medical Integration Interface Validation | 9.15.0 | Y | ingenials signs off that all functionality is implemented | M. Gwoadz L. Crutchleo J. Ferlita | L. Vossler J. Bennes D. Ingino | 12/1/2018 | 12/21/2018 | On Track | 0% | x | | * | x x | ×× | | | × | * | | | | |
| ms, CDS, Extracts, & Accumula | 30 | | UTES Transition to Production/Lights On | N/A | N/A | | M. Gwordz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 12/31/2018 | 12/31/2019 | On Track | 0% | | | | | | | | × | × | | | | |
| ims, COS, Extracts, & Accumula | 10 | | Develop Business Process Documentation | N/A | N/A | | M. Gwoadz L. Crutchleo J. Ferlita | J. Bennes D. Ingino | 1/1/2019 | 12/31/2019 | On Track | 0% | | | | | | | | x | * | | | | |
| éms, ODS, Extracts, & Accumula éms, ODS, Extracts, & Accumula | 10 | 10.3.0 | Near Real Time and Batch Accumulator Interface Build Near Real Time WGS & Batch Current State Mapping | N/A N/A | N/A N/A | | R. Bossman G. Branstetter M. Gwoodz L. Crutchleo | H. Drake L. Vossler J. Bennes D. Ingino | 1/1/2018 | 12/31/2019 3/1/2018 | On Track On Track | 0% 0% | × | | 1 | X X | × | | Ħ | x | x x | | | | |
| ms, ODS, Extracts, & Accumula | 10 | | Complete Near Real Time WGS & Batch Future State Design and Planning CVS Middle Tier Discovery Milestone (10.3.7.2) | N/A | N/A | | J. Ferlita G. Branstetter M. Gwoods L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 1/1/2018 | 4/30/2018 | On Track | ox | × | | × | ×× | × | | | х | х х | | | | |
| ms, CDS, Extracts, & Accumula | 10 | | IngenioRx Medical Integration Milestone (10.1.7.12) Define and document business requirements | N/A | N/A | | G. Branstetter M. Gwoadz L. Crutchleo | L Vossler J. Bennes D. Ingino | 1/1/2018 | 4/30/2018 | On Track | ON | × | | | x x | × | | | х | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | 10.3.2.2 | Define and document technical requirements | N/A | N/A | | G. Branstetter M. Gwoadz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 1/1/2018 | 4/30/2018 | On Track | ON | * | 4 | * | х | × | | | х | х х | | | | |
| ms, COS, Extracts, & Accumula | 10 | 10323 | Define and document testing requirements | N/A | N/A | | G. Branstetter M. Gwoods L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 1/1/2018 | 4/30/2018 | On Track | ON | × | | × | х х | × | | | х | х | | | | |
| ms, CDS, Extracts, & Accumula | 10 | | Complete interface review with IAS team | N/A | N/A | | G. Branstetter M. Gwoodz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 1/1/2018 | 4/30/2018 | On Track | ox | х | | × | x x | × | | | × | х х | | | | |
| rrs, ODS, Extracts, & Accumula | 10 | | Establish Commit Dates for remaining activities | N/A | N/A | | G. Branstetter M. Gwoodz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 4/15/2018 | 4/30/2018 | On Track | os. | х | | × | x x | ж | | | × | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | 10.3.3 | Complete Near Real Time WGS & Batch Accumulator Build/Development Disting Middle Tier MI Build (10.3.7.32) | N/A | N/A | | G. Branstetter M. Gwoodr L. Crutchleo | L Vossler J. Bennes D. Ingino | 4/1/2018 | 11/30/2018 | On Track | 0% | ж | | х | x x | × | | | ж | х х | | | | |
| ims, ODS, Extracts, & Accumula | 10 | 10.3.4 | InsertioRx Wellcoint MI Only Build (10 3.7 364 Complete Near Real Time WGS & Batch Accumulator Testing | N/A | N/A | | J. Ferlita G. Branstetter M. Gwoodz L. Crutchleo | L Vossler J. Bennes D. Ingino | 8/1/2018 | 12/31/2018 | On Track | ON. | × | | × | x x | × | | | × | х х | | | | |
| ims, ODS, Extracts, & Accumula | 10 | 10.34.1 | Complete Near Real Time WGS & Satch Accum system testing | | | | J. Ferlits G. Branstetter M. Gwoods L. Crutchleo | L Vossber J. Benner D. Ingino | 8/1/2018 | 12/31/2018 | On Track | 0% | * | | * | х х | ж | | \parallel | × | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | 10.3.4.2 | Complete Near Real Time WGS & Batch Accum functional testing | N/A | N/A | | J. Fertita G. Branstetter M. Gwoods L. Crutc'Neo J. Fertita | L Vossler J. Bennes D. Ingino | 8/1/2018 | 12/31/2018 | On Track | on | × | | × | ×× | × | | | ж | x x | | | | |
| ms, CDS, Extracts, & Accumula | 10 | | Confirm readiness for Model Office testing | N/A | N/A | | G. Branstetter M. Gwords L. Crutchleo | L Vossler J. Bennes D. Ingino | 8/1/2018 | 12/31/2018 | On Track | 0% | × | | × | x x | x | | | × | х х | | | | |
| ms, CDS, Extracts, & Accumula | 10 | | Confirm readiness for Cert testing | N/A | N/A | | J. Feel to G. Scanstetter M. Gwoodr L. Crutchleo J. Feelito | I. Wossler J. Bennes D. Ingino | 8/1/2018 | 12/31/2018 | On Track | ON. | × | | × | x x | × | | | × | х х | | | | |
| ms, COS, Extracts, & Accumula | 10 | | Implement Near Real Time WGS & Batch Accumulator Implementation Existing Middle Time MI Deploy (10.3.7.45) IngenioRs Wellpoint MI Dely Deploy (10.3.7.53) | N/A | N/A | | G. Stranstetter M. Gwoods L. Crutchleo J. Ferlita | L. Vossler J. Bennes D. Ingino | 8/1/2018 | 12/31/2019 | On Track | 0% | × | П | × | х | х | × | П | ж | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | | Near Real Time WGS & Batch Operational Readiness | N/A | N/A | | G. Branstetter M. Gwoodz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 8/1/2018 | 12/31/2018 | On Track | ON. | × | | × | ×× | x x | | | ж | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | | Medical Integration Interface Validation | 9.15.0 | Y \ | ingenioRx signs off that all functionality is implemented | G. Branstetter M. Gwoodz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 12/1/2018 | 12/31/2018 | On Track | on. | x x | | × | x x | x | | | ж | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | | Near Real Time WGS & Batch Transition to Production/Lights On | N/A | N/A | | G. Branstetter M. Gwoodz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 12/31/2018 | 12/31/2019 | On Track | 0% | | | | | Ш | Ш | | × | x x | | | | |
| ims, 005, Extracts, & Accumula | 10 | | Develop Business Process Documentation | N/A | N/A | | G. Branstetter M. Gwoadz L. Crutchleo J. Ferlita | L Vossler J. Bennes D. Ingino | 1/1/2019 | 12/31/2019 | On Track | 0% | | | | | | | | ж | х х | | | | |
| sims, COS, Extracts, & Accumula | 10 | 10.3.6 | Load Priming Balances Existing Middle Tier MI Priming Balance Load (10.3.7.48) IngenioRx Wellpoint MI Only Priming Balance Load (10.3.7.61) | | | | G. Branstetter M. Gwoadz L. Crutchleo | L Vossler J. Bennes D. Ingino | 12/1/2019 | 1/31/2020 | On Track | os. | × | | × | х | × | | | х | х | | | | |

| roject Speedwa st Updated: | y: Project | Plan Dr. | CLAIF Confidential | us works | STREAM | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|------------------|---|---|------------------------------------|---------------------|---|----------------------------|--------------------------|-------------------------|----------------------|---------------------|-----------------------------------|--------------------------------------|--|---|---|--|---|-------------------------|------------|------------------------------------|------------------------|--|
| | | | | | | | | | | | | | | - | Cross-Wo | rikstream Dep | endencies es | | | Cross- | ivent Depe | | | |
| Event / Workstream | Event / Workstream ID | Millestone ID | Mintens/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (Ingeniosks) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | Agile Develo prrent Berefts | Derate & Perate & Maple of top | Aggical ox SiTransison & socioli to adhi | il Kope Teshi Hierardıy & Cigibility man Resources | dent & Sourch infrastructure, Architecture & Operational Readmess | Prior Lutho ris ations, Release Assuscement & | Stakeholder Management Commercial | Financial Transition | Medicald | Sales/Marketing Specialty/ Mail | Dependency Description | Comments |
| s, OOS, Extracts, & Accumul | 10 | | Interface Inventory Review and Assignment | 2.12.0 | | Jointly signed off | R. Bossman | H. Drake | 10/18/2017 | 12/31/2019 | On Track | 10% | х | x | x x | | × | х | x s | х | х | x x | | |
| , OOS, Extracts, & Accumula | 30 | 10.4.1 | Define Current State Interface Inventory | N/A | N/A | | R. Krueger L. Crutchleo | D. Wang | 10/18/2017 | 12/31/2017 | | 100% | х | × | x x | ж | x | ж | х э | х | × | ×× | | , |
| ı, 005, Extracts, & Accumula | 10 | 10.4.1.1 | Interface Inventory Business Validation | N/A | N/A | | R. Krueger L. Crutchleo | D. Wang | 10/18/2017 | 12/31/2017 | Constitute | 100% | × | × | х | × | ж | × | x s | × | × | хх | × | |
| , 005, Extracts, & Accumula | 10 | 10.4.2 | Define Future State Interface Strategy | N/A | N/A | | J. Ferlita R. Krueger L. Crutchleo | D. Wang | 10/18/2017 | 3/1/2018 | On Track | 0% | х | × | х | х | х | × | × 1 | | - | x x | × | |
| ODS, Extracts, & Accumula | 10 | 10.4.2.1 | identify and document parallel testing interface needs | N/A | N/A | | J. Ferlita R. Knueger L. Crutchleo | D. Wang | 10/18/2017 | 3/1/2018 | On Track | 0% | х | х | x x | х | × | × | х э | × | × | | x | |
| ODS, Extracts, & Accumula | 30 | 10.4.3 | Establish additional IT projects for additional interfaces. | N/A | N/A | | J. Ferlita R. Krunger L. Crutchleo | D. Wang | 1/1/2018 | 3/31/2018 | On Track | os. | х | х | хх | х | x | * | х э | × | · x | x x | x | |
| , 005, Extracts, & Accumula | 10 | 10.4.4 | Develop and administer processs to salidate proper incorporation and usage of workstream specific interfaces | N/A | N/A | | J. Ferlita R. Krunger L. Crutchieo | D. Wang | 1/1/2018 | 3/1/2018 | On Track | 0% | х | × | х | x | × | × | × . | × | * | ×× | × | |
| ı, 005, Extracts, & Accumula | 10 | | Schedule quarterly follow up meeting with interface owners to validate interface inventory items | N/A | N/A | | J. Ferlita R. Krueger L. Crutchleo | D. Wang | 3/1/2018 | 1/31/2020 | On Track | 0% | х | х | x x | × | x | ж | x , | × | 1 | k × | × | |
| ı, OOS, Extracts, & Accumula | 30 | 10.4.4.2 | Transition all interfaces to production - business as usual process | N/A | N/A | | J. Ferlita R. Krunger L. Crutchieo | D. Wang | 1/31/2020 | 1/31/2020 | On Track | on. | х | х | x x | x | x | х | х э | | y x | x x | × | |
| i, 005, Extracts, & Accumula | 10 | 10.4.4.3 | Ensure Policy / Procedure, Business Process, Outage reporting, Issue reporting processes are documented for each interface | N/A | N/A | | J. Ferlita R. Knueger L. Crutchleo | D. Wang | 12/1/2019 | 1/31/2020 | On Track | 0% | х | | x x | х | × | x | х э | × | х х | x x | x | |
| s, OOS, Extracts, & Accumul | 10 | | Accumulator Data History (Inc Pharmacy Only Accums) Finalize Strategy for Obtaining and Loading Accumulator History | | N/A | | J. Ferlita R. Bossman | H. Orake | 10/18/2017 10/18/2017 | 12/31/2019 2/28/2018 | On Track | | | 4 | | + | _ \ | | | Н | с х | \blacksquare | | |
| s, 005, Extracts, & Accumula | 10 | | | N/A | N/A | | R. Knueger M. Gwoods G. Branstetter L. Crutchleo J. Ferlita | T. Young D. Saton | 10/18/2017 | 2/28/2018 | On Track | os. | | | V | | | | 11, | | к ж | | | |
| n, COS, Extracts, & Accumula | 10 | 10.5.2 | Review and Approve Accumulator History Mapping | N/A | N/A | | R. Knueger M. Gwoadz G. Branstetter L. Crutchleo | T. Young D. Eaton | 10/18/2017 | 2/28/2018 | | | 7 | | i | | Ы | | , | | к ж | | | |
| reition & Historical Loading | 13 | 13.8.1 | Gather history data needed for Certification Testing (includes, claims, accumulator, and PA data) | N/A | N/A | | J. Ferlita C. Reich | D. Ingino | 4/15/2018 | 6/15/2018 | Not Started | - ox | | | Ш | | ш | d | ш | Ш | Ħ | Ш | | |
| ration & Historical Loading | 13 | 13.8.2 | Load ESI history data for certification testing (includes claims, accumulator, and PA data) | N/A | N/A | | C. Reich | D. Eaton | 6/15/2018 | 7/27/2018 | Nuclearing | ON. | Ш | | П | П | Ш | П | | П | П | П | | |
| reition & Historical Loading | 14 | 143.4 | Document Error Handling Process for loading historical testing data (for all rounds of testing and final load into production) | N/A | N/A | | C. Reich | D. Eaton | 4/15/2018 | 5/15/2018 | Republicanie | ~ | | | | | | | | Ш | Ш | | | |
| nsition & Historical Loading | 13 | 13.8.7 | Load historical data delta files for production environment (including claim dallies, PA data, and accumulator data) | N/A | N/A | | C. Reich | D. Eaton | 7/1/2019 | 1/3/2020 | Not scared | 78. | | 4 | | | | | | П | П | П | | |
| reition & Historical Loading | 13 | 13.8.8 | Build and execute T-10 Day Historical Load Plan to complete final history loads in production prior to cutower Datermina T-10 Day Plan for final CS History Loads into Production | N/A | N/A N/A | | C. Reich | D. Eaton D. Eaton | 10/15/2019 | 1/1/2020 | N'16 Started | OX. | | / | | | | | | Ш | Ш | Ш | | |
| ansition & Historical Loading | 13 | 118.82 | Complete T-50 Day Plan Data Loads to prepare for migration cutover | N/A | N/A | | C. Reich | D. Eaton | 11/15/2019 | 1/1/2020 | Not Started | 0% | | + | + | + | | - | + | Н | + | + | | |
| s. OOS, Extracts. & Accumula s. OOS, Extracts. & Accumula | 30 10 | 10.6.0 10.6.1 | Daily Claims Rile to Warehouses & QOS Daily Claims Design & Planning | N/A N/A | N/A N/A | | R. Bossman J. Wezser | H. Drake S. Bell | 10/18/2017 11/1/2017 | 12/31/2019 3/31/2018 | On Track On Track | 9% 9% | | Ħ | Ħ | x x x x | | # | x 3 | * | x x | Ħ | | |
| , 005, Extracts, & Accumula | 10 | 10.6.1.1 | Hold Design session – walk through daily claims vs billing file | N/A | N/A | | L Crutchieo J. Ferlita J. Wezwer | S. Jayasekharan S. Bell | 11/1/2017 | 3/31/2018 | On Track | 0% | | + | + | x x | | | х э | × | с х | + | | |
| ı, ODS, Extracts, & Accumula | 10 | 10.6.1.2 | Align on final pass thru data formats | N/A | N/A | | J. Ferlita J. Weaver | S. Jayasikharan S. Bell | 11/1/2017 | 3/31/2018 | On Track | 0% | | + | | x x | | н | х э | × | с х | | | |
| s, COS, Extracts, & Accumula | 10 | 10613 | Map current layout to future stare data layout and resolve issues | N/A | N/A | | L Crutchleo J. Ferlita J. Wezwer | S. Jayasekharan S. Bell | 11/1/2017 | 3/31/2018 | On Track | on. | | # | | x x | | | x > | | C 3 | | | |
| . 005. Extracts. & Accumula | 10 | 100.00 | Client Approves Custom CET Layout (10.6.10.19) | | | | L Crutchies J. Feckta J. Wezwer | S. Jayasekharan S. Bell | 11/1/2017 | 3/91/2018 | On Track | on. | | | \perp | | Ш | | | Ш | | Ш | | |
| | | | Client Approves Custom Layout (10.6-10.20) | | | | L Crutchleo J. Ferita | S. Jayasekharan | | | | | | | | 1 | | | | 1 | | | | |
| i, ODS, Extracts, & Accumula | 30 | | Determine Business Requirements | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | 0% | | | | x x | | | × > | ж | c x | | | |
| , 005, Extracts, & Accumula | 30 | 10.6.1.6 | Determine Technical Requirements | N/A | N/A | | J. Weaver L. Crutchieo | S. Bell S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | on. | | | | ×× | | | x s | × | х х | | | |
| i, CIOS, Extracts, & Accumula | 10 | 10.6.1.7 | Determine Testing Requirements | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | 0% | | | | x x | | | х э | ж | х | | | |
| i, 005, Extracts, & Accumula | 10 | 10.6.1.8 | Complete interface review with IAS team | N/A | N/A | | J. Weaver L Crutchieo | S. Bell S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | on. | | | | x x | | | х э | х | х | | | |
| i, 005, Extracts, & Accumula | 10 | 10.6.1.9 | Establish Commit Dates for remaining activities | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Well S. Jayasekharan | 3/15/2018 | 3/31/2018 | On Track | on. | | | | x x | | | х э | х | х | | | |
| i, 005, Extracts, & Accumula | 10 | 10.6.2 | Daily Claims File Build & Development Custom Layout Build Complete (10.6.10.28) | N/A | N/A | | J. Weaver L. Crutchieo J. Ferlita | S. Bell S. Jayasekharan | 4/1/2018 | 12/31/2018 | On Track | on. | | | | x x | | | х э | х | х | | | |
| , 005, Extracts, & Accumula | 10 | 10.6.3 | Daily Claims File Testing Custom Layout Tested (10.6.10.29) | N/A | N/A | | J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | 0% | | | | x x | | | х э | ж | к ж | | | |
| , 005, Extracts, & Accumula | 30 | 10.63.1 | Complete Daily Claims File system testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | 0% | Ш | П | Ħ | x x | Ħ | Ħ | х э | х | к | Ħ | | |
| , 005, Extracts, & Accumula | 10 | 10.6.3.2 | Complete Daily Claims File functional testing | N/A | N/A | | J. Ferlita J. Wezuer L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | 0% | Ш | П | Ħ | x x | Ш | Ħ | х э | х | к | Ħ | | |
| ı, 005, Extracts, & Accumula | 10 | 10.6.3.3 | Confirm readiness for Model Office testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | 0% | Ш | П | Ħ | x x | Ш | Ħ | х э | × | к | Ħ | | |
| i, 005, Extracts, & Accumula | 30 | 10.6.3.4 | Confirm readiness for Cert testing | N/A | N/A | 7 | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | os. | H | Ħ | Ħ | х | H | Ħ | х э | ж | х | $\dagger \dagger$ | | |
| s, 005, Extracts, & Accumula | 10 | 10.6.4 | Daily Claims File Implementation Connectivity Setup Complete (10.6.10.37, 10.6.10.38) | N/A | N/A | | J. Ferlita J. Wezwer L. Crutchieo | S. Bell S. Jayasekharan | 10/1/2018 | 12/31/2019 | On Track | on. | H | + | + | х | †† | $^{+}$ | х э | х | к | + | | |
| s, ODS, Extracts, & Accumula | 10 | 10.6.5 | CET File Setup Complete (10.6.10.45, 10.6.10.46) Develop Business Process Documentation | N/A | N/A | - | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 1/1/2019 | 12/31/2019 | On Track | on. | Н | + | + | хх | H | Н | х э | × | х х | + | | |
| , OOS, Extracts, & Accumul | 10 | 10.7.0 | Billing Claims File to Finance , Warehouses | N/A | N/A | | J. Ferita P. Bourman | N Oraka | 11/1/2017 | 12/21/2010 | On Track | 0% | ш | \perp | \perp | | | \perp | | H | | + | | |

| roject Speedway: | 7: Project | Plan Dra | CLAIR CLAIR | MS WORK | STREAM | | | | | | | | | | roce Workstream | | | | | | | | | |
|--|--------------------------|----------|---|--------------------------------------|-----------------|---------------------|--|---------------------------------------|-------------------------|-------------------------|----------------------|---------------------|-----------------|----------------------------|------------------------------------|---------------------------------|--------------------------|--------|-------|-----------|---------|-----------------------------|----------|--|
| Event / Workstream | Event / Workstream ID | | Milattone/Activity | Contractual Migration Schedule | Financial | Acceptance Criteria | Owner | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | | | | | | | | | | | | |
| ens, COS, Extracts, & Accumula | Workstream ID | | Milestone/Activity Billing Claims File Design & Planning | Schedule Mapping | Attached N/A | Acceptance Criteria | (IngenicRx) | (CVS) 5. Self | Start Date 11/1/2017 | 2/31/2018 | Status On Track | Complete 2 | e of the second | Complian & Regu Digi | Historical Full Ecope Hieran | Elent & Infrastr Architec | Read Authoria Relo | Repo | Comme | Meds Meds | Member: | TW J Dependency Description | Comments | |
| ns, COS, Extracts, & Accumula | 10 | | Hold Design session – walk through daily claims us billing file | N/A | N/A | | L Crutchleo J. Ferlits J. Weaver | S. Jayasekharan S. Bell | 11/1/2017 | 3/31/2018 | On Track | 0% | | | x x | | | x | x x | x x | | | | |
| ms, COS, Extracts, & Accumula | 10 | | Align on final pass thru data formats | N/A | N/A | | L Crutchleo J. Ferlita J. Weguer | S. Jayasekharan | 11/1/2017 | 3/31/2018 | On Track | os. | | ш | * * | | | × | 4 | | Н | | | |
| ims, CDS, Extracts, & Accumula | 10 | | Map current layout to future stane data layout and resolve issues | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan S. Bell | 11/1/2017 | 3/31/2018 | On Track | os. | | Ш | | Ш | | Ш | | | | | | |
| ims, CDS, Extracts, & Accumula | 10 | | | | | | J. Weaver L. Crutchleo J. Ferlita | S. Jayasekharan | 11/1/2017 | 101004 | On Track | 0% | 44 | Ш | | Ш | | | | Ι. | | | | |
| ims, CDS, Extracts, & Accumula | 10 | | Client Approves Custom CET Layout (10.6-10.19) Client Approves Custom Layout (10.6-10.20) Determine Susiness Requirements | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan | 2/1/2018 | 2/31/2028 | On Track | | | Ш | 1. | | 1 | Ĥ | 1 | W. | | | | |
| | | | | | | | J. Weaver L. Crutchleo J. Ferlita J. Weaver | S. Bell S. Jayasekharan S. Bell | | 3/31/2018 | | UN | | | × × | | | Ľ, | x x | , , | Ш | | | |
| ims, COS, Extracts, & Accumula | 10 | | Determine Technical Requirements | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Jayanekharan | 2/1/2018 | 3/31/2018 | On Track | ON. | | | * * | | Ш | * | × , | × × | | | | |
| ims, ODS, Extracts, & Accumula | 10 | | Determine Testing Requirements | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | 0% | | | × | | | × | ××× | × | | | | |
| ims, COS, Extracts, & Accumula | 10 | | Complete interface review with IAS team | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | ON. | | | × | | | × | x x | × × | Ш | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.7.1.9 | Establish Commit Dates for remaining activities | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | S. Bell S. Jayasekharan | 3/15/2018 | 3/31/2018 | On Track | 0% | | | × × | | V | × | х | х | | | | |
| alms, CIOS, Extracts, & Accumula | 10 | 10.7.2 | Billing Claims File Build & Development Custom Layout Build Complete (10.6.10.28) | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlits | S. Bell S. Jayasekharan | 4/1/2018 | 12/31/2018 | On Track | 0% | | | x x | | | × | x x | х х | П | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.7.3 | Billing Claims File Testing Custom Layout Tested (10.6.10.29) | N/A | N/A | | J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | ON. | | Ш | ×× | Ш | T | х | х | х | Ħ | | | |
| ims, COS, Extracts, & Accumula | 10 | 107.3.1 | Complete Billing file System testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | 0% | | | ×× | | Ħ | х | x x | х | Ħ | | 1 | |
| ms, COS, Extracts, & Accumula | 10 | 10.7.3.2 | Complete Billing File functional testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | ON | 1 | Ħ | x x | | † | х | х х | х х | Ħ | | | |
| ims, COS, Extracts, & Accumula | 10 | 107.3.3 | Confirm readiness for Model Office testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/31/2018 | On Track | 0% | | М | x x | H | + | × | x x | × × | Ħ | | | |
| ms, COS, Extracts, & Accumula | 10 | 10.7.3.4 | Confirm readiness for Cert testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 9/1/2018 | 12/81/2018 | On Track | ON | + | H | ×× | | + | х | х х | х х | Ħ | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.7.4 | Billing Claims File Implementation Connectivity Setup Complete (10.6.10.37, 10.6.10.38) | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayasekharan | 10/1/2018 | 12/31/2019 | On Track | ØK. | | Н | × × | $^{\rm H}$ | + | × | x x | × × | + | | | |
| ims, COS, Extracts, & Accumula | 10 | | CET File Setup Complete (10.6.10.45, 10.6.10.46) Develop Business Process Documentation | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | S. Bell S. Jayanekharan | 1/1/2019 | 12/31/2019 | On Track | ox. | | P' | x x | H | + | × | х х | х х | $^{+}$ | | | |
| áma, OOS, Extracts, & Accumula ima, OOS, Extracts, & Accumula | 10 | 10.8.0 | Daily Major Medical Claims File Interface Daily Major Medical Claims File Design & Planning | N/A N/A | N/A N/A | | J. Ferlita R. Bossman | H. Orake S. Jayasekharan | 10/18/2017 | 12/31/2019 3/31/2018 | On Track On Track | on on | 1 | H | × × | H | + | H | x | H | Ħ | | | |
| | | | | | | | D. Amatruda L. Crutchleo J. Ferlita D. Amatruda | S. Jayasekharan S. Jayasekharan | | | | | × | Ш | * | Ш | Ш | Ш | * | Ш | Ш | | | |
| alms, COS, Extracts, & Accumula | 10 | | Hold Design session | N/A | N/A | | L Crutchieo | | 11/1/2017 | 3/31/2018 | On Track | os. | × | | * | | Ш | Ш | × | Ш | Ш | | | |
| ims, CDS, Extracts, & Accumula | 10 | 10.8.1.2 | Determine Business Requirements | N/A | N/A | | J. Ferlita D. Amatruda L. Crutchleo J. Ferlita | S. Jayasekharan | 2/1/2018 | 3/31/2018 | OnTrack | 0% | х | Ш | × | $\coprod \mathbb{I}$ | | Ш | × | Ш | Ш | | | |
| sims, CDS, Extracts, & Accumula | 10 | | Determine Technical Requirements | N/A | N/A | | D. Amatruda L. Crutchleo J. Ferdita | S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | ON. | × | Ш | × | ШΤ | Ш | Ш | × | Ш | Ш | | | |
| sims, COS, Extracts, & Accumula | 10 | | Determine Testing Requirements | N/A | N/A | | D. Amatruda L. Crutchleo J. Ferlita | S Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | 0% | ж | | ×× | | П | | ж | | П | | | |
| alms, CIOS, Extracts, & Accumula | 10 | 10.8.1.5 | Complete interface review with IAS team | N/A | N/A | | D. Amatruda L. Crytchleo J. Ferlita | S. Jayasekharan | 2/1/2018 | 3/31/2018 | On Track | 0% | | | | ж | | | × | П | П | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.8.1.6 | Establish Commit Dates for remaining activities | N/A | N/A | | D. Amatruda L. Crutchieo J. Ferlita | S. Jayasekharan | 3/15/2018 | 3/31/2018 | On Track | 0% | × | Ш | × | Ш | Ħ | П | х | П | Ħ | | | |
| ims, ODS, Extracts, & Accumula | 10 | 10.8.2 | Daily Major Medical Claims Build & Development | N/A | N/A | | D. Amatruda L. Crutchleo | S. Jayasekharan | 4/1/2018 | 12/31/2018 | On Track | 0% | х | Ħ | * | Ш | Ħ | Ħ | × | Ħ | Ħ | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.8.3 | Daily Major Medical Claims File Testing | N/A | N/A | | J. Ferlita D. Amatruda L. Crutchleo | S. Jayasekharan | 10/1/2018 | 12/31/2018 | On Track | 0% | × | H | x x | H | + | Ħ | × | Ħ | Ħ | | | |
| ims, COS, Extracts, & Accumula | 10 | 10.83.1 | Complete Major Medical Claims system testing | N/A | N/A | | J. Ferlita D. Amatruda L. Crutchleo | S Jayasekharan | 10/1/2018 | 12/31/2018 | On Track | 0% | $\pm \pm$ | Ħ | × | H | + | Ħ | × | Ħ | Ħ | | 1 | |
| ims, COS, Extracts, & Accumula | 10 | 10832 | Complete Major Medical Claims functional testing | N/A | N/A | | J. Ferlita D. Amatruda L. Crutchleo | S. Jayasekharan | 10/1/2018 | 12/31/2018 | On Track | 0% | + | H | × | $^{\rm H}$ | + | + | × | $^{++}$ | + | | | |
| ims, COS, Extracts, & Accumula | 10 | 10833 | Confirm readiness for Model Office testing | N/A | N/A | | J. Ferlita D. Amatruda L. Crutchleo | S. Jayasekharan | 10/1/2018 | 12/31/2018 | On Track | 0% | + | H | × | H | + | $^{+}$ | ж | H | + | | | |
| ims, COS, Extracts, & Accumula | 10 | 10834 | Confirm readiness for Cert testing | N/A | N/A | | J. Ferlita D. Amatruda L. Crutchleo | S. Jayasekharan | 10/1/2018 | 12/31/2018 | On Track | 0% | + | ++ | × | ${\mathbb H}$ | + | + | × | + | + | | 1 | |
| ims, ODS, Extracts, & Accumula | 10 | 10.8.4 | Daily Major Medical Claims File Implementation | N/A | N/A | | J. Ferlita D. Amatruda | S. Jayasekharan | 1/1/2019 | 12/31/2019 | On Track | 0% | + | ++ | + | Н | 1 | + | × | + | + | | 1 | |
| ims, CIOS, Extracts, & Accumula | 10 | | Develop Business Process Documentation | N/A | N/A | | L Crutchleo J. Ferlita D. Amatruda | S. Jayasekharan | 1/1/2019 | 12/31/2019 | On Track | on. | x | Ш | | Н | + | ++ | × | ++ | + | | | |
| ims. OOS. Extracts. & Accumula | | | | N/A | N/A | | L Crutchleo J. Ferlita R. Bossman | H. Oraka | 10/18/2017 | 12/31/2019 | On Track | gs. | | Ш | | Ш | | Н | Н | | Ш | | | |
| ims, COS, Extracts, & Accumula | 10 | | Develop inventory of all encounter files – which entities, formats, who is responsible for generating, source of data | N/A | N/A | | R. Bossman R. Bossman L. Crutchleo | H. Orake C. Raminez N. Onik | 10/18/2017 | 1/31/2018 | On Track | 0% | П | | × | | П | | | | П | | | |
| ims, CDS, Extracts, & Accumula | 10 | 10.9.2 | Encounters File Design & Planning | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | C. Raminez N. Onik | 4/1/2018 | 6/30/2018 | On Track | 0% | | | × | | | | | | П | | | |
| sims, COS, Extracts, & Accumula | 10 | 10.9.2.1 | Hold Design session – walk through state requirements and prioritize | N/A | N/A | | R. Bossman L. Crutchleo | C. Raminoz N. Onik | 4/1/2018 | 6/30/2018 | On Track | 0% | \pm | ш | × | Ш | | Ħ | Ħ | 11. | Ħ | | | |

| Project Speedwa Last Updated: | y: Project | Plan Dr | CLAIM CLAIM | MS WORK | STREAM | | | | | | | | | | | | | | | | | |
|--|--------------------------|----------------|--|---|------------------------------------|---|----------------------------------|------------------------|-------------------------|----------------------------|---------------------|---------------|---|--|--|---|--|---------------------------------------|-----------|-------------------------------------|------------------------|-------------|
| | | | | | | | | | | | | | Cross | | | | | | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Misston/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria Owner (IngenicRe) | Owner (CVS) | Start Date | Due Oste | Status | Percent Complete | Broots Dances | Compliance, legal & Regulator y Dejital Applications, ESITransiston & | storical to adin Il Ecope Testin Hierarchy & Elgibility | man Reo uros lent & Sourch rifres brutture, irch Redure & | Operational Readiness Prior Lathorications, Release | Unicerrent & Reporting Stakeholder | Commercial Financial Transition | Medicare | Sales/Marketing Specially / Mall | Beginnency Description | Comments |
| Claims, CDS, Extracts, & Accumula | 10 | 109.2.2 | Define and document business requirements | N/A | N/A | R. Bossman L. Crutchieo | C. Raminez N. Onik | 4/1/2018 | 6/30/2018 | On Track | 0% | Ī | 3 - | # 2 × | 24 | TÌ | ĺ | | × | Ň | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.9.2.3 | Define and document technical requirements | N/A | N/A | J. Ferlita R. Bossman L. Crutchieo | C. Raminez N. Onik | 4/1/2018 | 6/30/2018 | On Track | 0% | | | × | | | | | × | Ħì | | i |
| Claims, COS, Extracts, & Accumula | 10 | 109.2.4 | Define and document testing requirements | N/A | N/A | J. Ferlita R. Bossman L. Crutchieo | C. Raminez N. Onik | 4/1/2018 | 6/30/2018 | On Track | 0% | | | х | | Ħ | Ħ | | 1 | Ħ | | |
| Claims, COS, Extracts, & Accumula | 20 | 10.9.2.5 | Complete interface review with IAS team | N/A | N/A | J. Ferlita R. Bossman L. Crutchleo | C. Raminez N. Onik | 6/31/2018 | 7/6/2018 | On Track | 0% | T | | × | × | \top | Ħ | | x | | | |
| Claims, COS, Extracts, & Accumula | 20 | 10.9.2.6 | Establish Commit Dates for remaining activities | N/A | N/A | J. Ferlita R. Bossman L. Crutchleo J. Ferlita | C. Raminez N. Onik | 3/15/2018 | 3/31/2018 | On Track | 0% | T | | × | | | | -4 | \forall | | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.9.3 | Encounters File Build & Development | N/A | N/A | R. Bossman L. Crutchieo J. Ferlita | C. Raminez N. Onik | 6/31/2018 | 4/1/2019 | On Track | 0% | | | х | | . 1 | | | × | П | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.9.4 | Encounters File Testing | N/A | N/A | R. Bossman L. Crutchleo | C. Raminez N. Onik | 6/31/2018 | 12/30/2019 | On Track | 0% | | | x x | | | T | | × | | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.9.4.1 | Encounters File Testing - 9PIV | N/A | N/A | J. Ferlita R. Bossman L. Crutchleo J. Ferlita | C. Raminez N. Onik | 4/1/2019 | 7/1/2019 | On Track | | | | x x | | Ħ | П | | * | 7 | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.9.4.2 | Encounters File Testing - Cert Testing | N/A | N/A | R. Bossman L. Crutchieo J. Ferlita | C. Raminez N. Onik | 8/15/2018 | 12/31/2018 | On Track | | | | x x | | | | 1 | х | П | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.9.5 | Encounter State Certification | N/A | N/A | R. Bossman L. Crutchieo J. Ferlita | C. Raminez N. Onik | 10/1/2019 | 1/31/2020 | On Track | | - | | я | | 1 | | | × | П | | |
| Claims, 005, Extracts, & Accumula | 10 | 10.9.6 | Encounters Rie Implementation | N/A | N/A | R. Bossman L. Crutchieo J. Ferlita | C. Ramino N. Onlk | 6/31/2018 | 12/31/2019 | On Track | 0% | | | × | | 1 | × | | х | П | | |
| Claims, COS, Extracts, & Accumula | 10 | | Develop Business Process Documentation | N/A | N/A | R. Bossman L. Crutchieo J. Ferlita | C. Raminez N. Onik | 1/1/2019 | 12/31/2019 | On Track | ox. | | | × | | | | | × | Ш | | |
| Claims, ODS, Extracts, & Accumula Claims, ODS, Extracts, & Accumula | 10 | 10.10.0 | Medicare Part D. & MMP Files (PDE, EOS) Interfaces Develop Medicare Part D. & MMP Files (PDE, EOS) requirements | N/A N/A | N/A N/A | R. Bossman R. Knueger L. Crutchieo | M. Watson | 2/1/2018 2/1/2018 | 6/1/2018 6/1/2018 | On Track On Track | 0% 0% | | | H | Б | Ħ | Ħ | | x | П | | |
| Claims, 005, Extracts, & Accumula | 20 | 10.10.2 | Determine Future State process (data storage and transmission) | N/A | N/A | J. Ferlita R. Knueger L. Crutchleo | M. Watson | 2/1/2018 | 6/1/2018 | On Track | ox | 4 | | х | х | + | $^{+}$ | | x | †† | | |
| Claims, 005, Extracts, & Accumula | 20 | 10.10.3 | Develop Business Process Documentation (along with Government Programs Event) | N/A | N/A | J. Ferlita R. Knueger L. Crutchleo | M. Watson | 1/1/2019 | 12/31/2019 | On Track | ox. | | | Ħ | ж | + | $^{+}$ | | x | †† | | |
| Claims, ODS, Extracts, & Accumula Claims, ODS, Extracts, & Accumula | 10 | 10.11.0 | Rebate Collection File Interfaces Rebate Collection File Design and Planning | N/A N/A | N/A N/A | J. Ferlita R. Bossman J. Wesser | H. Orake J. Dixon | 12/1/2017 12/1/2017 | 12/31/2019 4/30/2018 | On Track On Track | on on | # | | Ħ | | | x | x x | x x x | + | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.11.1.1 | Align with vendor on usage of ingenioRx format | N/A | N/A | L Crutchleo J. Ferlita J. Weaver L Crutchleo | M. Pricano J. Dixon M. Pricano | 12/1/2017 | 4/30/2018 | On Track | ox. | - | | ++- | | + | x | x x | x x | Н | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.11.1.2 | Map data Map, resolve field size issues to develop final format | N/A | N/A | J. Ferlita J. Weaver L. Crutchleo | M. Pricano J. Dixon M. Pricano | 12/1/2017 | 4/30/2018 | On Track | ON. | 4 | | + | | + | × | х х | x x | + | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.11.1.3 | Identify PSM build out | N/A | N/A | J. Ferlita J. Weaver L. Crutchleo | M. Pricano J. Dixon M. Pricano | 12/1/2017 | 4/30/2018 | OnTrack | ox | | | | | | × | x x | x x | + | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.11.1.4 | Identify IngenioRx build out | N/A | N/A | J. Ferita J. Weaver L. Crutchieo | J. Dixon M. Pricano | 12/1/2017 | 4/30/2018 | On Track | ox. | + | | + | | + | × | x x | хх | + | | |
| Claims, OOS, Extracts, & Accumula | 10 | 10.11.1.5 | Establish Commit Dates for remaining activities | N/A | N/A | J. Ferlita J. Weaver L. Crutchieo | J. Doxon M. Fricano | 4/15/2018 | 4/30/2018 | On Track | 0% | ++ | | + | | + | × | x x | x x | + | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.11.2 | Rebate Collection File Development | N/A | N/A | J. Ferita J. Weaver L. Crutchieo | J. Dixon M. Pricano | 5/1/2018 | 3/15/2019 | On Track | 0% | | | | | | × | x x | x x | + | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.11.3 | Rebate Collection File Testing | N/A | N/A | J. Ferlita J. Weaver L. Cristobleo | J. Dixon M. Pricano | 11/1/2011 | 3/15/2019 | On Track | 0% | + | | х | | + | × | x x | хх | + | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.11.3.1 | Complete Rebate Collection file system testing | N/A | N/A | J. Ferits J. Weaver L Crutchies | J. Dixon M. Pricaso | 11/1/2018 | 3/15/2019 | On Track | 0% | + | | × | | + | × | x x | x x | + | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.11.3.2 | Complete Rebate Collection file functional testing | N/A | N/A | J. Ferita J. Weaver L Crutchieo | J. Cixon M. Pricano | 11/1/2018 | 3/15/2019 | On Track | 0% | + | ++ | × | H | + | × | хх | x x | + | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.11.3.3 | Confirm readiness for Model Office testing | N/A | N/A | J. Ferlita J. Weaver L Crutchleo | J. Dixon M. Fricano | 11/1/2018 | 3/15/2019 | On Track | 0% | + | ++ | × | H | + | × | хх | хх | $^{+}$ | | |
| Claims, 005, Extracts, & Accumula | 10 | 10.11.3.4 | Confirm readiness for Cert testing | N/A | N/A | J. Ferita J. Weaver L. Erstchleo | J. Dixon M. Ricano | 11/1/2018 | 3/15/2019 | On Track | 0% | + | H | × | | + | × | хх | x x | †† | | |
| Claims, 005, Extracts, & Accumula | 10 | 10.11.4 | Rebate Collection File Implementation | N/A | N/A | J. Fertita J. Weaver L. Crutchieo | J. Dixon M. Pricano | 1/1/2019 | 12/31/2019 | On Track | 0% | + | H | × | | + | × | хх | x x | †† | | |
| Claims, CDS, Extracts, & Accumula | 30 | 10.11.4.1 | Develop Business Process Documentation | N/A | N/A | J. Ferlita J. Weaver L. Crutchleo | J. Dixon M. Pricano | 1/1/2019 | 12/31/2019 | On Track | 0% | | H | × | H | + | × | x x | x x | †† | | |
| Claims, ODS, Estracts, & Accumul | 10 | 10.12.0 | Claim History Load | 9.5.0 | Y | J. Ferita IngenioRx signs off R. Bossman on load status (validation if/as | H. Orake | 12/1/2017 | 12/31/2019 | On Track | 0% | | | T | | $\dagger \dagger$ | \dagger | х | хх | Ħ | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.12.1 | Finalize Strategy for Obtaining and Loading Claims History | | | R. Krueger J. Weaver | T. Young D. Eaton | 12/1/2017 | 2/28/2018 | On Track | 9% | + | | H | | + | + | × | ×× | + | | |
| Claims, ODS, Extracts, & Accumula | 10 | 10.12.2 | Review and Approve Claims History Mapping | _ | | L Crutchleo J. Ferlita R. Krueger | T. Young | 12/1/2017 | 2/28/2018 | On Track | 0% | | | H | | \mathbb{H} | 4 | x | x x | \sqcup | | <u> </u> |
| | | | | | | J. Weaver L. Crutchieo J. Ferlita | D. Eaton | | | | | | | | | | | | | | | 1 |
| 19 Transition & Historical Loading 19 Transition & Historical Loading | 13 | 13.8.1 | Gather history data needed for Certification Testing (includes, claims, accumulator, and PA data) Load ESI history data for certification testing (includes claims, | N/A | N/A N/A | C. Reich C. Reich | D. Eaton | 4/15/2018 6/15/2018 | 6/15/2018 7/27/2018 | Not Started Not Started | 0% | | | | | | H | | | H | | |
| CS Transition & Historical Loading | 13 | 13.8.3 | prounsister and 9A deal. Document Error Handing Pyocess for loading historical testing data for all rounds of testing and final load into production) | N/A | NA | C. Reich | D. Eaton | 4/15/2018 | 5/15/2018 | Not Started | 0% | + | H | H | H | + | Ħ | H | + | H | | |
| 19 Transition & Historical Loading 19 Transition & Historical Loading | 13 | 11.86 11.87 | Load ISI history for production environment Load historical data data files for production environment Including | N/A N/A | N/A N/A | C. Reich C. Reich | D. Eaton D. Eaton | 2/1/2019 7/1/2019 | 6/30/2019 1/3/2020 | Not Started Not Started | 0% 0% | # | # | H | H | + | Ħ | H | H | Ħ | | |
| | | | dain dalles, PA data and accumulator data) | _ | <u> </u> | | 1 | | | | | | | | ш | | | ш | | | 1 | |

| Project Speedway | v: Proiect | Plan Dra | aft Confidential CLAIM | us works | ETREAM | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------|--|---|------------------------------------|---------------------|---|-----------------------------|--------------------------|------------------------|----------------------------|---------------------|------------------------------------|--|--|--|---|--|----------------------------|-------------------------|-----------|---|------------------------|-------------|--|
| Last Updated: | 1/11/2018 | | Confidential | 13 WORKS | STREAM | | | | | | | | | П | Cross-Worl | uzwam Dree | | | | Cross-1 | vent Dege | descies | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestons/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (ingenicRx) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | Agia Develo parsent Bene fts | For act, & orgalismo, logal & Regulatory Dietal | Aggicators, Siftensition & social to ading | Hierarch y & Elgibility man Resources, | rifres tructure. And Recture & Operational Readiness | Prior Lufto ris attom. Release Annacoment & | Statesholder Management | Financial Transition | Medicald | Member Services Sales/Merketing Contable (Mal | Dependency Description | Comments | |
| Transition & Historical Loading | 13 | 13.8.8 | Build and execute T-10 Day Historical Load Plan to complete final bistory loads in production prior to cutower Determine T-10 Day Stan for Seal SV listopy Loads into Production | N/A N/A | N/A N/A | | C. Reich C. Reich | D. Eaton D. Eaton | 10/15/2019 | 1/1/2020 | Not Started Not Started | 0% | | 8 | - 4 2 | - 4. | | Ì | | | П | Ň | | | |
| Transition & Historical Loading | 13.0 | 11882 | Complete T-DD Day Plan Data Loads to prepare for migration cutover | N/A | N/A | | C. Reich | D. Eaton | 11/15/2019 | 1/1/2020 | Not Started | 0% | | + | | ++ | | | # | | + | + | | | |
| áme, OOS, Extracts, & Accumula áme, OOS, Extracts, & Accumula | 30 30 | 10.13.0 | Adjustment Processing Process Development Build understanding of PBM's process | N/A N/A | N/A N/A | | R. Bossman R. Johnson L. Crutchieo | M. Drake M. Watson | 12/15/2018 12/15/2018 | 6/31/2019 3/31/2018 | On Track On Track | ON ON | | | Ħ | Ħ | Ħ | Ħ | | * * 1 | x x | | | | |
| ns, OOS, Extracts, & Accumula | 10 | 10.13.1.1 | HCR restacking / Medicare restacking process | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 12/15/2018 | 3/31/2018 | On Track | 0% | $\overline{}$ | + | + | H | | + | | | 1 | | | | |
| ns, CIOS, Extracts, & Accumula | 10 | 10.13.2 | Adjustment Recording Process | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 4/1/2018 | 6/31/2019 | On Track | on | | | | ++ | 4 | | | × 1 | × | | | | |
| ns, CIOS, Extracts, & Accumula | 10 | 10.13.2.1 | Align on claim record identifier/ adjustment data | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 4/1/2018 | 12/31/2018 | On Track | on | | | | H | | | + | x x 1 | × × | + | | | |
| ns, 005, Extracts, & Accumula | 10 | 10.13.2.2 | Identify any special processing needs to interpret the data | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 4/1/2018 | 12/31/2018 | On Track | 0% | H | + | Ħ | И | | H | | | | \forall | | | |
| ns, 005, Extracts, & Accumula | 10 | 10.13.3 | Member refunds / member overpayments process | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 4/1/2018 | 6/31/2019 | On Track | 0% | H | + | И | | | + | +1 | x x | + | × | | | |
| ns, 005, Extracts, & Accumula | 10 | 10.13.4 | Pharmacy refunds / pharmacy overpayments process | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 4/1/2018 | 6/31/2019 | On Track | 0% | H | | # | Ħ | | | 1 | x x . | x x | †† | | | |
| ms, ODS, Extracts, & Accumula | 10 | 10.13.5 | Develop Business Process Documentation | N/A | N/A | | J. Ferlita R. Johnson L. Crutchleo | M. Watson | 4/1/2018 | 6/31/2019 | On Track | 0% | H | 1 | H | Ħ | 1 | | 1 | х х : | к ж | ж | | | |
| ms, OOS, Extracts, & Accumula ms, OOS, Extracts, & Accumula | | 10.14.0 10.14.1 | CVS Paper Claims / Subnazation Setus Development Review CVS Paper Claim Process. | N/A N/A | N/A N/A | | J. Ferlita R. Bossman J. Werner | H. Orake M. Ebeld | 1/1/2018 1/1/2018 | 12/31/2018 2/1/2018 | On Track On Track | 9% 0% | H | * * | 1 | Ħ | Ħ | Н | + | x i | 1 | Ħ | | + | |
| les OW Estevie V Is | | 10143 | December Decisions Wooded | N/A | N/A | | C. Reich L. Crutchleo J. Ferlita | L. Grillo M. Ebeld | 20.000 | 10001 | On Track | | | | | | Ш | Ш | Ш | Ш | Ш | Ш | | <u> </u> | |
| ms, COS, Extracts, & Accumula | | 10.14.2 | Document Decisions Needed | NA | N/A | | J. Werner C. Reich L. Crutchleo | M. Ebeld L. Grillo | 2/1/2018 | 3/1/2018 | On Irack | ox | | * | 1 | | | | | 11 | 1 | | | | |
| ns, 005, Extracts, & Accumula | | 10.14.3 | Coordinate Decisions with event leads | N/A | N/A | | J. Ferlita J. Werner C. Reich L. Crutchleo J. Ferlita | M. Ebeld L. Grillo | 3/1/2018 | 6/1/2018 | On Track | OK. | | | × | П | | | T. | x . | × × | П | | | |
| ns, CIDS, Extracts, & Accumula | 10 | 10.14.4 | Paper Claim (CTS) Form Requirements | | | | J. Werner C. Reich L. Crutchleo | Paper Claims | 1/1/2018 | 6/1/2018 | On Track | ON. | • | * | 1 | | | | | × . | к | | | | |
| ns, CIDS, Extracts, & Accumula | | 10.14.5 | Develop Business Process Documentation | | | | J. Ferlita J. Werner C. Reich L. Crutchleo | Paper Claims | 1/1/2018 | 6/1/2018 | On Track | 9N | | x | * | | | | | × . | к | | | | |
| ms, ODS, Extracts, & Accumula | | | Adjudication Plan Design Change – Middle Tier for Out Network Claims | N/A | N/A | | J. Ferlita R. Bossman | H. Drake | 12/1/2017 | 12/21/2019 | On Track | os. | × | | | | | | | х : | c x | | | | |
| ns, COS, Extracts, & Accumula | | 10.15.1 | Finalize team to track change (benefits or claims) | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | H. Drake TED | 12/1/2017 | 12/31/2017 | On Track | 0% | х | | | | | | | х : | к | | | | |
| ns, COS, Extracts, & Accumula | | | Define Business Requirements | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | H. Drake TED | 12/1/2017 | 4/30/2018 | On Track | ON | ж | | | | | | | x : | к | | | | |
| ms, ODS, Extracts, & Accumula | 30 | | Establish Commit Dates for remaining activities | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | H. Drake TED | 4/15/2018 | 4/30/2018 | On Track | ON. | × | | | | | | | к 1 | c x | | | | |
| ns, COS, Extracts, & Accumula | | | Adjudication Plan Design Change – Design | N/A | N/A | | R. Bossman L. Crutchleo | H. Qrake TEO | 1/1/2018 | 4/30/2018 | On Track | ON. | × | | | | | | 1 | x : | к | | | | |
| ns, COS, Extracts, & Accumula | | | Adjudication Plan Design Change – Build | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | H. Orake TBO | 4/1/2018 | 12/31/2018 | On Track | 0% | × | Ш | Ш | Ш | Ш | Ш | | × | х ж | Ш | | | |
| ms, COS, Extracts, & Accumula | | | Adjudication Plan Design Change – Testing | N/A | N/A | | R. Bossman L. Crutchleo J. Ferita | H. Drake TEQ | 9/1/2018 | 12/31/2018 | On Track | 0% | × | Ш | × | Ш | Ш | Ш | | × 1 | x x | Ш | | | |
| ns, CDS, Extracts, & Accumula | | | Adjudication Plan Design Change – Parallel Testing | N/A N/A | N/A | | R. Bossman L. Cristchleo J. Ferlita | H. Drake TBO | 1/1/2019 | 12/31/2019 | On Track | ON. | × | Ш | × | Ш | Ш | Ш | | × | x x | Ш | | | |
| ns, ODS, Extracts, & Accumula ns, ODS, Extracts, & Accumula | | | Adjudication Plan Design Change - Deployment Develop Business Process Documentation Updates as needed | | N/A | | R. Bossman L. Crutchleo J. Ferita | H. Drake TEO H. Drake | 10/1/2018 | 12/31/2019 | On Track | ON. | × | Ш | Ш | Ш | Ш | × | | × | x x | Ш | | | |
| | | | | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | TEO | 10/1/2018 | | On Track | 0% | × | Ш | Ш | Ш | Ш | Ш | Ш | Ш | 1 | Ш | | | |
| ms. ODS. Extracts. & Accumula ms. ODS, Extracts. & Accumula | | 10.16.1 | IngenioRx Warehouse Senefit Interface Determine Team | N/A N/A | N/A N/A | | R. Bossman J. Weaver L. Crutchleo J. Ferlits | H. Drake H. Drake TEO | 1/1/2018 | 1/31/2019 | On Track On Track | 9% 0% | × | П | Ħ | Ħ | | \top | x 1 | x i | x x | П | | | |
| ns, 005, Extracts, & Accumula | | 10.16.2 | IngenioRx Warehouse Benefit Feed - Define Business Requirements | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | H. Drake TBD | 1/15/2018 | 3/31/2018 | On Track | 0% | х | Ħ | Ħ | Ħ | Ħ | | ж 1 | × 1 | к | Ħ | | | |
| ns, CIOS, Extracts, & Accumula | 30 | 10.16.2.1 | Establish Commit Dates for remaining activities | N/A | N/A | | J. Weaver L. Crutchieo J. Ferlita | H. Drake TEO | 3/15/2018 | 3/31/2018 | On Track | os. | | Ħ | | Ħ | | \top | ж : | × : | к | \Box | | | |
| ns, COS, Extracts, & Accumula | | 10.16.3 | IngenioRx Warehouse Benefit Feed - Design | N/O | N/A | | J. Weaver L. Crutchieo J. Ferlita | H. Drake TEO | 2/15/2018 | 5/31/2018 | On Track | 0% | × | Ħ | | | | \top | x : | × . | х | Ħ | | | |
| ns, COS, Extracts, & Accumula | | 10.16.4 | IngenioRx Warehouse Benefit Feed — Build | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 6/1/2018 | 9/30/2018 | On Track | 0% | × | Ħ | | | | \top | x : | × . | х | Ħ | | | |
| ns, COS, Extracts, & Accumula | | 10.16.5 | IngenioRx Warehouse Benefit Feed – Testing | N/A | N/A | | J. Weaver L. Crutchieo J. Ferlita | H. Drake TEO | 9/1/2018 | 1/1/2019 | On Track | 0% | × | Ħ | × | | | \top | x : | × . | х | Ħ | | | |
| ms, ODS, Extracts, & Accumula | | 10.16.6 | ingenioRx Warehouse Benefit Feed — Parallel Testing | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 1/1/2019 | 12/31/2019 | On Track | 0% | х | П | × | П | | | x 1 | x 1 | х | П | | | |
| ms, ODS, Extracts, & Accumula | 10 | | IngenioRx Warehouse Besefit Feed - Deployment | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 1/1/2019 | 12/31/2019 | On Track | 0% | х | П | Ħ | П | | × | x 1 | x 1 | х | П | | | |
| ms, ODS, Extracts, & Accumula | | 10.16.7.1 | Develop any business process documentation | N/A | N/A | | J. Weaver L. Crutchieo J. Ferlita | H. Drake TBD | 1/1/2019 | 12/31/2019 | On Track | 0% | × | П | П | П | | | ж 1 | × 1 | к | П | | | |
| ns. 005 Estracts. & Accumula | | 10.17.0 | InternioRx Warehouse Formulary Interface | N/A | N/A | | R. Bossman | H. Drake | 1/1/2018 | 12/31/2019 | On Track | 0% | | | | | | x | × . | 4 | | | | | |

| Project Speedwa | y: Project | Plan Dr. | CLAIN CLAIN | AS WORK | STREAM | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------|--|---|------------------------------------|---------------------|---|---|------------------------|--------------------------|----------------------|---------------------|-------------------------------------|--|--|-------------------------------------|---|---|--|---------------------------------------|------------|----------------------------------|--|---|----------|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (IngenicRs) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | Agile Develo prrvent Bere fts | Chim, OSS, Esprants, & Compliants, lag & Regulatory | Aggicators Estranstion Isonical to adh | Herardy& Elghly uran Resource | Blent & Sourcin Infrastructure, Architecture & Operational Readmess | Muthorit atlant, Release Manazoment & | Reporting Stakeholder Management | Commercial Financial Transition | Medicare | Member Service Sales/Markethy | TE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | Comments | |
| Claims, CDS, Extracts, & Accumula | | 10.17.1 | Determine Team | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 1/1/2018 | 1/31/2018 | On Track | 0% | П | Ť | TÏ | П | | х | × | × | x x | | | | | |
| Claims, COS, Extracts, & Accumula | | 10.17.2 | IngerioRx Warehouse Formulary Feed - Define Business Requirements | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 1/15/2018 | 3/31/2018 | On Track | 0% | | | | | | х | × | × | х х | | | | | |
| Claims, CIOS, Extracts, & Accumula | 10 | 10.17.2.1 | Establish Commit Dates for remaining activities | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 3/15/2018 | 3/31/2018 | On Track | 0% | | | | | | х | × 1 | × | X X | | | | | |
| Claims, CIOS, Extracts, & Accumula | | 10.17.3 | ingerioRx Warehouse Formulary Feed - Design | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 2/15/2018 | 5/31/2018 | On Track | 0% | | | | | | х | × | × | ×× | 7 | | | | |
| Claims, CIOS, Extracts, & Accumula | | 10.17.4 | ingerioRx Warehouse Formulary Feed — Build | N/A | N/A | | J. Weaver L. Crutchleo J. Ferlita | H. Drake TEO | 6/1/2018 | 9/30/2018 | On Track | 0% | | | | | | 1 | × | × | * * | | | | | |
| Claims, ClOS, Extracts, & Accumula | | 10.17.5 | ingeniaRx Warehouse Formulary Feed – Testing | N/A | N/A | | J. Weaver L. Crutchleo | H. Drake TEO | 9/1/2018 | 1/1/2019 | On Track | 0% | | | | × | | × | × | × | ×× | | | | | |
| Claims, COS, Extracts, & Accumula | | 10.17.6 | ingenioRx Warehouse Formulary Feed - Parallel Testing | N/A | N/A | | J. Weaver L. Crutchleo | H. Drake TEO | 1/1/2019 | 12/31/2019 | On Track | 0% | | | | • | | х | * | × | × × | | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.17.7 | ingenialix Warehouse Formulary Feed — Deployment | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | H. Drake TEO | 1/1/2019 | 12/31/2019 | On Track | 0% | Ш | П | | M | | хх | × | × | * * | | | | | |
| Claims, CIDS, Extracts, & Accumula | | 10.17.7.1 | Develop any business process documentation | N/A | N/A | | J. Weaver L. Crutchleo | H. Drake TEO | 1/1/2019 | 12/31/2019 | On Track | 0% | | П | | | | × | × | × | × x | | | | | |
| Claims, ODS, Extracts, & Accumula Claims, ODS, Extracts, & Accumula | | 10.18.0 | IntenioRx Watehouse Network Feed / Plan Finder Interfaces Finalize Owner of Plan Finder Files | N/A N/A | N/A N/A | | B. Bossman J. Weaver L. Crutchieo | H. Orake H. Orake TEO | 12/1/2017 12/1/2017 | 12/31/2019 12/31/2017 | On Track On Track | 0% 0% | Ħ | | | Ħ | | | × | x x | x x | Ŧ | | | | |
| Claims, ODS, Extracts, & Accumula | | 10.18.2 | Determine team members | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | H. Drake TEO | 1/1/2018 | 1/31/2018 | On Track | 0% | Н | | | $^{+}$ | + | 1 | | ×× | х х | + | | - | | — |
| Claims, COS, Extracts, & Accumula | | 10.18.3 | IngenioRx Warehouse Network Feed / Plan Finder - Define Business Re | N/A | N/A | | J. Ferlita J. Weaver | H. Drake | 1/15/2018 | 3/31/2018 | On Track | ox. | Н | + | - | H | + | Н | × | x x | хх | + | | - | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.18.3.1 | Establish Commit Dates for remaining activities | N/A | N/A | | L. Crutchleo J. Ferlita J. Weaver L. Crutchleo | TED H. Drake TED | 3/15/2018 | 3/31/2018 | On Track | ox | H | | | 11 | | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.184 | Ingenialix Warehouse Network Feed / Plan Finder - Design | N/A | N/A | | J. Ferlita J. Weaver | H. Drake TEO | 2/15/2018 | 5/31/2018 | On Track | ox | 7 | + | + | | | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.18.5 | Ingenialix Warehouse Network Feed / Plan Finder — Build | N/A | N/A | | L. Crutchieo J. Ferlita J. Weaver L. Crutchieo | H. Drake TEO | 6/12018 | 9/30/2018 | OnTrack | ox . | | + | + | + | + | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.18.6 | Ingenialix Warehouse Network Feed / Plan Finder – Testing | N/A | N/A | | J. Ferlita J. Weaver J. Cratchies | H. Drake TEO | 9/1/2018 | 1/1/2019 | On Track | ox | | | • | x | + | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.18.6.1 | Complete system testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchieo | H. Drake TEO | 10/1/2018 | 12/31/2018 | On Track | | Н | 4 | 1 | x | + | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.18.6.2 | Complete functional testing | N/A | N/A | | J. Ferita J. Weaver L Crutchleo | H. Drake TEO | 10/1/2018 | 12/31/2018 | On Track | | | 4 | + | x | + | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.18.6.3 | Confirm readiness for Model Office testing | N/A | N/A | | J. Ferita J. Weaver L Crutchleo | H. Drake TEO | 10/1/2011 | 12/31/2018 | On Track | - | | + | + | x | + | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | | 10.18.6.4 | Confirm readiness for Cert testing | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | H. Drake | 10/1/2018 | 12/31/2018 | On Track | | Н | + | + | x | + | + | x | хх | x x | + | | | | |
| Claims, COS, Extracts, & Accumula | 10 | 10.18.7 | IngeniaRx Warehouse Network Feed / Plan Finder — Deployment | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | H. Otake TEO | 1/1/2019 | 12/31/2019 | On Track | os. | Н | + | + | + | + | + | x | хх | x x | + | | | | |
| Claims, ODS, Extracts, & Accumula | | 10.18.7.1 | Develop any business process documentation | N/A | N/A | | J. Ferlita J. Weaver L. Crutchleo | H. Drake TEO | 1/1/2019 | 12/31/2019 | On Track | 0% | | | | + | | + | × | x x | x x | _ | | | | |
| Claims, OOS, Extracts, & Accumula | | 10.19.0 | Speciality Coasy Program Confirm with Specialty Team if Program will be made available for | N/A | N/A | | J. Ferlita R. Bossman | H. Orake | 1/1/2018 | 12/31/2019 | On Track | es. | | | | + | | \pm | + | × | x x | + | × | | | |
| Claims, COS, Extracts, & Accumula | | 10.19.1 | Contribution specially ream in Program will be made available for IngenioRx as is or with modifications | | | | R. Bossman | H. Drake L. Vossler W. Duke | 1/1/2018 | 12/31/2019 | On Track | UN | | | | | | | | * | * * | | × | | | |
| Claims, OOS, Extracts, & Accumula | | | Develop Policies and Procedures for Real Time Accums Local Processing Mode | N/A | N/A | | R. Bossman | H. Drake | 10/1/2018 | 12/31/2019 | On Track | 9% | | | | | | | | х | х | × | | | | |
| Claims, ODS, Extracts, & Accumula | | 10.20.1 | identify business needs to support 24 hour member service model | N/A | N/A | | R. Bosstran L. Crutchieo J. Ferlita | H. Drake L. Vossler W. Duke J. Bennes | 10/1/2018 | 10/31/2019 | On Track | 0% | | | | | | | | × | х | × | | | | |
| Claims, CDS, Extracts, & Accumula | | 10.20.2 | Develop claims support operating model for local processing mode | N/A | N/A | | R. Bossman L. Crutchleo J. Ferlita | H. Drake L. Vossler W. Duke J. Biernes | 10/1/2018 | 10/31/2019 | On Track | 0% | | | | | | | | × | × | × | | | | |
| Dalmu, ODS, Extracts, & Accumula | | | Develop policy and procedure documentation to support LPM transition/alert model | N/A | N/A | | R. Bosser an L. Crutchleo J. Fersita | H. Drake L. Vossler W. Duke | 10/1/2018 | 10/31/2019 | On Track | os. | | | | | | | | × | х | × | | | | |
| Olaims, ODS, Extracts, & Accumula | | | Engage Member Services team/ inform of LPM alert process | N/A | N/A | | R. Bossman L. Crutchleo J. Ferita | H. Drake L. Vossler W. Duke J. Bennes | 10/1/2018 | 10/31/2019 | On Track | 0% | | | | | | | | × | × | × | | | | |
| Claims, OOS, Extracts, & Accumula Claims, OOS, Extracts, & Accumula | 10 | 10.21.0 | ACA/CSR Subsidy Pass 2 Claim Adjudication during Real Time Determine if IngenioRx will continue to support ACA CSR business | N/A | N/A | | R. Bossman R. Bossman L. Crutchleo | H. Drake | 1/1/2018 | 12/31/2019 2/15/2018 | On Track On Track | 0% 0% | H | x | Ħ | x | | Ħ | x | x x | Ŧ | Ŧ | | | | |
| Dalms, ODS, Extracts, & Accumula Dalms, ODS, Extracts, & Accumula | | 10.22.0 | PSA / M.S.A. Data Feeds Determine if IngenioRx still requires claims feeds to vendors | N/A N/A | N/A N/A | | J. Ferita R. Bossman D. Amatruda L. Crutchieo | H. Drake TED | 1/1/2018 1/1/2018 | 12/31/2019 3/31/2018 | On Track On Track | 0% 0% | H | Ħ | Ħ | Ħ | Ħ | Ħ | Ħ | x x | Ŧ | | | | | |
| Claims, OOS, Extracts, & Accumula Claims, OOS, Extracts, & Accumula | 10 | 10.23.0 | COB Adjudication Rule Set up Determine COB Setup Requirements and Validate Work stream ownership | N/A | N/A | 7 | J. Ferita R. Bossman R. Bossman L. Crutchleo | H. Orake H. Orake | 1/1/2018 | 12/31/2019 1/31/2018 | On Track On Track | 0% 0% | x | Ħ | Ħ | 1 | Ħ | x | Ħ | x | x x | | | | | |
| Dalms, OOS, Extracts, & Accumula | 10 | 10.24.0 | Business Continuity and Disaster Recovery Plan Development Disaster Secovery Plan Development Disaster Secovery Plan Development Disaster Secovery Plan Development | N/A | N/A | | J. Ferlita R. Bossman R. Bossman | H. Drake | 6/1/2018 | 12/31/2019 | On Track | 0% | Ш | | \blacksquare | ш | × | \blacksquare | × | x x | x x | | | | | |
| Claims, CDS, Extracts, & Accumula | 10 | | plan | | | | L. Crutchleo J. Ferlita | | 6/1/2018 | 12/31/2019 | On Track | 0% | | | Ш | Ш | × | Ш | × | ×× | x x | | | | | |
| Claims, ODS, Extracts, & Accumula Claims, ODS, Extracts, & Accumula | 10 | 10.25.0 | Prior Auth Agadia Interface to CVS and possible impact to Core Rx. Claim Adjudication Logic Understand Agadia PA interface process flow and determine if there | N/A | N/A | | R. Bossman R. Bossman | H. Drake | 1/1/2018 | 12/31/2019 | On Track On Track | 0% | Н | $+\Box$ | $+$ \mp | +T | × | H | × | x x | x x | - | | | | |
| | | | are any impacts to Rx Claim Adjudication Logic | | | <u> </u> | L Crutchleo J. Ferlita | | | | | | Ш | | | | | | | | | | <u> </u> | | | |

| | _ | | 1 | | | | | | | | | | | | | | | | | | _ | | |
|---|-----------------------|----------------|---|---|----------------------|----------------------|------------|------------|-------------|---------------------|--|--------------------------------------|---|-------------------------------------|---|--|-----------|------------|----------------------|-----------------|----------------|------------------------|--|
| Project Voyage 2020: Clinical Project Plan | Con | | CLINICAL WORKSTREAM | | | | | | | | | | | | | | | | | | | | |
| Event / Workstream | Event / Workstream | D Milestone ID | Mělestona/Activky | Acceptance Criteria | Owner (IngenicRs) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | te Devid operant anal ons Control Benefits | A, OOS, Extracts, & Nourrelations | Regulatory bi Applications, cetab & Hubs in Transition & | Scope Testing archy & Elijbility | men Resource, fore & Souring relative ture, source & Souring | r Authoris all cm, deal Programs & so Management & | Reporting | Commercial | Medicare Medicare | wher Experience | idty/MailOrder | Dependency Description | Comments |
| | 19 | 19.1 | CVS Clinical Programs Sustantion / Assessment | IngenioRx signs off on final list of CVS clinical | | | 11/13/2017 | 9/20/2018 | | | *8 | Galler | 3 5 - | I 4 M | # F - 04 | 201 | | | | ž . | , § | | |
| Prior Authorizations, Clinical | 19 | 19.1.1 | | programs to implement by 1/1/2020 | | D. Weber | 11/13/2017 | 12/29/2017 | Completed | | | | | | | | | | | | | | |
| rograms. & Formularies vior Authorizations, Clinical | | | Evaluate and review standard CVS Clinical Program offerings | | L. Vicary | | | | | | | | | | | | | * | | | | | |
| Programs. & Formularies. Prior Authorizations, Clinical | 19 | 19.1.1.1 | IngenioRx to review CVS Clinical Programs internally | | L. Vicory | D. Weber | 11/21/2017 | 11/21/2017 | Completed | | | | | | | | | * | 1 7 | | | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.1.1.2 | Joint team to review CVS Clinical Programs live | | L Vicory | D. Weber | 11/28/2017 | 11/28/2017 | Completed | | | | | | | | | * | x x | | | | |
| Programs, & Formularies | 19 | 19.1.2 | Determine which Clinical Programs IngenioRx would like to adopt | | L. Vicory | D. Weber | 12/4/2017 | 2/28/2018 | On track | | | | | | | | | | 10.4 | | | ~ | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.1.3 | identify CVS functionality that needs to be built to support current ingenioRx programs | | L. Vicory | D. Weber | 12/4/2017 | 12/29/2017 | Not started | | × | | | | × | × | | | 2 2 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.1.4 | identify IT build required for newly adopted Clinical Programs | | L. Vicery | D. Weber | 12/4/2017 | 2/1/2018 | Not started | | х | | | | × | × | | | V . | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.1.5 | Compare mail order maintenance drug lists and determine any customizations required | | L. Vicory | D. Weber | 11/13/2017 | 1/26/2018 | On track | | | | | | | | | × - | 1 1 | | × | | |
| | 19 | 19.1.6 | | | L. Vicory | D. Weber | 11/13/2017 | 1/26/2018 | Not started | | | | | | | | | | | | | | |
| Programs. & Formularies Prior Authorizations, Clinical | 19 | 19.1.7 | member notification requirements. Obtain and review end-state retail disease (ESRD), hospice and Med D non-transition lists from CVS for approval | | L Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | 7 | | | - | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.1.8 | | | | D. Weber | | | Not started | | \vdash | + | | | | | - | | | + | - | | + |
| Programs, & Formularies | | | Obtain and review ACA preventive drug lists Review CVS Protected Drug Class list and determinations, and identify any | | L. Vicory | | 11/13/2017 | 3/30/2018 | | | | + | \rightarrow | | | | - | | | | - | | - |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.1.9 | differences | | L-Vicory | D. Weber | 7/1/2018 | 9/30/2018 | Not started | | | | | | | | | | | | | | |
| | 19 | 19.2 | IngenicRx Clinical Programs Evaluation (Including drug list-driven clinical | IngenioRx signs off on final list of IngenioRx clinical programs to implement by 1/1/2020 | | | 11/13/2017 | 2/20/2018 | | | x x | | | | x | × | | × | x x | × | × | | |
| Prior Authorizations, Clinical Programs, & Formularies | 10 | 19.2.1 | Evaluate IngenioRx benefit load programs to map appropriately to plans | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | | | |
| | | | | | | | | | | | - " | + | | | | - | | | +++ | +^+ | - | | - |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.2.1.1 | PreventivePlus | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | \perp | | | \perp | \perp | - | | |
| Programs, & Formularies | 19 | 192.12 | PreventiveRx Lists | | L. Vicary | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 192.13 | Value Rased Benefit Design -VSBD | | L. Vicary | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | 1 | | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.2.1.4 | Right Drug Right Channel -RDRC (Med to Roy - Commercial; Ray to Med - Commercial and Medicaid | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | | | |
| Dates Available of the land | 19 | | where allowed) | | | | | | | | | | | | | | | | | | - | | |
| Programs. & Formularies Prior Authorizations, Clinical | | 19.2.1.5 | Specialty Drug List | | L. Vicery | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | * | | | × | | |
| Programs, & Formularies | 19 | 19.2.1.6 | Generic Select | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | On track | | | | | | | | | * | | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 192.17 | Half Tab | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | On track | | | | | | | | | * | | | | | |
| Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 192.1.8 | Non-FDA approved drugs | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | On track | | | | | | | | | | 1 1 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 192.19 | NDC block | | L Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | | | |
| Prior Authorizations, Clinical | 19 | 19.2.1.10 | Compound Management (QL) | | L Vicery | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | 1 1 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies Prior Authorizations, Clinical | 19 | 192.1.11 | Pharmacy Block | | L Vicery | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | - | | | | | | | - | | |
| Prior Authorizations, Clinical | 19 | 19.2.1.12 | CVS Specialty olist programs | | | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | × | | |
| Programs. & Formularies Prior Authorizations, Clinical | | | Cvs Speciatry prior programs Understand CVS Drugs Savings Review program, including who and what is being | | L. Vicory | | | | | | | | | | | | | | 3 3 | - | | | |
| Programs, & Formularies | 19 | 19.2.2 | tareeted, and InsenioRx's ability to control / provide input | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | _ | | | | | | | | 3 3 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.2.3 | Establish connectivity from RHI to IngenioRx data warehouse to run clinical programs (if connectivity changes due to the switch from FDR to Medispan) | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | × | | | | × | × | | * | | | | | |
| Prior Authorizations, Clinical | 19 | 19.2.4 | Define requirements and implementation timeline for all Clinical Programs | | L Vicery | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | × | | | - | | - | | | | | | | |
| Programs, & Formularies Prior Authorizations Clinical | 19 | 19241 | Define requirements and implementation timeline for all Clinical Programs Define connectivity in frastructure requirements for all Clinical | | | D. Weber | 11/11/2017 | 2/2/2018 | Not started | | | + | | | | | | | | | | | |
| Programs, & Formularies | | | Programs Define new infrastructure requirements for new Clinical Programs (if | | L. Weary | | | | | | × | | | | × | × | | - 1 | 1 1 | | × | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19242 | Define new infrastructure requirements for new Clinical Programs (if needed) | | L Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | × | | | | × | × | | | 1 1 | | ж | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19243 | Gather business requirements for new Clinical Programs | | L-Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | ж | | | | × | × | | * | 3 3 | | × | | |
| | 19 | 19.3 | Drug Lists and Formularies (standard and custom) Management and Setup | CVS accurately load and test all formularies by 10/21/2019; ingeriolik signs off on formulary load status (unlidated through extracts and test claims as required) | | | 11/13/2017 | 9/28/2018 | | | | × | | × | × | | | | x x | | | | Claims history load will be a formulary management and reviews |
| Prior Authorizations, Clinical | 19 | | | | | | | | | | | | | | | | | | | | | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | | Conduct FDB and Medispan lists mapping and gap analysis | | L. Victory | D. Weber | 11/13/2017 | 1/26/2018 | On track | | - 1 | | | - | | - | - | | 1 1 | | - | | - |
| Programs, & Formularies | | 193.1.1 | Compare IngenioRx FDB drug list to CVS Medispan list | | L-Vicory | D. Weber | 11/13/2017 | 1/26/2018 | On track | | | \perp | | | | | | | | | - | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.3.1.2 | Conduct Rx to OTC compare for FDB to Medispan | | L Vicory | D. Weber | 11/28/2017 | 1/26/2018 | On track | | | | | | | | | | 3 3 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 193.13 | Identify fallout between IngenioRx FDB drug list and CVS Medispan list, including Brand / Generic definitions | | L. Weary | D. Weber | 11/13/2017 | 1/26/2018 | On track | | | | | | | | | * | x x | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 193.14 | Review and finalize required drug list customization to CVS | | L. Vicory | D-Weber | 12/11/2017 | 1/26/2018 | Not started | | | | | | | | | | 1 1 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.3.2 | Define and implement drug list management approach (Brand vs. Generic) | | L Vicory | D. Weber | 11/13/2017 | 9/28/2018 | Not started | | | | | | | | | | x x | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.3.2.1 | Determine approach to handling drugs CVS treats as a firand that lagenioiks currently treats as Generic | | L. Vicory | D. Weber | 11/13/2017 | 2/2/2018 | Not started | | | | | | | | | | | | | | |
| | 19 | 19.3.2.2 | Determine customization requirements for insenialix to continue | | L Vicery | D. Weber | 11/13/2017 | 2/2/2018 | Not started | | | | | | | | | * | | | - | | |
| Programs. & Formularies Prior Authorizations, Clinical | 19 | 19323 | administering Brand drugs in a Generic position implement the customizations identified for Brand / Generic | | L Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | - | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19324 | Conduct final review of any additional Brand / Generics differences | | L. Vicory | D. Weber | 7/2/2018 | 9/28/2018 | Not started | | | | | - | | +++ | | | 1 1 | | - | | + |
| Programs, & Formularies | 19 | | | | | D. Weber D. Weber | | | | | | | | | | - | - | | | | - | | - |
| Prior Authorizations, Clinical Programs, & Formularies Prior Authorizations, Clinical | | 19.3.3 | Finalize formulary and drug list setup Conduct review of insenioRx current formulary setup, including all | | L. Vicory | | 11/13/2017 | 6/1/2018 | Not started | | - 1 | | \rightarrow | - | | \perp | | | 1 1 | \perp | - | | |
| Programs, & Formularies | 19 | 19331 | drug lists, in collaboration with the Benefits team | | L. Vicory | D. Weber | 1/2/2018 | 3/30/2018 | Not started | | | | | | | | | | 3 3 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.3.3.1.1 | drug lists, in collaboration with the Benefits than Drug List Reduction - Define the approach, electronic interfaces, and file formats to be conveyed to CVS in onder to reduce the number of actively managed | | L. Vicory | D. Weber | 11/13/2017 | 3/30/2018 | Not started | | | | | | | | | | | | | | |
| Prior Authorizations, Clinical | 19 | 19332 | | | L Vicery | D. Weber | 4/2/2018 | 6/1/2018 | Not started | | | + | | - | | - | - | | 1 1 | | - | | |
| Donarame & Enemodaries | | | feasibility with Renefits team | | | | | | | | | | | + | | + | - | * | | | - | | - |
| Prior Authorizations, Clinical Programs, & Formularies Prior Authorizations, Clinical | 19 | 19333 | Setup mail order maintenance drug lists | | L. Vicory | D. Weber | 12/11/2017 | 1/31/2018 | Not started | | - 1 | \perp | \rightarrow | - | | \perp | | | 3 3 | \perp | × | | |
| Programs, & Formularies | 19 | 19.3.3.4 | Conduct plinical review of Custom Care Mail list and TP2 | | L. Vicory | D. Weber | 12/11/2017 | 3/31/2018 | Not started | | | \perp | | | | | | | 1 1 | \perp | × | | |
| | | | Identify IT build required for Formulary and Drug Lists Management | | L. Vicery | D. Weber | 12/11/2017 | 2/1/2018 | Not started | | х х | | | | × | × | | | 3 3 | | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.3.4 | identity II dual required for Formulary and Drug Lists Management | | | | | | | | | | | | | | | | | | | | |

| F | Project Voyager | Cont | Tidontial | CLINICAL WORKSTREAM | | | | | | | | | | | | | | | | | | | | | |
|------------|--|--------------------------|--------------|---|---|-------------------------|-------------------------|------------------------|--|----------------------------|----------|---------------------------------|--|--|-------------|-----------------------------------|------------------------|--------------------------------|---------|---------------|---------------|------------|--------------------|--|---|
| 2 | 2020: Clinical Project Plan | | | | | | | | | | | | | | | | | | | | | | | | |
| \equiv | | | | | | | | | | | | | | Cross-V | rorkstwam 0 | ependencies | | | | | Cross Event D | ependencie | | | |
| | | | | | | | | | | | | Someth Control | form form larget & larget & | 1 8 mg | all billing | Maria de la | and ness autions, | rans& persent? | der | cial | | erience | oethe al Order | | |
| GBO | Event / Workstream | Event / Workstream II | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (IngenicRx) | Owner (CVS) | Start Date | Due Date | Status | Complete | perations perations Benef | n, OOS, E Accumd mplanne, Regulat | Portals & ES Trans is to steal I | of Scope | uran Pes Mere & S Inflastru | indically or Author | Mad Pro ase Man Change C | Staketo | Correction To | Medic | anper (s) | ides/Mar daky/M | Dependency Description | Comments |
| | | | | Clarify contractual requirement for CVS to provide formulary search tool capabilities to Ingenio for Commercial and Medicaid, and formulary | | | | | | | | €0 | § 8 | | - ¥ | x - | ê ê | 0 3 | | ď | | 2 | . ¥ | | |
| Pri Pr | ior Authorizations, Clinical rograms, & Formularies | 19 | 19.4.1 | management capabilities for Medicare. Decision will determine the ability for CVS to reimburse ingenio for extension of the MMIT contract, or build a tool | | L Vicory / T. Weber | D. Weber / W. Greene | 1/2/2018 | 1/15/2018 | Not started | | | * | | | | | | | | 1 1 | × | | | |
| | | 19 | 19.4.2 | Internally Conduct Rx Architect / Formulary Navigator comparison | | L Vicery | D. Weber | 11/13/2017 | 1/31/2018 | Not started | | | | | | | | - | | 1 | | | | | |
| Pr | | 19 | 19.4.2.1 | Determine recommendation for how search tool capabilities will be provided for Commercial and Medicaid members Review CVS formulary management tool for its Medicare Part D | | L. Vicory | D. Weber | 11/13/2017 | 12/29/2017 | Completed | 100% | | | * | | | | | | | | | | | |
| Pr | for Authorizations, Clinical rograms, & Formularies | 19 | 19.4.2.2 | Review CVS' formulary management tool for its Medicare Part D formulary management and HPMS capabilities | | L Vicory | D. Weber | 11/13/2017 | 1/31/2018 | On track | | | | | | | | | | | 4 | × | | | |
| | | 19 | 19.4.2.3 | Tochskary management and Herno, causenties. Determine preferred formulary search tool (Formulary Navigator or Rx Architect) for Commercial and Medicald | | L Vicery | D. Weber | 11/13/2017 | 12/29/2017 | Completed | 100% | | | | | | | | | | Ι, | | | | Decision made on 12/8 that Formulary Navigator (MMIT) will continue to be formulary search tool for Commercial an |
| Dri | for Authorizations (Tininal | 10 | 19474 | Determine preferred formulary management tool for Medicare Part | | L Vicory | D. Weber | 11/12/2017 | 1/21/2018 | Not started | | | | | - | | | | | - | | × | - | | Medicaid members |
| Pri Pri | rograms, & Formularies for Authorizations, Clinical | 19 | 19.4.3 | D Notify MMIT of contract extension | | L Vicory | D. Weber | 6/15/2018 | 6/29/2018 | Not started | | | | | | | | | | | - | | - | | |
| DH. | ograms, & Formularies for Authorizations, Clinical | 10 | 19.4.4 | Implement connectivity between MMIT and CVS systems (FMS) | | 1 Viron | D Water | 1/15/2018 | 3/31/2018 | Not started | | × | | | - | | | | | | | | _ | | |
| Pri | rograms, & Formularies for Authorizations, Clinical | 19 | 19.4.4.1 | Explore apportunities for automation with MMIT | | L Vicory | D. Weber | 1/15/2018 | 3/31/2018 | Not started | | × | | | | | | × | - | | | | - | | |
| Pri | for Authorizations, Clinical | 19 | 19.4.4.2 | Define connectivity infrastructure requirements for MMIT | | L Vicory | D. Weber | 1/15/2018 | 2/28/2018 | Not started | | × | | * | | × | | × | | | | | - | | |
| Pri | orrams. & Formularies for Authorizations, Clinical | 19 | 19443 | Define new infrastructure requirements for MMIT (if needed) | | L Vicery | D. Weber | 1/15/2018 | 2/28/2018 | Not started | | × | | | - | | | | | | 1 1 | | - | | |
| | corrams. & Formularies | 10 | 19.45 | Establish search tool connection to all relevant external-facing sites | | L Vicory | D. Waher | 1/15/2010 | 10/21/2019 | Not started | | - | | | | - | - | | | | | | - | | |
| Pn | ograms, & Formularies | 19 | 19.5 | Formulary and Utilization Management (UM) Hierarchy and Setup | IngenioRx signs off on UM load status, including technical specifications and data | E story | | 11/13/2017 | 12/21/2018 | | | | | | × | × | | | | | | | | | |
| C Pri | for Authorizations, Clinical | | 19.5.1 | Conduct end to end mapping of IngenioRu's Formulary and Utilization | flows (validated through extracts and test claims as required) | | D. Weber | 11/13/2017 | 1/31/2018 | On track | | 4 | | | | | | | | | | | | | |
| PIN | ograms, a ronnusines | | | Management components to develop better understanding of migration requirements jointly | | L Vicory | | | | | | | | | Ť | | | | | * | | | | | |
| Pri | ograme, & Formularies | 19 | 19.5.1.1 | Determine where on the hierarchy of the formulary and UM edits (including reject codes) are applied | | L. Vicory | D. Weber | 11/13/2017 | 12/29/2017 | Completed | | | | | × | | | | | * | 3 3 | | | | |
| Pri Pr | rograms, & Formularies | 19 | 19.5.1.2 | Determine the best approach to allow generics and tier 1 drugs (which could include brands and generics) to bypass deductibles | | L. Vicory | D. Weber | 11/13/2017 | 1/31/2018 | Not started | | | | | × | | | | | * | 3 3 | | | | |
| Pri Pr | ior Authorizations, Clinical rograms, & Formularies | 19 | 19.5.1.3 | Assess downstream LOB impact if drug files needs to be fixed to allow generics and tier 1 drugs to bypass deductibles | | L. Vicory | D. Weber | 1/1/2018 | 1/31/2018 | Not started | | | | | × | | | | | × | 3 3 | | | | |
| Pri Pr | ior Authorizations, Clinical rograms, & Formularies | 19 | 19.5.2 | Build master mapping grid for current state formulary tiers and UM tools being attached to formularies for all LORs (by benefit configuration waves) | | L. Vicory | D. Weber | 11/13/2017 | 10/31/2018 | On track | | - 4 | | | | | | | | | | | | | |
| Pr | ior Authorizations, Clinical | 19 | 19.5.2.1 | IngenioRx to provide current UM files (on NDC-level) to CVS to map | | L Vicory | D. Weber | 11/13/2017 | 10/31/2018 | On track | | | | | | | | | | | 3 3 | | | | |
| Pr | ograms, & Formularies for Authorizations, Clinical | 19 | 19.5.2.2 | IngenioRs to provide master list of criteria as back up that occurred | | L Vicory | D. Weber | 1/1/2018 | 10/31/2018 | Not started | | | | | | | | | | | 3 3 | | | | |
| Pri | toerams. & Formularies for Authorizations, Clinical merams. & Communication | 19 | 19.5.2.3 | during build time before so-live. Obtain CVS reject codes to utilization management edits, including | | L Vicery / I. | D. Weber | 11/13/2017 | 10/21/2018 | On track | | | | | | | | | | | | | | | |
| Pri | ior Authorizations, Clinical | 19 | 19.5.3 | duplicate therapy edits at ROS Understand functionality gaps and identify any functionality required to be built | | L Vicory | D. Weber | 11/13/2017 | 1/31/2018 | On track | | | | | | | | × | | | | | | | |
| Pri | ograms. & Formularies for Authorizations. Clinical | 19 | 19.5.3.1 | Identify infrastructure connectivity requirements for Formularies | | L Vicery | D. Weber | 12/11/2017 | 12/31/2017 | On track | | | | | | | | | | | | | | | Identified Multiple Rejects and Clinical |
| | rograms, & Formularies | | | and Utilization Management Identify new infrastructure requirements for Formularies and | | | | | | | | | | | | | | | | * | | | _ | | Programs (Generic Select and Half Tab fla |
| Pn | corrams. & Formularies | 19 | 19.5.3.2 | Utilization Management (if needed) | | L Vicory | D. Weber | 12/11/2017 | 1/31/2018 | Not started | | x | | | | × | | ж | | * | 3 3 | | _ | | |
| Pn | rograms, & Formularies | 19 | 19.5.3.3 | Understand the factors that would impact build cadence | | L. Vicory | D. Weber | 11/13/2017 | 1/31/2018 | On track | | × | | | | × | | ж | | * | 3 3 | | _ | | |
| Pri Pr | rior Authorizations, Clinical rograms, & Formularies | 19 | 19.5.4 | Align on coding of Quantity Limits: quantity per day, quantity over time, opioid 7 day limits, dose optimization | | L Vicory / J. Kramer | D.Weber | 1/2/2018 | 7/27/2018 or Rased on CVS Cutoff | Not started | | х | | | | | | | | × | я з | | | | |
| Pri Pr | ior Authorizations, Clinical rograms, & Formularies | 19 | 19.5.5 | Align on coding of Step Therapy (with or without lookback logic) | | L Vicory/1. Kramer | D. Weber | 1/2/2018 | 7/27/2018 or Based on CVS Cupoff | Not started | | | | | | | | | | x | | | | | |
| | ior Authorizations, Clinical ograms, & Formularies | 19 | 19.5.6 | Align on coding of PA (with our without lookback logic) | | L Vicery/L | D. Weber | 1/2/2018 | 7/27/2018 or Sased on CVS Cutoff | Not started | | | | | | | | | | | | | | | |
| | | 19 | | | | L-Vicory/1 | | 1/2/2018 | 7/27/2018 or Eased on CVS | | | | | - | | | | - | | - | | | - | | |
| Pre | ograms, & Formularies | 19 | 19.5.7 | Align on coding and rule for Proactive PA (diagnosis, age, etc.) | | Kramer | D. Weber | 1/2/2018 | Based on CVS Cutoff | Not started | | | | | | | | | | * | | | | | |
| | | 19 | 19.6 | Medicare Part D Formulary and UIM Build | IngenioRx signs off on all Medicare Part D formulary and UM loaded based on benefit waves to support benefit testing, starting in 2006, as well as change control in place to capture changes prior to 1/1/2020 | | | 12/11/2017 | 9/27/2019 | | | | | | × | | | | | | × | × | | | |
| g Pri | ior Authorizations, Clinical | 19 | 19.6.1 | Coordinate Medicare Part D formulary and UM load based on waves for Benefit | | L Vicory | D. Weber | 12/11/2017 | 12/31/2017 | Completed | | | | | × | | | | | | | | | | Initial 2019 CMS submission to be shared CVS likely June 2018. Additional updates |
| _ Pri | rograms, & Formularies for Authorizations, Clinical | 19 | | configuration Load and QA Medicane Part D formulary and UM for Benefit configuration and | | | | | | | | | \vdash | | × | - | - | ++ | + | - | | + | - | Due date based on waves for Benefits load and | follow |
| Pri Pri | orrams. & Formularies for Authorizations, Clinical | 19 | 19.62.1 | testing | | E. Vicory | D. Weber D. Weber | 6/1/2018 | 20/21/2018 | Not started Not started | | 3 | | | × | | | + | + | - | | + | - | validation (Medicare wave 1 to start 5/1/2018) | |
| Pr | contame. & Formularies | 19 | 19621 | Initial HPMS file load and Stage 1 Review Updates | | L Vicory | D. Weber | | | | | | \vdash | | | - | - | ++ | + | - | | + | - | | - |
| Pro | corrams. & Formularies | 19 | 19.6.2.2 | Stage 2 Review Updates | | L Vicory | D. Weber | 8/1/2018 | 9/30/2018 | Not started | | | | | × | - | - | ++ | + | - | | + | - | | - |
| Pri | ograms, & Formularies for Authorizations, Clinical | 19 | 19.62.3 | Stage 3 Review Updates | | L Vicory | D. Weber D. Weber | 10/1/2018 8/31/2019 | 10/31/2018 | Not started Not started | | | | | × | | | - | + | - | 3 | + | - | | |
| | | 19 | 19.64 | Build Medicare Part D formulary updates in Medispan for go live on \$/\$/2000 Load and QA Medicare Part D formulary and UM updates for go live on \$/\$/2020 | | L Vicory | D. Weber D. Weber | 9/30/2019 | 10/31/2018 | Not started | | 1 | | | × | | | + | + | - | | + | - | Confirm that dates will work with Benefits team Confirm that dates will work with Benefits team | |
| | ograms, & Formularies for Authorizations, Clinical | 19 | 19.6.5 | Generate source material for Medicare Part D marketing materials for QA and | | | | | | | | | | ++ | - | | | + | + | - | 3 | + | - | were well dates will work with wenefits team | |
| Pri Pri | rograms, & Formularies for Authorizations, Clinical | 19 | 19.6.5 | send to ingenicikx Create Medicare Part D marketine materials and mail to members. | | L Vicery L Vicery | D. Weber D. Weber | 7/29/2019 | 9/27/2019 | Not started | | | | ++ | - | | | + | + | - | 3 | × | - | | |
| Pn | oerams, & Formularies | 19 | 19.7 | Create Ned-Late Part of manuscrig materials and mail to the recent Medicald Formularly and UM Build | IngenioRx signs off on all Medicald formulary and UM loaded based on benefit waves to support benefit testing, starting in 2018, as well as change control in place to capture changes prior to 11/1/2010 | L wasy | D. WHOM | 11/13/2017 | | NO. 112 OIC | | | | | × | | | | | | | | | | |
| | in Authoristian (Tini | | | | changes prior to 1/1/2020 | | | | | | | | | | | | | | | | | | | | |
| Pri | rograms, & Formularies | 19 | | Evaluate Ingenicity, standard Medicald formulary and UM with CVS standard | | L Vicory | D. Weber | 11/13/2017 | 3/30/2018 | On track | | | | \perp | _ | | | \perp | \perp | _ | | | _ | | |
| Pn | contamic. & Formularies | | 19.7.2 | Establish Medicald transition approach and timeline Coordinate Medicald formulary and UM load based on waves for Benefit | | L Vicery | D. Weber | 11/13/2017 | 1/31/2018 | On track | | | \vdash | | × | - | - | ++ | + | - | | | - | | |
| 1,000 | for Authorizations, Clinical corrams. & Formularies for Authorizations, Clinical | 19 | 19.7.3 | conferration | | L Vicory | D. Weber | 12/11/2017 | 1/31/2018 | On track | | | | | × | | | | | | | | | | |
| Pu | for Authorizations, Clinical | 19 | 19.7.4 | Load and QA Medicald formulary and UM for Renefit configuration and testing | | L Vicory | D. Weber | 1/9/2018 | 11/16/2018 | Not started | | | | | | | | | | | | | | | |

| | Project Voyager 2020: Clinical Project Plan | Conf | idential | CLINICAL WORKSTREAM | | | | | | | | | | | | | | | | | | | | |
|--------------|---|--------------------------|--------------|---|---|--|--------------------------------------|-------------|------------------------------------|----------------------------|-------------------------|--|---|--|--|---|--|---------------------------|--------------|---------|--------------------|----------------|--|--|
| omm./ GBO | Event / Workstream | Event / Workstream ii | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (tegesicits) | Owner (CVS) | Start Clate | Due Cote | Status | Percent Complete Of Par | Benedits birm, COS, Extracts, & Accumulators Compliance, lagal & | Regulatory Dated Applications, Portab & Hubs ES Transition & | His brief loading Full Scope Testing History & Elit Mity | Human Resources, Takens & Sounding Inflastructure, | retribecture & Security Persist could need need | Christ Programs & clease Management & Charge Control | Reporting Stahdhol der | Conversed by | Medican | Medicald Continues | Sdes,Marketing | Dependency Description | Connects |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.7.4.1 | Load and setup formulary and LIM for Benefits Wave 1 (IN, IA, TX, KS, IA, GA) | Senefits Wave 1 to begin 3/19/2018 and end 6/15/2018 | L. Vicory | D. Weber | 1/9/2018 | 3/16/2018 | Not started | | x | | × | | Ì | Ė | | | | х | | | |
| | Prior Authorizations, Clinical Programs & Connularies | 19 | 19.7.4.2 | Load and setup formulary and UM for Benefits Wave 2 (FL, CA, VA, MD) | | L. Vicory | D. Weber | 3/19/2018 | 5/11/2018 | Not started | | 1 | | × | | | | | | | * | | | |
| | Prior Authorizations, Clinical Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.7.4.3 | Load and setup formulary and UM for Benefits Wave 3 (NY, SC, XX, DC) | 8/17/2018 Benefits Wave 3 to begin 6/18/2018 and end 9/14/2018 Benefits Wave 4 to begin 7/16/2018 and end | L. Vicory | D. Weber | 5/14/2018 | 6/15/2018 | Not started | | 1 | | × | | | | | | | 1 | | | |
| | Programs, & Formularies | 19 | 19.7.4.4 | Load and setup formulary and UM for Benefits Wave 4 (NJ, WA, NV)) Load and setup of formulary and UM for new plans as part of | senents Wave 4 to begin 7/19/2018 and end 10/19/2018 Senefits MOS to begin 10/19/2018 and end | L. Vicory | D. Weber | 6/18/2018 | 7/13/2018 | Not started | | 1 | | ж | | | | | | | 1 | | | |
| | Programs. & Formularies Prior Authorizations, Clinical | 19 | 19.7.5 | Maintenance of Business (MOBI) process | 11/16/2018 | L Vicory | D. Weber D. Weber | 9/3/2018 | 9/30/2019 | Not started Not started | | я | | × | | | | | | | 4 | | | |
| | POSTETS, & FOTTULENS | 19 | 19.8 | Build, load and QA Medicald formulary and UM updates for go live on 1/1/2000 Commercial and HIX Formulary and UM Build | IngenioRx signs off on all Commercial formulary and UM loaded based on benefit waves to support benefit testing, starting in 2018, as well as change coetrol in place to capture changes prior to 17,7920 | L Vicory | D. Weder | 12/11/2017 | 8/16/2019 | NOT ITSTORY | | | | * | | | | | | Ì | | | | |
| с | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.8.1 | Define the approach and timeline to migrate Commercial formularies | | L. Vicory | D. Weber | 12/11/2017 | 12/31/2017 | Completed | | | | × | | | | | | | | | | |
| | | 19 | | Coordinate Commercial and HIX formulary and UM load based on waves for Secoffs configuration | | L Vicory | D. Weber | 12/11/2017 | 12/31/2017 | Completed | | | | × | | | | | 1 | | 1 | | | |
| с | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.8.3 | Load and QA Commercial and HIX formulary and UM for Secreft configuration and testing | | L Vicory | D. Weber | 1/9/2018 | 11/16/2018 | Not started | | x | | × | | | | | | | | | Due date based on waves for Benefits load and validation (Commercial wave 1 to start 4/1/2018) | |
| | Dring Authorizations (Tinical | 19 | 19.83.1 | Load and Sature of National and Traditional Enemalary (EM2 EM2T) | Senefits Wave 1 to begin 3/19/2018 and end | L Vicory | D. Weber | 1/9/2018 | 3/16/2018 | Not started | | я | | × | | | | | x | | | | , | |
| | Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.83.2 | Load and setup of National Closed, HIX California, HIX Georgia, HIX Viceinia and Essential Communication for Benefits Wises 4 | \$/18/2018 Benefits Wave 4 to begin \$/14/2018 and end 8/17/2018 | L Vicory | D. Weber | 1/9/2018 | 5/11/2018 | Not started | | 1 | | × | | | | | ж | | | | | |
| | | 19 | 19.833 | Load and setup of all Remaining HIX Formularies for Benefits Wave S through 7 | 8/17/2018 Senefits Wave 5 to begin 6/18/2018 and end 10/19/2018 | L Vicory | D. Weber | 1/9/2018 | 6/15/2018 | Not started | | х | | × | | | | | х | | | | | |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.83.4 | Maintenance of Business (MOR) process | Senefits MOS to begin 10/19/2018 and end 11/16/2018 | L Vicory | D. Weber | 9/3/2018 | 11/16/2018 | Not started | | 1 | | × | | | | | 1 | | | | | |
| с | | 19 | 19.84 | Build, load and QA all Commercial and HIX formularies and UM updates for go live on 1/1/2020 | | L. Vicory | D. Weber | 6/3/2019 | 8/16/2019 | Not started | | х | | × | | | | | х | | | | | |
| | | 19 | 19.9 | Concurrent DUR Edits | ingenioRx signs off on all concurrent EDU edits correctly set up and tested prior to go- | | | 1/2/2018 | 6/29/2018 | | | x | | | | | | | | × | × | | | |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.9.1 | Review current Medissan standard for cDUR | live | L Vicory / I. Kramer | D. Weber | 1/2/2018 | 3/30/2018 | Not started | | | | | | | | | | | | | | |
| | Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.9.2 | Determine the setup and customization (hard stop vs. soft block) | | L Vicory / 1. Eramer | D. Weber | 4/2/2018 | 6/29/2018 | Not started | | | | | | | | | | | | | | |
| | Dring Authorizations Clinical | 19 | 19.9.2.1 | Determine the process to handle duplicate therapy for all LDBs | | L. Vicory / I. | D. Weber | 4/2/2018 | 6/29/2018 | Not started | | | | | | | | | | - 1 | | | | |
| | Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.9.3 | Identify the implementation requirements for customizations | | Kramer L. Vicory / J. Kramer | D. Weber | 4/2/2018 | 6/29/2018 | Not started | | * | | | | | | | | | | | | |
| | Prior Authorizations, Clinical | 19 | 19.10 | Proactive PA Setup Evaluate current and future umant edit capabilities across states to identify | ingenioRx signs off on data load status (validated through extracts and test claims as | | | 1/2/2018 | 2/29/2018 | | | | | | | | | | × | × | × | | | |
| | Programs, & Formularies | | 19.10.1 | shallone current and future unamedic capabilities scross states to identify phasing for parallel testing and communication to CVS (quarterly checks) Establish Medical Claims Connectivity - Establish connectivity for medical claims | (validated through extracts and test claims as required) | L Vicory | D. Weber | 1/2/2018 | 1/26/2018 | Not started | | | | | | | | | * | | - | | | |
| C/G | Programs, & Formularies | 19 | 19.10.2 | diagnosis data between IngenicRx and CVS. Dependency on availability of IT resources likely Clinical Resource Support | | L. Vicory | D. Weber | 1/26/2018 | 2/28/2018 | Not started | | A_{ν} | | | | | | | * | | 1 | | | |
| | Prior Authorizations, Clinical | 19 | 19.11.1 | Clinical Resource Support Align on resource strategy and plan in light of Q4 2017 ramp-up | | L. Vicory | D. Weber | 11/13/2017 | 3/31/2018 | On track | | | | × | | | | | | - 1 | | | | |
| | Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.12 | Reporting and Analytics | | L Ansari / L Vicery | | 12/11/2017 | 12/21/2018 | Not started | | x | | | | | x | x | х | x | x x | | | |
| | Dries forth printed and Chales | 19 | | Define clinical reporting requirements for all LOB Determine clinical reports to be owned in-house vs. provided by CVS | | L. Ansari / L. Vicory | D. Weber D. Weber | 12/11/2017 | 1/31/2018 | Not started Not started | | | | | | - | | × | | | x x | | | |
| | Programs. & Formularies Prior Authorizations, Clinical | 19 | | Coordinate with Reporting workstream to implement clinical reporting | | L Ansari / L Vicory | D. Weber | | 12/21/2018 | Not started | | | | | | | x | | | | 1 1 | | | |
| | Programs, & Formularies | | 19.12 | requirements Fraud, Waste and Abuse | | | | 2/1/2018 | 6/30/2018 | | | | | | | | | | x | × | x | | | |
| | Prior Authorizations, Clinical Programs, & Formularies Prior Authorizations, Clinical | 19 | | Provide input in FWIA strategy development Define the process to communicate (e.g., receive information and escalate | | T. Weber / L. Vicory T. Weber / L. | D. Weber | 2/1/2018 | 6/30/2018 | | | | | | | | | | | - 1 | | | | |
| | Programs. & Formularies | 19 | 19.13.2 | Define the process to communicate (e.g., receive information and escapte insued with SIU team. | | Vicory Vicory | D. Weber | 2/1/2018 | 6/30/2018 | Not started | | | | | | | | | | | | | | |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.14.1 | Develop template and other collateral supporting Clinical Programs including, but not limited to, formulary change notification, UM changes, drug recalls, and clinical publications (e.g., formulary search, booklets and other private labeled programs provided by CVS) | ingeniolis conducts proofing and signs off on templates and specifications | L. Woory | D. Weber | 11/13/2017 | 9/27/2019 | Not Started | | | | | | | | | | , | 1 × | | | Timeline will be ad hoc based on ad hoc communication. There is a 20-day turnarou time expectation |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.14.2 | Obtain branding requirements for all communications and collateral supporting Clinical Programs | | M. Menke-Watts / L. Vicory | D. Weber | 1/2/2018 | 3/31/2018 | Not Started | | | | | | | | | * | | x x | * | Branding requirement owners: Commercial - Monica and communications workstream; GBD - Account Management | |
| | | 19 | | Establish the clinical and formulary communications process | | L Vicory | D. Weber | 1/2/2018 | 9/30/2018 | Not Started | | | | | | | | | | П | | | - manager Mills | |
| | Programs, & Formularies | 19 | 19.14.3.1 | Understand CVS current state process | | L Vicery | D. Weber | 1/2/2018 | 3/30/2018 | Not Started | | | | | | | | | | | | | | |
| | Prior Authorizations, Clinical Programs. & Formularies | 19 | 19.14.3.2 | Determine joint future-state process | | L Vicery | D. Weber | 4/1/2018 | 9/30/2018 | Not Started | | | | | | | | | | | | | | |
| | | 19 | | Inventory all clinical communications and marketing materials used for downstream client / provider / prescriber engagement (e.g., brand / generic counseling) | | L Vicory | D. Weber | 1/2/2018 | 3/31/2018 | Not Started | | | | | | | | | | | | | | |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.14.5 | Review of CVS capabilities for formulary alternative identification, and define policies and procedures regarding the presentation of clinical opportunities to | | L Vicory | D. Weber | 1/2/2018 | 2/2/2018 | Not Started | | | | | | | | | | | × | | | |
| C/G | | 19 | 19.14.6 | clients / members Establish the process for clinical communications fulfillment | | L Vicory | D. Weber | 4/1/2018 | 6/30/2018 | Not Started | | | | ш | | | | | * | | × | | | |
| | | 19 | 19.15 | Prior Authorization - Connectivity and Infrastructure | IngenioRx signs off on connectivity between Agadia and CVS systems validated through | | | 11/13/2017 | 9/30/2018 | | | × | × | x | | | × | | × | × | x x | | | |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.15.1 | Define system integrations and dependencies | and all letting | A. Matthews / B. | TRO | 12/14/2017 | 12/31/2017 | On track | | | | | × | | | | | | x x | × | | |
| | Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.15.2 | Determine requirements to establish connectivity between Agadia and RuClaim | | A. Matthews / B. Hall | TRO | 12/14/2017 | 12/91/2017 | On track | | я з | | | ж | × | | × | | П | x x | | | |
| | Prior Authorizations, Clinical Programs. & Formularies | 19 | 19.15.2.1 | Conduct detailed mapping between PA Hub and RuClaim (test claim functionality, adjudication, reject macoins, effectuation) Conduct detailed mapping between Cover My Meds, Agadia and | | A. Matthews / R. Hall | TRO | 12/14/2017 | 2/2/2018 | Not started | | х 2 | | | × | × | | × | | | 1 1 | | | |
| | | 19 | 19.15.2.2 | Conduct detailed mapping between Cover My Meds, Agadia and RuClaim (test claim functionality, adjudication, reject mapping, effecuation) | | A. Matthews / R. Hall | TRO | 12/14/2017 | 2/2/2018 | Not started | | | | | × | x | | х | | | x x | | | |
| | | 19 | 19.15.2.3 | effecuation) Define CMM mail and speciality ePA process (shell cases) | | A. Matthews / B. | TRD | 12/14/2017 | 1/31/2018 | Not started | | | | | × | × | | × | | Н | 1 1 | × | × | |
| | Prior Authorizations, Clinical Prior Authorizations, Clinical | 19 | 19.15.3 | Define Agadia use cases to test connectivity | | A. Matthews / R. Hall | TBD | 1/1/2018 | 1/31/2018 | Not started | | | | | × | × | | × | | П | х х | × | | |
| | | | | | | A. Matthews / R. | | | | | | | | | | | | | | | | | | |
| | Programs. & Formularies Prior Authorizations, Clinical Programs. & Formularies | 19 | | Determine new infrastructure requirements for PA operations (if needed) | | Mall | D. Weber | 12/14/2017 | 1/31/2018 | Not started | | 1 | | | | ж | | ж | 3 | | 1 1 | | | |
| | Prior Authorizations, Clinical Programs. & Formularies | 19 | | Determine new infrastructure requirements for PA operations (if needed) implement the connection between Agadia (test claim functionality, adjudication, reject mapping, effecuation) and CVS Ructains | | | D. Weber N. Lindahi N. Lindahi | 1/1/2018 | 1/31/2018 6/1/2018 7/30/2018 | Not started Not started | | х . | | | | x x | | x x | | | x x | | | Commercial, Medicare, Medicald |

| Project Voyages 2020: Clinical | | | CLINICAL WORKSTREAM | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------|--------------|---|--|----------------------------------|---------------------------|------------|------------|----------------------------|---------------------|---|---|---|--------------------|--|---|---|--|----------------------------|------------|----------|------------|-----------------|--------------------|--|-------------------------------------|
| Project Plan | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Cox | | an Passa | ander | | | | \neg | Complete | of Passent | | | | |
| n. / Eveet / Workstream | Event / Workstream D | Milestone ID | Mäestonal Activity | Acceptance Criteria | Owner (IngenicRx) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | Agt e Development Operations Control Benefits | Dalms, OOS, Eseracts, & Accumulation Completence, legal & Regulation | Ogitá Appleaíon, Portak & Nubs ES Transión & Historial Losding | Full Scope Testing | Herardy & Cliffolity Human Resources, | Infestructure, Arthesture & Security | Prior Authorization, Christ Progress & | belease M magament & Charge Control | Stabuled der Management | Contrasted | Medican | Medicald | Z-q-c/Ma-y-cg/Z | Spedaky/Mail Order | Dependency Description | Comments |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.15.7 | Build connectivity and infrastructure to support member PA status check | | A. Matthews / R. Hall | N. Undahl | 1/1/2018 | 7/30/2018 | Not started | | | | × | | | | × | | | | | | . x | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.15.7.1 | Establish connection between Agadia and member portals | | A. Matthews / R. Hall | N. Lindahi | 1/1/2018 | 7/31/2018 | Not started | | | | ж | | | | × | | | 4 | | | × | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.15.7.2 | Establish connection between Agadia and CVS Client Online Service (COS) | | A. Matthews / R. Hall | N. Lindahl | 1/1/2018 | 7/30/2018 | Not started | | | | | | | | × | | | | | * | . x | | | |
| Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.15.7.3 | Establish connection between Agadia and People Safe (Member Services) | | A. Matthews / R. Hall | N. Lindahl | 1/1/2018 | 7/30/2018 | Not started | | | | | | | | x | | | V | | 1 | × | | | |
| Prior Authorizations, Clinical | 19 | 19.15.8 | Build router for CVS to send PA to IngenioRx (Agadia) for all LOB | | A. Matthews / R. | N. Lindahi | 12/11/2017 | 1/91/2018 | Not started | | | | | | | | × | | | - 1 | | + 4 | | | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.15.9 | Align PA criteria set-up to new formulary structure across all LOBs | | Hall A. Matthews / B. | D. Weber | TRO | 190 | Not started | | | | | | | | 14 | | | | | 4 | | | | |
| Programs, & Formularies | 19 | 19.16 | Prior Authorization - Historical Data Load and Operations | IngenioRx signs off on data load into Agadia and relevant CVS systems validated through extracts and teating | Hall | | 11/13/2017 | 8/31/2018 | | | | × | х | | x | × | | | | | × | x : | | | PA historical data load is dependent on Hierarchy definition and timeline | |
| Prior Authorizations, Clinical | 19 | 19.16.1 | Conduct a detailed, joint walkthrough to understand current CVS processes | | A. Matthews / R. Hall | D. Weber | 12/13/2017 | 12/13/2017 | Not started | | | | | | × | | | | | | | | | | | |
| Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.16.1.1 | Understand CVS process for passing rejects to ingenic Rx from RxClaim (i.e., all rejects at once, single rejects sent separately, multiple rejects batched) | | A. Matthews / R. Hall | D. Weber | 12/13/2017 | 12/13/2017 | Not started | | | | | | × | | | | | | | (x) | | | | |
| Prior Authorizations, Clinical | 19 | 19.16.1.2 | Determine the prioritization and hierarchy of rejects | | A. Matthews / R. | D. Weber | 12/13/2017 | 12/13/2017 | Not started | | | | | | × | | | | | | | 1 | | | | |
| Programs. & Formularies Prior Authorizations, Clinical | 10 | 101613 | Understand how auths are loaded to RxClaim and drive to | | Hall A. Matthews / R. | D Waher | 12/13/2017 | 12/13/2017 | Not stated | | | | | | | | | | | | . | | | | | |
| Programs. & Formularies Prior Authorizations, Clinical | 19 | 19.16.2 | adjudication identify business requirements and IT build required | | Hall A. Matthews / R. | D. Weber | 1/2/2018 | 1/31/2018 | Not started | | × | - | | | - | | | | | × | - | | | | | |
| Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.16.3 | Determine the historical load required for PA data, by type (Denials, Grandfather Step Therapy, Refills including Refill too soon, vacation override) | | Hall A. Matthews / B. Hall | D. Weber | 11/13/2017 | 3/31/2018 | Not started | | H | | | | × | Ĥ | | | | | | | | | | |
| Prior Authorizations, Clinical | 19 | 19.16.3.1 | Conduct data mapping exercise to understand data transfer | | A. Matthews / R. | D. Weber | 11/13/2017 | 3/31/2018 | Not started | | | | | | | | - | | | | | | + | | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.16.3.2 | requirements Determine the timing to move historical files to CVS | | Hall A. Matthews / R. | D. Weber | 11/13/2017 | 3/31/2018 | Not started | | | | | | | | - | - | | | | | + | | | |
| Programs, & Formularies Prior Authorizations, Clinical | 19 | 19.16.3.3 | Danadon Sá nuncur stratego | | Hall A. Matthews / R. | D. Weber | 11/13/2017 | 3/31/2018 | Not started | | | | | | | | _ | | | | | | + | | | |
| Programs, & Formularies Prior Authorizations, Clinical | | 19.16.4 | Obtain PA transfer files from ESI and conduct validation (QA process TED) | | Hall A. Matthews / R. | D. Weber | 12/11/2017 | 8/31/2018 | Not started | | | | | | | | | | | | _ | _ | | | | Catch-up files in Q1 2019 and Q1 2 |
| Programs, & Formularies Prior Authorizations, Clinical | | 19.16.5 | Devalors hardows recovers to obtain transfer files: if needed | | A. Matthews / R. | D. Waher | 12/11/2017 | 12/1/2018 | Not started | | | | | | | | | | - | | - | | + | | | required |
| Programs, & Formularies Prior Authorizations, Clinical | | 19.16.6 | Load the appropriate Prior Authorization historical data into CVS system(s) | | A Matthews / R. | D. Weber | 9/1/2018 | 12/1/2018 | Not started | | | | | | - | | - | | - | | | | - | | | |
| Programs, & Formularies Prior Authorizations, Clinical | | 19.16.7 | Align on how PAs will be overridden by Clinical (leveraging existing CVS best | | A Matthews / R. | D. Weber | 11/13/2017 | 6/4/2018 | Not started | | - | | 1 | | x | | + | | + | 1 | | 1 | | | | |
| Programs. & Formularies Prior Authorizations, Clinical | | 19.16.8 | aractices and and "creative codins"! Align on how PAs will be handled differently by CVS system | | A. Matthews / R. | D. Weber | 11/13/2017 | 6/4/2018 | Not started | | | | | | - | + | - | \vdash | + | 1 | | 4 1 | | | | |
| Programs, & Formularies Prior Authorizations, Clinical Programs, & Formularies | 19 | 19.16.8.1 | Determine If CVS PA load process includes expansion step similar to GCN Expansion process with ESI (e.g., dose expansion) and define | | A. Matthews / R. | D. Weber | 11/13/2017 | 6/4/2018 | Not started | | | 1 | | | × | | | | | | | | | | | |
| Programs, a Pormouries | 19 | 19.17 | rules to be followed by CVS Iff Deliverables | | Nai | | 11/27/2017 | 7/19/2018 | | | | | | | | | | | | | | | | | | IT deliverable / projects added per |
| Prior Authorizations, Clinical | | 19.17.1 | IT-Clinical Automation Test I/F-IngenioRs Drug List-Scope | | | N. Lindahi / M. | 2/22/2018 | 07/19/2018 | Nonstand | | | | | | | | | | | | | | | | | direction on 12/8 |
| Programs, & Formularies Prior Authorizations, Clinical | | | Determine scope of (T project Clinical Automation Test) / F: | | T. Hasses | Govern N. Lindahi / M. | | | | - | | 4 | H | \vdash | + | \vdash | + | \vdash | + | + | + | + | + | \vdash | | |
| Programs, & Formularies Prior Authorizations, Clinical | | 19.17.1.1 | IngenioRx Drug List Deploy IT project Clinical Automation Text I / F: IngenioRx Drug List | | T. Hansen T. Hansen | Govern N. Lindahl / M. | 07/19/2018 | | Not started Not started | | | | \vdash | \vdash | + | H | + | H | + | + | + | + | + | Н | | - |
| Programs, & Formularies Prior Authorizations, Clinical | | 19.17.1.2 | Deploy IT project Clinical Automation Test i / F: IngenioRx Drug List IT-Adiud, Plan Design Enhancements-Adiud, Smart Edit (Discovery) | | T. Hansen T. Hansen | Govern N. Lindahl / M. | 11/27/2017 | 01/05/2018 | Not started | | | | + | \vdash | + | + | + | + | + | + | + | + | + | Н | | - |
| Programs, & Formularies Prior Authorizations, Clinical | | | | | T. Hasses | Govern N. Lindahl / M. | | | | | - | + | \vdash | \vdash | + | \vdash | + | \vdash | + | + | + | + | + | Н | | |
| Programs, & Formularies Prior Authorizations, Clinical | | | IT - Clinical Programs | | | Govern N. Lindahl / M. | 1/2/2018 | 20/21/2018 | Not started | | ++ | - | \vdash | \vdash | + | \vdash | + | \vdash | + | + | + | + | + | \vdash | | |
| Programs, & Formularies | 19 | 19.17.3.1 | Deliver SG copay tag at the claim level for Generic Select program | 1 | T. Hansen | Gourn | 07/19/2018 | 07/19/2018 | Not started | | 1 1 | 1 1 | 1 1 | ı I | - 1 | 1 | - 1 | 1 1 | 1 1 | - 1 | 1 1 | - 1 | 1 | 1 1 | | 1 |

| Project Voyage Last Updated: | er 2020 | : Project | Plan Draft Confidential | CONTRACT, LEGAL AND REGULA | TORY WORK | STREAM | | | | | | | | |
|---|--------------------------|--------------|--|--|----------------------|---|------------------------|------------------------|----------------------------|------------------|--|--|---|--|
| | | Legen | Milestone / Activity in Mack - Contract, Legal and Regulatory Workstream has dir Milestone / Activity in Grey - Contract, Legal and Regulatory Workstream has over | ect responsibilities to execute ensight only, dependency on other Workstream / Eyent to | esecute | | | | | | | | | |
| Event / Workstream | Ewest / Workstream ID | Milestone ID | Milesson/Activity | Acceptance Criteria | Owner (IngenicRu) | Owner (CVS) | Start Cote | Due Cote | Status | Percent Complete | Benefits Galen, Ook Farrace, & Accommented on Accomment legal & Tooks on Dearl open or Marions By and Apl Code Need & Hode States & Hode | The control of the co | Dependency Description | Comments |
| Contract, Legal, and Regulatory | 11 | 11.1 | Contract Compliance and Deliverable Management | Ingenialix signs off on receipt of contract obligation submissions and approves the deliverables | T. Weber | W. Greene | 10/18/2017 | 12/31/2019 | On Track | 62% | * * * * * * | * * * * * * * * * * * * * * * * | x Contract deliverable management is joint effort with TMO | |
| Contract, Legal, and Regulatory | 11 | 11.1.1 | Align on the list of contractual deliverables / obligations between ingenioRs and CVS | | T. Weber | W. Greene | 10/18/2017 | 11/17/2017 | Complete | 100% | × | | 7 | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.1.2 | Define the contractual deliverables / obligations management protocols in collaboration with TMO | | T. Weber | W. Greene | 10/18/2017 | 11/90/2017 | Complete | 100% | × | | | |
| Contract, Legal, and Regulatory | 11 | 11.1.3 | Complete CLR-related near-term contract obligations Busines CLY-SC strandards structure, and amount at risk | | T. Weber | W. Greene | 10/18/2017 | 12/31/2019 | in Progress | 12% | | | | CVS shared numbers on the MEN DS document on |
| Contract, Legal, and Regulatory | 11 | 11.13.1 | Review CVS* PG standards, structure, and amount at risk provided to any other client that is a more favorable than what was committed to imperiosic under the PBM Contract, including the number of times such provision has been offered to other clients with 500,000- | | T. Weber | W. Greene | 10/18/2017 | 10/18/2017 | In Progress | 30% | × | | | CVS shared overview on the MFN PG document on 11/15; aligned on disclosure requirement per contractual provisions (12/15); CVS to provide timeline by 12/22 when information will be shared with insensible. |
| Contract, Legal, and Regulatory | 11 | 11.1.3.2 | Provide allocation of financial penalty amounts across each implementation Guarantees as identified in the final implementation Plan | | T. Weber | | 10/18/2017 | 2/14/2018 | In Progress | 10% | | * * * * * * * * * * * * * * * * | × | |
| Contract, Legal, and Regulatory | 11 | 11.13.3 | Provide allocation of ongoing performance standard cenalty amounts across each PG | | T. Weber | | 1/1/2018 | 12/31/2019 | Not Started | 0% | * * * * * * * | * * * * * * * * * * * * * * * * * * | × | |
| Contract, Legal, and Regulatory | 11 | 11.1.3.4 | Confirm operational protocols (e.g., P&P) for the Non- Solicitation obligation | | A. Rothman | W. Greene | 10/18/2017 | 1/31/2018 | in Progress | 30% | | | Dependency on Legal, Pharmacy Leadership, and Sales and Marketing Event | 1/5 - T. Gilson confirmed CVS has protocols in place; on Sales and Marketing workplan to create P&P |
| Contract, Legal, and Regulatory | 11 | 11.1.3.5 | Confirm operational protocols (e.g., PBP) for the Conflict of Interest Disclosure/Affiliation with Competitors | | A. Rothman | W. Greene | 10/18/2017 | 1/31/2018 | In Progress | 10% | | | Dependency on Legal, Pharmacy Leadership, Sales and Marketing Event, and CVS | 1/5 - Taryn to follow up |
| Contract, Legal, and | 11 | 11.1.4 | obligation Complete initial coordination with TMO to distribute relevant | | T. Weber | W. Greene | 10/18/2017 | 12/4/2017 | Complete | 200% | | * * * * * * * * * * * * * * * * * * | Procurement | |
| Regulatory Contract, Legal, and | 11 | 11.1.5 | contract sections to Events / Workstreams Coordinate with TMO on implementation guarantees management | | T. Weber | W. Greene | 10/18/2017 | 12/31/2019 | Not Started | 9% | | * * * * * * * * * * * * * * * * | Dependency on joint TMO to drive | |
| Regulatory Contract, Legal, and | | | Obtain find instrumentation also and the of | | T. Weber | W. Greene | | | Not Started | | | | Events / Workstreams | |
| Regulatory Contract, Legal, and | 11 | 11.1.5.1 | inglementation guarantees from TMO Approve and incorporate final inglementation plan and inglementation guarantees in the contract amendment | | | | 12/11/2017 | 1/12/2018 | | ON. | | * * * * * * * * * * * * * * * * * | * | |
| Regulatory Contract, Legal, and | 11 | 11.1.5.2 | implementation guarantees in the contract amendment (cover page and exhibit) (continuously 1940 on all no enjorimetementation | | T. Weber | W. Greene | | 1/14/2018 | Not Started | OK . | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.1.5.3 | guarantees tracking (CLR and non-CLR) Governance Committees Setup and Support | Standup of CRCC and other governance committee | T. Weber T. Weber | W. Greene W. Greene | 1/15/2018 | 12/31/2019 | Not Started On Track | 25% | | * * * * * * * * * * * * * * * * * | | |
| Regulatory Contract, Legal, and | 11 | 11.2 | Identify IngenioRx and CVS governance committee leads | cadence and processes | T Weber | W. Greene | 10/18/2017 | 12/1/2017 | Complete | 1005 | | * | x and leads identified | IngenioRx chair and CVS point person identified for |
| Regulatory Contract, Legal, and | 11 | 11.2.2 | Provide committee charter template to owners (e.g., charter, membership, meeting date/ time etc.) | | T. Weber | W. Greene | 10/18/2017 | 12/91/2017 | In Progress | SON | × | | | each committee establishment Aligned on governance committee charter template to be filled out by leads / chain; individual |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.2.3 | Establish Contract & Regulatory Compliance Committee | | T. Weber | W. Greene | 11/6/2017 | 1/31/2018 | In Progress | XX | | * * * * * * * * * * * * * * * * * * | × | Draft charter to be reviewed by joint team; additional members to be ensured |
| Resulatory Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.2.4 | Obtain charter and validate start date of Joint Reliability Committee | | T. Weber | W. Greene | 11/6/2017 | 1/31/2018 | Not Started | ON. | × | | | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.2.5 | Obtain charter and validate start date of Strategy, Innovation & Growth Committee (SSC) | | T. Weber | W. Greene | 11/6/2017 | 1/31/2018 | Not Started | - es | × | | | |
| Regulatory Contract, Legal, and | 11 | 112.6 | Obtain charter and validate start date of Executive Steering Committee (ESC) Obtain charter and validate start date of Joint Change Board (KCR) | | T. Weber T. Weber | W. Greene W. Greene | 11/6/2017 | 1/31/2018 | Not Started In Progress | 20% | × | | | |
| Regulatory Contract, Legal, and | 11 | 1127 | Obtain charter and validate start date of Joint Change Roard (JCR) Obtain charter and validate start date of Specialty Task Force | | T. Weber T. Weber | W. Greene W. Greene | 11/6/2017 | 1/31/2018 | Not Started | 2N | * | | | |
| Contract, Legal, and Demolstory | 11 | 11.3.0 | CVS Subcontractor Review and Approval | IngeniaRx approves all CVS subcontractors and accepts updates to the PBM Contract Annex 3 | T. Weber | W. Greene | 10/18/2017 | 6/9/2018 | On Track | 2N | * * * * * * | * * * * * * * * * * * * * * * * | × | - |
| Regulatory Contract, Legal, and Regulatory | 11 | 113.1 | Validate process for audit of subcontractors | | T. Weber | C. Builey | 12/11/2017 | 1/15/2018 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.3.2 | Provide information on current CVS Subcontractor Oversight Process | | | C Sulley | 12/11/2017 | 1/15/2018 | Not Started | 0% | × | | | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.3.3 | Review the list of subcontractors CVS desires to provide Services under the PBM contract | | T. Weber | | 10/18/2017 | 4/13/2018 | In Progress | 4% | | x x x x x x x x x x x x x x x x x x x | × | Initial list of CVS subcontractor received; additional |
| Regulatory Contract, Legal, and | 11 | 11.3.3.1 | Deliver preliminary information for list of subcontractors Deliver remaining information bi-weekly until complete | | - | W. Greene / C. Balley W. Greene / C. Balley | 10/18/2017 | 12/21/2017 3/9/2018 | Complete Nor-Crustad | 100% | × | | | information required for insenioRx's review and |
| Regulatory Contract, Legal, and | 11 | 11333 | Communicate deficiencies and gaps identified in the | | T. Weber | W. Greene / C. stately | 3/12/2018 | 3/23/2018 | Not Started | ON. | * | | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.3.3.4 | subcontractor information review Provide remediation plan to resolve deficiencies and eaps identified | | /47 | C. Bulley | 3/25/2018 | 4/27/2018 | Not Started | es. | × | | | |
| Contract, Legal, and Regulatory | 11 | 11.3.3.5 | Provide approval of subcontractors | | T. Weber | - 47 | 4/90/2018 | 5/11/2018 | Not Started | ON. | x x x x x x | * | × | |
| Contract, Legal, and Regulationy Contract, Legal, and | 11 | 11.3.3.6 | Amend the PSM Contract to update Annex 3 (Approved Subcontractors) to reflect the subcontractors approved Review PSM contract amendment and request changes i | | | L Reriol | 5/14/2018 | 5/25/2018 | Not Started | 0% | × | | | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.3.3.7 | necessary | | T. Weber / M. Muci | | 5/28/2018 | 6/1/2018 | Not Started | ON. | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.3.3.8 | Submit final amendment for approval and signatures Contract Amendment Management | | T. Weber | L Florini L Hendrix | 6/4/2018 10/18/2017 | 6/8/2018 4/30/2018 | Not Started On Track | 9% | × | | | Part of CRCC scope |
| Regulatory Contract, Legal, and | 11 | 11.4.1 | Define process to request and manage drafting of changes to the | | T. Weber | J. Hendrix J. Hendrix | 11/6/2017 | 2/28/2018 | Not Started | es. | * | | Requires input from InsenioRx Legal Counsel | Part of CRCC scope |
| Regulatory Contract, Legal, and Englishes | 11 | 11.4.2 | ingeniaks-PBM Contract language Define contract amendment(s) review process | | T. Weber | J. Hendrik | 11/6/2017 | 2/28/2018 | Not Started | 0% | * | | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.4.3 | Define the process to keep the ingenioRx-CVS PSM Contract language current with regulatory guidance (e.g., Medicaid, HIX) | | T. Weber | J. Hendria | 11/6/2017 | 4/30/2018 | Not Started | on. | × | | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 1144 | language current with regulatory guidance (e.g., Medicaid, Hilt) Determine the processes to request an amended / restated agreement | | T. Weber | J. Hendrix | 1/1/2018 | 3/31/2018 | Not Started | 0% | × | | | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.5 | PBM Licensure and Accreditation Review Define process for CVS notification on licensure and accreditation | Ingerioks signs off on CVS meeting all licensure and accreditation recuirements | T. Weber | W. Greene / S. Duckworth | 10/18/2017 | 6/30/2019 | On Track | 13% | * | x x x | × | Introduction to be scheduled with Anne and S. |
| Regulatory | 11 | 11.5.1 | revocation / expiration and/or failure to maintain / obtain | | T. Weber | S. Duckworth | 1/1/2018 | 1/31/2018 | Not Started | en. | × | | | Durkworth |
| Contract, Legal, and Regulatory | 11 | 11.5.2 | Obtain list of CVS licensure by each state, copies of licenses and current accreditation certificates | | T. Weber | W. Greene / 9. Irvin | 10/18/2017 | 1/18/2018 | In Progress | 30% | × | | | Summary of request sent to Bill Irvin regarding CVS licensure by state and all accreditation certificates (11/28) |
| Contract, Legal, and Regulatory | 11 | 11.5.3 | Obtain list of all CVS Mail and Specialty locations to serve lingerioRx Intender and backup / overflowl CVS to provide accreditation and licensure of all Mail / Specialty | | T. Weber | W. Greene | 10/18/2017 | 12/1/2017 | Complete | 100% | × | | 1 | List received on 12/29 |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.5.4 | CVS to provide accreditation and licensure of all Mail / Specialty observacies. Interciols to review accreditation and licensure of all Mail / Specialty. | | - | S. Duckworth / B. Invin | 11/18/2017 | 1/18/2018 | Not Started | 0% | × | х | × | Including state ID and Medicald ID Each Mail Order Pharmacy shall be Icensed to |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 1155 | Ingenioks to review accreditation and licensure of all Mail / Specials, pharmacies Ingenioks to provide list of deliciencies and gaps identified to CVS, if | | T. Weber T. Weber | | 1/18/2018 | 1/31/2018 | Not Started | on on | × | х | × | Each Mail Order Pharmacy shall be licensed to dispense in all states they are serving |
| Regulatory Contract, Legal, and | 11 | 115.6 | Obtain CVS' plan to close gaps in licensure and accreditation | | T. Weber | S. Duckworth / M. | 11/18/2017 | 1/31/2018 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and | 11 | 115.7 | Review CVS' plan to close gaps in licensure and accreditation (if | | T. Weber | Settarelli | 3/1/2018 | 3/31/2018 | Not Started | os. | × | | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.5.9 | applicable) CVS to close gaps and implement necessary corrective actions | | - | S. Duckworth / M. Bettarelli | 4/1/2018 | 6/30/2018 | Not Started | 0% | × | | | |
| Contract, Legal, and | 11 | 11.5.10 | Develop Delegation inventory Document for items delegated and subject to accreditation requirements. | | T. Weber | M. Rettarelli | 9/1/2018 | 1/31/2019 | Not Started | 0% | × | | | Documentation of all standard and who holds the ownership (IngenioRx, CVS, vs. Joint), including roles |
| | | | management to state transmission integration areas. | - | | | | | | | | | | / responsibilities |

| Project Voya | ger 2020 | : Project | Plan Draft Confidential | CONTRACT, LEGAL AND REGULAT | TORY WORK | STREAM | | | | | | | | |
|---|--------------------------|-------------|---|---|---|---|----------------------|------------------------|----------------------------|---------------|--|--|---|---|
| catt opdated. | 171002018 | | | | | | | | | | | | | |
| | | Legen | d: Milestone / Activity in Black - Contract, Legal and Regulatory Workstream has dis Milestone / Activity in Gray - Contract Legal and Regulatory Workstream has on | | esecute | | | | | | | | | |
| Eveet / Workstream | Ewest / Workstream ID | Milestone D | Milestone/Activity | Acceptance Criteria | Owner (Ingenicifu) | Owner (CVS) | Start Cote | Due Date | Status | Percent Compl | Benefits Microsoft Stores, & Total Stores, & Total Stores, & Microsoft Stores, & Micr | Operational healther The Americanson, The Amer | Oppendency Description | Comments |
| Contract, Legal, and Regulatory | 11 | 11.5.11 | Re-verify CVS' Scensure and accreditation information by each state | | T. Weber | S. Duckworth / M. Bettarelli | 5/1/2018 | 6/30/2019 | Not Started | 0% | × | | | |
| Contract, Legal, and Regulatory | 11 | 11.6 | Policy, Procedure Development and Business Process Definition | Joint sign off on final CLR related Policy, Procedure and Business Process documentation | T. Weber | W. Greene | 1/1/2018 | 12/21/2018 | On Track | es. | × | | TMO to coordinate with each Events / Workstreams to own their relevant P&P's | Including process on CVS reports to be delivered to CLR for Compliance and Audit review |
| Contract, Legal, and Regulatory | 11 | 11.6.1 | Establish inventory of current CLR related policy, procedure and business processes | | T. Weber | S. Rebles | 1/1/2018 | 12/31/2018 | Not Started | 0% | × | | | |
| Contract, Legal, and | 11 | 11.6.2 | Refine current CLR related policy, procedure and business processes and establish future state P&P Review and approve subcontractor CLR related policy, procedure | | T. Weber | W. Greene / S. Behles | 1/1/2018 | 12/31/2018 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.6.3 | and business processes | | T. Weber | W. Greene / C. Bailey | 1/1/2018 | 12/31/2018 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.64 | Update and maintain CLR related P&P as needed | InternioRx approves processes to monitor and track | T. Weber | W. Greene / S. Behles | 1/1/2018 | 12/31/2019 | Not Started | 0% | | | | |
| Regulatory Contract, Legal, and | 11 | 11.7.1 | Internal Compliance and Audit Processes Setup Align with Reliability on scope and processes for compliance error | lexal and operational compliance, conduct internal | T. Weber | W. Greene | 11/1/2017 | 12/31/2019 | On Track Not Started | 0% 0% | | * * * * * * * * * * * * | × | · |
| Regulatory Contract, Legal, and | 11 | 11.7.1 | reporting and escalation Develop compliance error reporting and CAP process | | T. Weber T. Weber | J. Jackson / D. Bloser J. Jackson / D. Bloser | 2/1/2018 | 5/31/2018 | Not Started | 0% | | | v | |
| Regulatory Contract, Legal, and | 11 | 11.7.3 | Develop pharmacy PWA management strategy, process and | | T. Weber | W. Greene | 2/1/2018 | 6/30/2018 | Not Started | 0% | | * * * * | Overpayment / recoupment that is owned to | Y |
| Regulatory Contract, Legal, and | 11 | 11.7.4 | reporting, jointly with Conporate partner Develop processes and criteria for direct Mail Order / Specialty pharmacy audit | | T. Weber | S. McCall | 4/1/2018 | 9/30/2018 | Not Started | 0% | · · | | CLR, but need to work with Corporate parts | er . |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.7.5 | Define PG reporting and documentation requirements | | T. Weber | W. Greene | 4/1/2018 | 12/31/2019 | Not Started | 0% | | * * * * * * * * * * * * | × | |
| Regulationy Contract, Legal, and Regulatory | 11 | 11.7.6 | Define Client PG reporting and documentation requirements | | T. Weber | W. Greene | 4/1/2018 | 12/31/2019 | Not Started | 0% | | | × | |
| Contract, Legal, and Regulatory | 11 | 11.7.7 | Define subcontractor oversight requirements, including quarterly report-out, audit is.e., supplier quality assurance) | | T. Weber | C. Builey | 4/1/2018 | 12/31/2018 | Not Started | 0% | × | | | |
| Contract, Legal, and Regulatory | 11 | 11.7.8 | Define privacy / HIPAA processes | | T. Weber | A. Nijer | 2/1/2018 | 6/30/2018 | Not Started | 0% | | * * * * * * * * * * * * * | | |
| Contract, Legal, and Regulatory | 11 | 11.7.9 | Define IngenioRx Oversight Audit processes | | T. Weber | W. Greene / G. Kerrigan | 4/1/2018 | 6/30/2019 | Not Started | 0% | * * * * * * * * * * | * * * * * * * * * * * * * * * | | |
| Contract, Legal, and Regulatory | 11 | 11.7.9.1 | Define Competitive Pricing and Performance Guarantees Audit processes | i. | T. Weber | G. Kerrigan / B. Roman | 4/1/2018 | 12/31/2018 | Not Started | 0% | * | × | CLR to help coordinate the process; Financia Transition team to define the requirements | |
| Contract, Legal, and Regulatory | 11 | 11.7.9.2 | Define Pre and Post implementation Audit processes | | T. Weber | G. Kerrigan | 4/1/2018 | 12/31/2018 | Not Started | 0% | | * * * * * * * * * * * * * * | × | |
| Contract, Legal, and Regulatory | 11 | 11.7.9.3 | Define Monthly Claim Audit processes | | T. Weber | G. Kerrigan | 4/1/2018 | 12/31/2018 | Not Started | 0% | x x | x x x x | | |
| Contract, Legal, and Regulatory | 11 | 11.7.9.4 | Define process for ingenioRx to audit CVS contracted pharmacies via 3rd party auditor Define processes for ingenioRx direct audits of Mail and | | T. Weber | S. McCall | 1/1/2019 | 6/30/2019 | Not Started | 0% | | x x x x | | |
| Contract, Legal, and Regulatory | 11 | 11.7.9.5 | Define processes for ingenioRx direct audits of Mail and Specialty pharmacies | | T. Weber | G. Kerrigan | 1/1/2019 | 6/30/2019 | Not Started | 0% | × | | | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.7.9.6 | Define processes for IngenioRx Operational audits | | T. Weber | G. Kerrigan | 4/1/2018 | 12/31/2018 | Not Started | 0N | | * * * * * * * * * * * * * * * | | |
| Regulatory Contract, Legal, and | 11 | 11.7.9.7 | Define Government Audit processes Define Accreditation Audit processes | | T. Weber T. Weber | G. Kerrigan | 4/1/2018 4/1/2018 | 12/31/2018 | Not Started | 0% 0% | | * * * * * * * * * * * * * | | |
| Regulatory Contract, Legal, and | 11 | 11.7.9.8 | Define Accreditation Audit processes Define Mock Audit (Readliness Audit) processes | | T. Weber T. Weber | G. Kerrigan | 4/1/2018 | 12/31/2018 | Not Crarted | . 0% | | * * * * * * * * * * * * * * * * * * * | | |
| Regulatory Contract, Legal, and | 11 | 11.7.9.10 | Define Client Audit processes (InsenioRx Customers / | | T. Weber | G. Kerrigan | 1/1/2019 | 6/30/2019 | Not Started | ON. | | | | |
| Regulatory Contract, Legal, and | 11 | 11.9 | Groups) Medicald State Requirements Identification and Packets Development | ingeeloRx signs off on the packets for each state / | T. Weber | N. Dulimba | 10/18/2017 | 12/31/2018 | On Track | 32% | * | * | Joint effort between Contract, Legal and | |
| Regulatory Contract, Legal, and | 11 | 11.8.1 | IngenioRx to obtain and distribute draft state-specific amendment of the PBM contract to CVS | market and KPI for PSM performance monitoring | T. Weber | N. Dulimba | 10/18/2017 | 12/31/2017 | In Progress | SON | * | × | Regulators and Medicaid teams | Medicald Exhibit still under development by outside counsel: Inseniolix to determine when the |
| Contract, Legal, and Regulatory | 11 | 11.82 | CVS Legal to review and return PSM contract to IngenioRx | | T. Weber | N. Duśmba | 12/31/0017 | 1/31/2018 | Not Started | 0% | х | х | | Medical Subbit under neview with outside counsely ingestioRs to determine when the Amendments will be sent to CVS; CVS to incorporate the Amendments into the Agreement within 30 days. |
| Contract, Legal, and Regulatory | 11 | 11.8.3 | Supply CLR-owned documentation for state packets development | | T. Weber | N. Dulimba | 1/1/2018 | 11/90/2018 | Not Started | 0% | × | × | | |
| Contract, Legal, and Regulatory | 11 | 11.84 | Provide state packets to Regulatory Compiliance Managers for final review and submission to states | | T. Weber | | 12/1/2018 | 12/31/2018 | Not Started | 0% | × | × | Dependency on IngenioRx Corporate Compliance who are in direct coordination with Health Plans | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.9 | Medicald Regulatory Reporting | ingerioRx signs off that all functionality is implemented and sample reports | T. Weber | N. Dulimba | 10/18/2017 | 12/31/2019 | On Track | 25% | x | x x | | |
| Regulatory | 11 | 11.9.1 | Analyse current regulatory reports provided by ESI and determine Medicald regulatory reporting requirements. | | T. Weber / C. Gutzwiller | | 10/18/2017 | 12/31/2017 | Complete | 100% | × | x x | | |
| Contract, Legal, and Regulatory | 11 | 11.9.2 | Define reports to be produced in-house ws. supplied by CVS Complete wave 1 report design and build (including regulatory) | | T. Weber / C. Gutzwiller | | 1/1/2018 | 3/31/2018 | Not Started | 0% | × | x x | | |
| Reporting Contract, Legal, and | 21 | 21.6 | Complete wave 1 report design and build (including regulatory resorts). Review and validate sample reports produced during Model Office / | | L. Ansari / C. Wheelock T. Weber / C. | J. Hendhis / R. Sangli | 3/1/2018 | 6/30/2018 9/27/2019 | Not Started | ON. | × | x x x | | |
| Regulatory Contract, Legal, and | 11 | 11.93 | REPV Testing and Parallel Testing | | Gutzwiller | N. Dulimba | 9/17/2018 | 9/27/2019 | Not Started On Track | 0% | х х | x x x x x x x x x x x x x x x x x x x | _ Joint effort between Contract, Leval and | |
| Regulatory Contract, Legal, and | 11 | 11.10.1 | Compliance and Regulatory Requirements Establish transition and on-going regulatory and compliance update | Ingenialix approves regulatory preparedness status | T. Weber | W. Greene / P. Shah | 10/18/2017 | 1/31/2019 | On Track Not Started | 0% 0% | | | | |
| Regulatory Contract, Legal, and | 11 | 11.10.1 | processes Develop regulatory compliance checklist based on state and other | | T. Weber | R Shift | 12/1/2018 | 9/1/2019 | Not Started | 0% | * | * * * * * * * * * * * * * * * * * * * | - | Checklist will be based on requirements from states |
| Regulatory Contract, Legal, and | 11 | 11.10.2 | regulatory requirements Perform internal regulatory and compliance review (mock state) | | - | 2.000 | 1/1/2019 | 3/31/2019 | Not Started | 0% | | | Medicaid internal readiness review will start | |
| Regulatory | _ | | readiness review) | | T. Weber | | | | | | * * * * * * * * * * | * * * * * * * * * * * * | Q4 2018 and continue on quarterly basis in 2019 | |
| Contract, Legal, and Regulatory Contract, Legal, and | 11 | 11.10.4 | Remediate gaps identified in internal regulatory and compliance review (mock state readiness review) Re-confirm PBM accreditation and develop plans for appropriate | | T. Weber | W. Greene / P. Shah | 4/1/2019 | 5/31/2019 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.10.5 | accreditation (if needed) InsenioRs to provide a list of deficiencies identified during | | T. Weber | M. Bettarelli | 3/1/2019 | 7/31/2019 | Not Started | 0% 0% | * * | * * * | _ | |
| Regulatory Contract, Legal, and | 11 | 11.10.6 | accreditation reconfirmation (if any) CVS to develop remediation plan for identified accreditation | | T. Weber | M. Rettanelli | 3/1/2019 | 4/30/2019 5/31/2019 | Not Started | 0% | x x | x x x | * | · |
| Regulatory Contract, Legal, and | 11 | 11.10.7 | deficiencies and saos lif anyl InsenioRs to review and approve remediation plan for accreditation | | T Weber | At Bettarelli | 5/1/2019 6/1/2019 | 6/15/2019 | Not Started Not Started | 0% 0% | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.10.9 | deficiencies and gaps (if any) CVS to implement nemediation plan (if any) | | 1. Weber | M. Bettavelli | 6/15/2019 | 7/31/2019 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.10.10 | OVS to provide pre-delegation documentation for each element | | | M. Settanelli | 2/1/2019 | 2/28/2019 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and | 11 | 11.10.11 | outlined in the Delegation Inventory Document (see 11.5.10) Conduct pre-delegation assessment | | T. Weber | M. Bettarelli | 3/1/2019 | 4/30/2019 | Not Started | ON. | | * * * * * * * * * * * * | × | |
| Regulatory Contract, Legal, and | 11 | 11.10.12 | Distribute pre-delegation assessment results | | T. Weber | M. Rettarelli | 5/1/2019 | 5/15/2019 | Not Started | on. | | * * * * * * * * * * * * * | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.10.13 | Review remediation plans for any identified deficiencies | | T. Weber | M. Rettarelli | 6/1/2019 | 6/30/2019 | Not Started | 0% | × | | | |
| Regulatory Contract, Legal, and Regulatory | 11 | 11.10.14 | CVS to complete and implement remediation plan | | - | M. Rettanelli | 7/1/2019 | 7/31/2019 | Not Started | 0% | × | | | |
| Contract, Legal, and | 11 | 11.10.15 | Support regulatory agency notification and communication | | T. Weber | P. Shah | 6/1/2019 | 12/31/2019 | Not Started | 0% | × | x x | | |
| Regulatory | | | | | | | | | | | | | | |

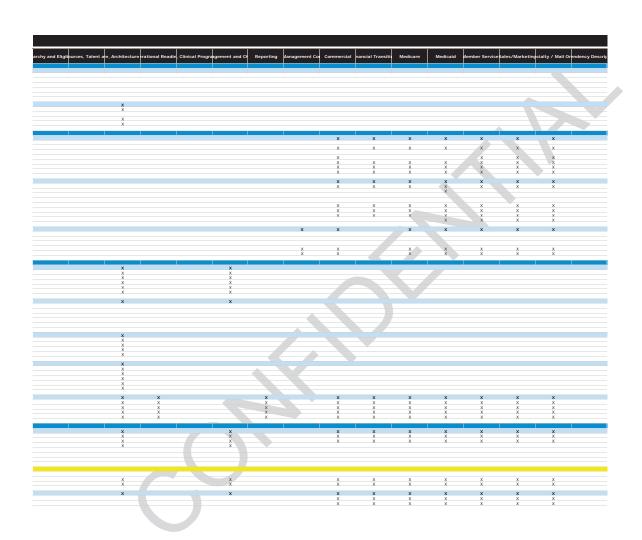
| Project Voyage | or 2020 | . Droice | Dien Dreft | | | | | | | | | | | | | | | | |
|------------------------------|--------------------------|--------------|--|---|---------------------------|---------------------------|------------|------------|-------------|------------------|---|---|---|---|---|--------------------------------|--------------------------------------|---|--|
| nt Updated: | 1/10/2018 | . Fi Ojeci | Plan Draft Confidential | CONTRACT, LEGAL AND REGULAT | TORY WORK | STREAM | | | | | | | | | | | | | |
| | | Legen | d: Milestone / Activity in Black - Contract, Legal and Regulatory Workstream has din | | | 7 | | | | | | | | | | | | | |
| | | | Milestone / Activity in Grey - Contract, Legal and Regulatory Workstream, has our | rnieht only, dependency on other Workstream / Event to | esecute | | | | | | | Cross-Workston | un Dependencies | | 1 | Cross-Even | Dependences | | |
| Eveet / Workstream | Event / Workstream ID | Milestone II | Milestrae/Activity | Acceptance Otheria | Owner (IngenioRx) | Owner (CVS) | Start Data | Due Date | Status | Percent Complete | Benefis Gara, Cos, Davet, & Accent, Logid & Destroyment Methods & Tools & Tools Destroyment Methods & Tools & Tools Destroyment Methods & Tools Destroyment Methods | Bi Transition MiScope Reting Herarchy & BigBility | Harren Resources, Talent & Sounding Infrestructure, Architecture & Security Operational Read hors Notes Authoritations | Ordel Programs & Indian Super Adea o Managerant & Ounge Control Riporting | Szaketobber Musigerent Commercial | Reandel Transition Medicare | Member Esperience Sales/Membeting | Dependency Description Dependency Description | Constructs |
| tract, Legal, and ulatory | 11 | 11.10.16 | Support Medicald state readiness reviews (extent and timing of the review is based upon state-by-state requests) | Desktop acceptance - acceptance of all submitted materials (e.g. project schedule, P&Ps, data flows, etc.): Onable acceptance - acceptance of presentation materials (e.g. interviews of key personnel, demos of key systems, etc.) | T. Weber | W. Greene / N. Dulimba | 6/1/2019 | 12/31/2019 | Not Started | 0% | × | | | 7 | | | | | |
| tract, Legal, and ulatory | 11 | 11.11 | Claims Surveillance (in coordination with Pre and Post Implementation Audit and Monthly Claim Audit processes) | | T. Weber | W. Greene | 10/18/2017 | 12/31/2019 | On Track | 0% | * * | × | × | | × . | × | x | Coordination required with Network operations and IT | |
| tract, Legal, and slatory | 11 | 11.11.1 | Review of current CVS tools and processes to support claims surveillance | | T. Weber | W. Greene | 12/11/2017 | 1/31/2018 | In Progress | 50% | х х | × | | × | x | × | x | | CVS tool demo planned on 12/22 is being rescheduled for after the holiday |
| tract, Legal, and slatory | 11 | 11.11.2 | Determine business requirement for an automated claims surveillance tool to support monthly claims audits etc. | | T. Weber | W. Greene | 1/1/2018 | 3/31/2018 | Not Started | 0% | x x | × | × | × | , k | × | × | | Technical requirements provided to C. Shaffer |
| ract, Legal, and latery | 11 | 11.11.3 | Define processes to enforce audit recovery (e.g., notification, adjustment process) | | T. Weber | W. Greene | 4/1/2018 | 6/30/2018 | Not Started | 0% | × | | | | | | | CLR to coordinate information from Clinical SIU etc. | |
| | 21 | 21.13.2 | Set up claims surveillance functionality for parallel testing | | L Ansari / C. Wheelock | J. Hendris / R. Sanglii | 4/1/2018 | 9/27/2019 | Not Started | ON. | x x | | × . | | | | | | |
| | | | | | L Ansari / C. Wheelock | | | | | ON: | x x | | | | | | | | |
| | 14 | 14.6 | Execute parallel testing (including claims surveillance tool testing and remediation of gaps identified) | | C. Shaffer | R. Iyer | | 9/27/2019 | Not Started | ON. | | | × | | | | | | |
| ract, Legal, and latory | 11 | 11.11.4 | Review claims surveillance testing result and provide inputs | | T. Weber | W. Greene | 1/1/2019 | 9/27/2019 | Not Started | 0% | x x | × | × | × | х. | × | × | | |
| ract, Legal, and latory | 11 | 11.12 | Pharmacy Network Oversight Management | | T. Weber | W. Greene | 10/18/2017 | 9/30/2019 | On Track | 9% | | | | | × | х х | × | Coordination required with Network operations | |
| ract, Legal, and latery | 11 | 11.12.1 | Obtain and review CVS' pharmacy credentialing processes and checklist | | T. Weber | S. Smith | 4/1/2018 | 8/31/2018 | Not Started | 0% | × | | | | | ж | | | |
| ract, Legal, and latory | 11 | 11.12.2 | Identify gaps in CVS' pharmacy credentialing process and obtain remediation plan from CVS (if needed) | | T. Weber | S. Smith | 9/1/2018 | 12/31/2018 | Not Started | 0% | × | | | | | × | | | |
| ract, Legal, and latory | 11 | 11.12.3 | Develop processes for pharmacy terminations or suspensions aligned with Drb. 1-6. Sec. 8 | | T. Weber | S. McCall / S. Smith | 9/1/2018 | 2/28/2019 | Not Started | 0% | * | | | | × | × × | × | | |
| tract, Legal, and listory | 11 | 11.12.4 | Develop process for communication and audit of Pharmacies identified by IngenioRx as under reasonable suspicion of fraud, waste or abuse (lish. 1-6. Sec. 6.6) | | T. Weber | S. McCall | 9/1/2018 | 2/28/2019 | Not Started | ON | × | | | | × | х х | × | | |
| tract, Legal, and slatory | 11 | 11.12.5 | Develop Pharmacy Audit reports and process to be delivered to insertiols upon request per Sah. 1-6. Sec 6.4 | | T. Weber | S. McCall | 4/1/2018 | 12/31/2018 | Not Started | 0% | × | | | | × | х х | × | | |
| tract, Legal, and ulatory | 11 | 11.12.6 | Develop process for request for Pharmacy Records (e.g. Member prescription records) per Esh. 5-6. Sec. 7 | | T. Weber | S. McCall / M. Shelby | 6/1/2019 | 9/30/2009 | Not Started | 0% | × | | | | × | х х | × | | |



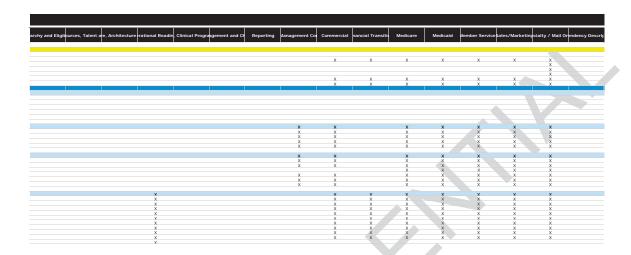
| Voyager 2020: Digital Apps & Port | ils | Last Updated: 12/15/2017 DIGITAL | | | | | | | | |
|--|--------------------------------|---|-----------------------|------------------------------------|---|---------------------|-------------------|----------|--|--------------------|
| Event / Workstream | Milestone II | Milestone/Activity | Start Date | Due Date | Status | ercent Comple | et opment Operati | Benefits | Extracts, and Ace, Legal and Rilications, Portation and Hi | storicull Scope Te |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.1 | Digital Application and Portal: Workstream Scoping and Joint & Current State Assessment and Scoping | xecution Model | | | | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.1.1 | Overview of current state IngenioRx digital application and portals cap | 11/13/2017 | 2/1/2018 11/13/2017 | In Progress Complete | 50% 100% | | | | |
| gital Applications, Portals & Hubs | 12.1.1.2 | Demonstration of CVS digital application and portals capability | 11/13/2017 | 11/17/2017 | Complete | 100% | | | | |
| gital Applications, Portals & Hubs | 12.1.1.3 | CVS Technology Assessment: IngenioRx review demo links and simula | 11/20/2017 | 1/15/2018 | In Progress | 50% | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.1.1.4 12.1.1.5 | Perform gap analysis for digital applications and portals capabilities of Align on final, high level capability assessment of MVP vs. "enhanceme | 1/15/2018 | 1/19/2018 2/1/2018 | Not Started Not Started | 0% 0% | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.1.2 12.1.2.1 | Joint Execution Model Determine how Anile will be delivered / governed between CVS and In | 12/11/2017 | 8/31/2018 2/1/2018 | Not Started In Progress | 0% 15% | X | | | |
| pital Applications, Portals & Hubs | 12.1.2.2 | Confirm all development resources across all assets and Program Incre | 12/14/2017 | 2/15/2018 | In Progress | 30% | | | | |
| oital Applications, Portals & Hubs oital Applications, Portals & Hubs | 12.1.2.3 12.1.2.4 | Define development plan to deliver Voyager 2020 scope and future sta Define end-of-project BAU handover approach | 6/1/2018 | 3/1/2018 8/31/2018 | Not Started Not Started | 0% 0% | X | | | |
| gital Applications, Portals & Hubs | 12.2 | Digital Application and Portal: Detailed Journey Mapping | | | | | | | | |
| gital Applications. Portals & Hubs | 12.2.1 12.2.1.1 | Detailed Journey Mapping: Commercial Gather Portal feedback from IngenioRx Executive Leadership Team on | 1/1/2018 | 6/1/2018 | Not Started Not Started | 10% | | | | |
| pital Applications, Portals & Hubs pital Applications, Portals & Hubs | 12.2.1.1 | Gather Portal reedback from Indenlock Executive Leadership Team on Gather voice of customer feedback on Portals to incorporate into custo | 1/1/2018 | 1/15/2018 2/20/2018 | Not Started | 0% 0% | | | | |
| gital Applications, Portals & Hubs | 12.2.1.3 | Coordinate with Member Experience Long-Term Strategy, including "or | | 2/20/2018 | Not Started | 0% | | | | |
| gital Applications. Portals & Hubs | 12.2.1.4 | | 1/15/2018 | 3/1/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.2.1.5 12.2.1.6 | Complete end to end deep dive mapping & gap analysis of member ior | | 3/15/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.2.1.7 | Complete end to end deep dive mapping & gap analysis of prescriber i Validate customer journey experience after user stories are defined to | 5/1/2018 | 3/15/2018 6/1/2018 | Not Started Not Started | 0% | | | | |
| gital Applications. Portals & Hubs | 12.2.2 | Detailed Journey Mapping: Medicaid / Medicare | 1/1/2018 | 6/1/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.2.2.1 | Gather voice of customer feedback on Portals to incorporate into custo Receive Medicaid "Communication Workplan" from Medicaid Workstres | 1/1/2018 | 1/15/2018 | Not Started Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.2.2.3 | Gather Portal feedback from IngenioRx Executive Leadership Team on | | 1/15/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.2.2.4 | Coordinate with Member Experience Long-Term Strategy, including "or | | 2/20/2018 | Not Started | 0% | | | | |
| gital Applications. Portals & Hubs | 12.2.2.5 | Complete end to end deep dive mapping & gap analysis of member io | | 3/15/2018 | Not Started | 0% | | | | |
| gital Applications. Portals & Hubs | 12.2.2.6 | Complete end to end deep dive mapping & gap analysis of prescriber i | | 3/15/2018 | Not Started Not Started | 0% | | | | |
| nital Applications, Portals & Hubs pital Applications, Portals & Hubs | 12.2.2.8 | Validate customer journey experience after user stories are defined to Confirm state-specific "readiness review" timelines and align developm | | 4/2/2018 | Not Started Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.2.3 | Detailed Journey Mapping: Branding Strategy | 11/1/2017 | 5/1/2018 | In Progress | 25% | | | x | |
| oital Applications, Portals & Hubs oital Applications, Portals & Hubs | 12.2.3.1 | Receive final branding guidelines from Legal & Marketing teams IT-Specialty Portal Int. and White Label (Discovery Only) | 11/1/2017 | 1/31/2018 | In Progress In Progress | 75% 25% | | | X | |
| gital Applications, Portals & Hubs | 12.2.3.3 | IT-Member Portal Integration and White Label (Discovery Only) | 12/04/2017 | 02/05/2018 | In Progress | 25% | | | Ŷ. | |
| gital Applications, Portals & Hubs | 12.2.3.4 | Confirm capabilities and approach to honor branding guidelines | 12/15/2017 | 4/2/2018 | Not Started | 0% | | | X | |
| gital Applications, Portals & Hubs | 12.2.3.5 | Obtain legal approval for branding execution approach for all in-scope | 4/2/2018 | 5/1/2018 | Not Started | 0% | - | | X | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.3 12.3.1 | Program Coordination: Voyager2020 Program Coordination | tion | 1/25/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.3.1.1 | Determine Voyager 2020 program-wide IT releases and timelines for | | 12/15/2018 | Complete | 100% | Ŷ | | | Ŷ |
| gital Applications, Portals & Hubs | 12.3.1.2 | Provide to Program IAS team initial list of Interfaces | 12/11/2017 | 12/20/2017 | Not Started | 0% | x | | | x |
| gital Applications. Portals & Hubs | 12.3.1.3 | Provide to Program IAS team peak load data for capacity planning pur | 12/11/2017 | 12/20/2017 | Not Started | 0% | X | | | X |
| nital Applications Portals & Hubs pital Applications, Portals & Hubs | 12.3.1.4 12.3.1.5 | Alion with Program release management team on weekly release sche Provide to Program IAS team refreshed list of Interfaces | 1/15/2017 | 1/15/2018 | Not Started Not Started | 0% 0% | × | | | × |
| gital Applications. Portals & Hubs | 1232 | Drogram Coordination, Testing Strategy & Coordination | 12/11/2017 | 2/1/2018 | Not Started | 0% | | | | v |
| oital Applications, Portals & Hubs | 12.3.2.1 | Program Coordination: Testing Strategy & Coordination Confirm Wave 2 BIPV / Model Office timing | 12/11/2017 | 12/15/2017 | Complete | 100% | | | | |
| pital Applications, Portals & Hubs | 12.3.2.2 | Confirm Wave 2 BIPV / Model Office environments, particularly Ingenie | 12/15/2017 | 2/1/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.3.2.3 | Confirm Wave 2 BIPV / Model Office data availability | 12/15/2017 | 2/1/2018 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.3.2.4 | Confirm feasibility of using IngenioRx employees for a live population. Confirm strategy for code promotion from UAT to prod held up prior to | | 2/1/2018 | Not Started Not Started | 0% | | | | |
| | | | | | | | | | | |
| gital Applications, Portals & Hubs | 12.3.3 12.3.3.1 | Program Coordination: Capacity Planning and Testing Complete initial capacity metric gather and projections (current capab | 11/13/2017 | 1/1/2019 3/1/2018 | In Progress | 10% 10% | X | | | × |
| gital Applications, Portals & Hubs | 12.3.3.2 | Complete initial capacity planning reviews (current capabilities) | 3/1/2018 | 5/1/2018 | Not Started | 0% | X | | | X |
| aital Applications. Portals & Hubs | 12.3.3.3 | Complete updated capacity planning reviews (2020 vision and architecture) | 7/2/2018 | 8/31/2018 | Not Started | 0% | X | | | X |
| gital Applications, Portals & Hubs | 12.3.3.4 | Complete initial performance testing, e.g. load running. CVS to certify | 8/31/2018 | 1/1/2019 | Not Started | 0% | Х | | | X |
| gital Applications. Portals & Hubs | 12.3.4 | Program Coordination: Security | 12/1/2017 | 12/16/2019 | In Progress | 5% | | | | |
| nital Applications, Portals & Hubs nital Applications, Portals & Hubs | 12.3.4.1 | Review of CVS and IngenioRx IT security requirements | 12/1/2017 | 2/1/2018 | In Progress Not Started | 5% | | | | |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.3.4.2 | Alian on security requirements required to support IngenioRx digital a Conduct security gap analysis and identify plan to close security requir | 3/1/2018 | 3/1/2018 4/2/2018 | Not Started Not Started | 0% | | | | |
| pital Applications. Portals & Hubs | 12.3.4.4 | Confirm all security requirements are implemented | 4/2/2018 | 8/31/2018 | Not Started | 0% | | | | |
| oital Applications, Portals & Hubs | 12.3.4.5 | Ongoing security assessment and review | 8/31/2018 | 12/16/2019 | Not Started | 0% | | | | |
| gital Applications, Portals & Hubs | 12.3.5 12.3.5.1 | Program Coordination: Reporting Identify all current state reporting requirements, including state specifications. | 1/1/2018 | 11/1/2019 4/2/2018 | Not Started Not Started | 0% 0% | x | | | × |
| gital Applications, Portals & Hubs gital Applications, Portals & Hubs | 12.3.5.1 | Identify all current state reporting requirements, including state specific Identify all future state reporting requirements, including state specific | | 6/1/2018 | Not Started Not Started | 0% | Ŷ. | | | × |
| gital Applications, Portals & Hubs | 12.3.5.3 | CVS to provide plan to establish reporting to meet future state reporti | 6/1/2018 | 11/1/2018 | Not Started | 0% | x | | | x |
| ital Applications, Portals & Hubs | 12.3.5.4 | CVS to implement reporting plan and confirm all reporting capability is | 11/1/2018 | 11/1/2019 | Not Started | 0% | X | | | × |
| gital Applications, Portals & Hubs | 12.4 | Digital Application and Portal: Delivery Digital Application and Portal: Delivery - Member Portal | 3/1/2018 | 11/29/2019 | Not Started | 0% | , | | | |
| pital Applications, Portals & Hubs pital Applications, Portals & Hubs | 12.4.1.1 | Complete core user stories for digital applications and portals (iterative | | 4/2/2018 | Not Started | 0% | x | | | X |
| aital Applications, Portals & Hubs | 12.4.1.2 | Complete non-core user stories for digital applications and portals (ite | 3/1/2018 | 5/1/2018 | Not Started | 0% | X | | | X |
| aital Applications. Portals & Hubs | 12.4.1.3 | Program Increment 0 (Proof of Concept) | 1/22/2018 | 3/30/2018 | Not Started | 0% | X | | | X |
| aital Applications, Portals & Hubs aital Applications, Portals & Hubs | 12.4.1.4 | Program Increment 1 Program Increment 2 | 4/2/2018 | 6/29/2018 9/28/2018 | Not Started Not Started | 0% | X | | | |
| aital Applications, Portals & Hubs aital Applications, Portals & Hubs | 12.4.1.5 | Program Increment 2 Program Increment 3 | 7/2/2018 | 12/31/2018 | Not Started Not Started | 0% | X | | | |
| ital Applications, Portals & Hubs | 12.4.1.7 | Program Increment 4 | 1/1/2019 | 3/29/2019 | Not Started | 0% | × | | | |
| aital Applications, Portals & Hubs aital Applications, Portals & Hubs | 12.4.1.8 | Client (BOA, Wells) sign off on security | 4/21/2019 4/2/2018 | 4/1/2019 4/1/2019 | Not Started Not Started | 0% 0% | × | | | |
| gital Applications, Portals & Hubs | 12.4.1.9 | Deploy code in testing environment for Model Office / E2E Testing (Ini | 14/1/2019 | 4/1/2019 | Not Started | 0% | X | | | × |
| gital Applications, Portals & Hubs | 12.4.1.10 | Complete all incremental updates post-4/1/2019 to maintain alignmen | 4/1/2019 | 11/29/2019 | Not Started | 0% | × | | | x |
| uitai Abbiicatioris, Portais & Hubs | | | | | | | | | | |
| | 12.4.2 | Digital Application and Portal: Delivery - Member Mobile Web | 3/1/2018 | 11/29/2019 | Not Started | 0% | X | | | × |
| cital Applications, Portals & Hubs uital Applications, Portals & Hubs uital Applications, Portals & Hubs | 12.4.2 12.4.2.1 12.4.2.2 | | 3/1/2018 | 11/29/2019 4/2/2018 5/1/2018 | Not Started Not Started Not Started | 0% 0% 0% | X X | | | х |

| Voyager 2020: Digital Apps & Porta | IS | Last Updated: 12/15/2017 DIGITAL | | | | | | | |
|--|---------------------------------|--|-----------------------------------|--------------------------------------|----------------------------|---------------------|----------------------|---------------------------------------|---|
| Event / Workstream | Milestone II | Milestone/Activity | Start Date | Due Date | Status | ercent Completopm | ent Operati Benefits | Extracts, and Ace, Legal and Rilic | ations, Portation and HistoricalI Scope Tes |
| Digital Applications, Portals & Hubs | 12.4.2.3 | Program Increment 0 (Proof of Concept) | 1/22/2018 | 3/30/2018 | Not Started | 0% | Х | · · · · · · · · · · · · · · · · · · · | X |
| igital Applications. Portals & Hubs | 12.4.2.4 | Program Increment 1 | 4/2/2018 | 6/29/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.2.5 | Program Increment 2 Program Increment 3 | 7/2/2018 | 9/28/2018 | Not Started Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.2.7 | Program Increment 4 | 1/1/2019 | 3/29/2019 | Not Started | 0% | x | | |
| Digital Applications, Portals & Hubs | 12.4.2.8 12.4.2.8 | Program Increment 5 | 1/21/2019 4/2/2018 | 4/1/2019 4/1/2019 | Not Started Not Started | 0% 0% | × | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.2.9 | Client (BOA, Wells) sign off on security Deploy code in testing environment for Model Office / E2E Testing (Init | | 4/1/2019 | Not Started | 0% | Y | | |
| Digital Applications. Portals & Hubs | 12.4.2.10 | Complete all incremental updates post-4/1/2019 to maintain alignmen | 4/1/2019 | 11/29/2019 | Not Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12 4 3 | Digital Application and Portal: Delivery - Medicare / Medicaid | 0.14.10040 | 11/29/2019 | Not Started | 0% | × | | , v |
| Digital Applications, Portals & Hubs | 12.4.3.1 | Medicaid team sending enrollment packets to states for review. Digital | | 5/1/2018 | Not Started | 0% | Ŷ | | × |
| Digital Applications, Portals & Hubs | 12.4.3.2 | Last date to submit all Medicaid communication for State review | 8/31/2018 | 8/31/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.3.3 | Complete core user stories for Medicare / Medicaid (iterative) | 3/1/2018 | 4/2/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.3.4 | Complete non-core user stories for Medicare / Medicaid (iterative) Program Increment 0 (Proof of Concept) | 3/1/2018 1/22/2018 | 5/1/2018 | Not Started Not Started | 0% | × | | v |
| Digital Applications, Portals & Hubs | 12.4.3.6 | Program Increment 1 | 4/2/2018 | 6/29/2018 | Not Started | 0% | Ŷ | | ^ |
| Digital Applications, Portals & Hubs | 12.4.3.7 | Program Increment 2 | 7/2/2018 | 9/28/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.3.8 | Program Increment 3 Program Increment 4 | 10/1/2018 | 12/31/2018 3/29/2019 | Not Started Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.3.9 | Program Increment 5 | 1/1/2019 1/21/2019 | 3/29/2019 4/1/2019 | Not Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.3.10 | Client (BOA, Wells) sign off on security | 4/2/2018 | 4/1/2019 | Not Started | 0% | | | |
| Digital Applications, Portals & Hubs | 12.4.3.11 | Deploy code in testing environment for Model Office / E2E Testing (Init | 4/1/2019 | 4/1/2019 | Not Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.3.12 | Complete all incremental updates post-4/1/2019 to maintain alignmen | 14/1/2019 | 11/29/2019 | Not Started | 0% | _ x | | |
| Digital Applications, Portals & Hubs | 12.4.4 | Digital Application and Portal: Delivery - Client / Broker Portal | | 11/29/2019 | Not Started | 0% | X | | x |
| Digital Applications, Portals & Hubs | 12.4.4.1 | Complete core user stories for Client / Broker Portals (iterative) | 3/1/2018 | 4/2/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.4.2 | Complete non-core user stories for Client / Broker Portals (iterative) Program Increment 0 (Proof of Concept) | 3/1/2018 1/22/2018 | 5/1/2018 3/30/2018 | Not Started Not Started | 0% | ÷ · | | · · |
| Digital Applications, Portals & Hubs | 12.4.4.4 | Program Increment 1 | 4/2/2018 | 6/29/2018 | Not Started | 0% | x | | ^ |
| Digital Applications, Portals & Hubs | 12.4.4.5 | Program Increment 2 | 7/2/2018 | 9/28/2018 | Not Started | 0% | X | | |
| Digital Applications Portals & Hubs | 12446 | Program Increment 3 | 10/1/2018 | 12/31/2018 | Not Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.4.7 | Program Increment 4 | 1/1/2019 | 3/29/2019 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.4.8 | Client (BOA. Wells) sign off on security | 4/2/2018 | 4/1/2019 | Not Started | 0% | | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.4.9 | Deploy code in testing environment for Model Office / E2E Testing (Init Complete all incremental updates post-4/1/2019 to maintain alignmen | | 4/1/2019 | Not Started | 0% | X | | |
| Jinital Applications Portals & Hubs | 12 4 4 10 | Complete all incremental undates nost-4/1/2019 to maintain alignmen | 4/1/2019 | 11/29/2019 | Not Started | 0% | х | | |
| Digital Applications. Portals & Hubs | 12.4.5 | Digital Application and Portal: Delivery - Specialty Portal | 3/1/2018 | 11/29/2019 | Not Started | 0% | Х | | x |
| Digital Applications, Portals & Hubs | 12.4.5.1 | Complete core user stories for Specialty Portal (iterative) | 3/1/2018 | 4/2/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.5.2 | Complete non-core user stories for Specialty Portal (iterative) Program Increment 0 (Proof of Concept) | 3/1/2018 1/22/2018 | 5/1/2018 3/30/2018 | Not Started Not Started | 0% | × | | V |
| Digital Applications, Portals & Hubs | 12.4.5.4 | Program Increment 1 | 4/2/2018 | 6/29/2018 | Not Started | 0% | × | | * |
| Digital Applications, Portals & Hubs | 12.4.5.5 | Program Increment 2 | 7/2/2018 | 9/28/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.5.6 | Program Increment 3 | 10/1/2018 | 12/31/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.5.7 | Program Increment 4 | 1/1/2019 | 3/29/2019 | Not Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.5.8 | Client (BOA, Wells) sian off on security | 4/2/2018 | 4/1/2019 | Not Started | 0% | | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.5.9 | Deploy code in testing environment for Model Office / E2E Testing (Init Complete all incremental updates post-4/1/2019 to maintain alignmen | 14/1/2019 14/1/2019 | 4/1/2019 11/29/2019 | Not Started Not Started | 0% 0% | X | | |
| | | | | | | | | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.6 12.4.6.1 | Digital Application and Portal: Delivery - Commercial Open Enr Complete core user stories for Open Enrollment Tool (iterative) | 3/1/2018 | 11/29/2019 4/2/2018 | Not Started Not Started | 0% 0% | × | | x |
| Digital Applications, Portals & Hubs | 12.4.6.2 | | 3/1/2018 | 5/1/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.6.3 | Program Increment 0 (Proof of Concept) | 1/22/2018 | 3/30/2018 | Not Started | 0% | X | | Х |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.6.4 | Program Increment 1 Program Increment 2 | 4/2/2018 7/2/2018 | 6/29/2018 9/28/2018 | Not Started Not Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.6.6 | Program Increment 2 Program Increment 3 | 10/1/2018 | 12/31/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.6.7 | Program Increment 4 | 1/1/2019 | 3/29/2019 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.6.8 | Client (BOA, Wells) sign off on security | 4/2/2018 | 4/1/2019 4/1/2019 | Not Started Not Started | 0% 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.6.9 | Open Enrollment pilot go-live | 5/31/2019 | 5/31/2019 | Not Started | 0% | × | | ¥ |
| Digital Applications, Portals & Hubs | 12.4.6.10 | Open Enrollment portals ready | 7/1/2019 | 7/1/2019 | Not Started | 0% | X | | X |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.6.11 | Determine operational procedures for ongoing co-brand sites setup Open Enrollment operational readiness & launch | 1/1/2019 7/1/2019 | 7/1/2019 9/2/2019 | Not Started Not Started | 0% | X | | |
| | | | | | | | ^ | | |
| Digital Applications. Portals & Hubs | 12.4.7 | Digital Application and Portal: Delivery - Member Service Tools | 3/1/2018 | 11/29/2019 | Not Started | 0% | x | | х |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.7.1 | Complete core user stories for Member Service Tools (iterative) Complete non-core user stories for Member Service Tools (iterative) | 3/1/2018 | 4/2/2018 5/1/2018 | Not Started Not Started | 0% | A V | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.7.2 | Program Increment 0 (Proof of Concept) | 1/22/2018 | 3/30/2018 | Not Started Not Started | 0% | x | | X |
| Digital Applications, Portals & Hubs | 12.4.7.4 | Program Increment 1 | 4/2/2018 | 6/29/2018 | Not Started | 0% | Х | | |
| rigital Applications, Portals & Hubs | 12.4.7.5 | Program Increment 2 | 7/2/2018 | 9/28/2018 | Not Started | 0% | Х | | |
| rigital Applications, Portals & Hubs rigital Applications, Portals & Hubs | 12.4.7.6 12.4.7.7 | Program Increment 3 Program Increment 4 | 10/1/2018 | 12/31/2018 3/29/2019 | Not Started Not Started | 0% 0% | X Y | | |
| Digital Applications, Portals & Hubs | 12.4.7.8 | Program-Increment-5 | 1/21/2019 | 4/1/2019 | Not-Started | 0% | × | | |
| Digital Applications, Portals & Hubs | 12.4.7.8 | Client (BOA, Wells) sign off on security Deploy code in testing environment for Model Office / E2E Testing (Init | 4/2/2018 | 4/1/2019 | Not Started Not Started | 0% | V | | |
| igital Applications, Portals & Hubs igital Applications, Portals & Hubs | 12.4.7.9 | Deploy code in testing environment for Model Office / E2E Testing (Init Complete all incremental updates post-4/1/2019 to maintain alignmen | | 4/1/2019 11/29/2019 | Not Started Not Started | 0% 0% | X | | |
| pigital Applications, Portals & Hubs | 12.4.8 | Digital Application and Portal: Delivery - SMS, Chat, and Secure | 2 /1 /2019 | 12/30/2019 | Not Started | 0% | x | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.8.1 | IT-Messaging: Chat, secure messaging and email(Discovery Only) | | 02/05/2018 | In Progress | 5% | x | | x |
| igital Applications, Portals & Hubs | 12.4.8.2 | Assess planned IngenioRx SMS, Chat, and Secure Messaging programs | 1/1/2018 | 4/2/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.8.3 | Assess planned CVS SMS programs available as of 2020 | 1/1/2018 | 4/2/2018 | Not Started | 0% | X | | |
| rigital Applications, Portals & Hubs | 12.4.8.4 | Define SMS / Email / Chat system integration approach across Mail / S Define scope for member touchpoints to be SMS / Chat / Secure Messi | 1/1/2018 | 4/2/2018 4/2/2018 | Not Started Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.8.5 | Assess requirements for a Central Communications hub to manage out | | 4/2/2018 | Not Started Not Started | 0% | Ŷ | | |
| Digital Applications, Portals & Hubs | 12.4.8.7 | Complete core user stories for SMS / Chat / Secure Messaging (iterative | 3/1/2018 | 4/2/2018 | Not Started | 0% | X | | |
| Digital Applications, Portals & Hubs | 12.4.8.8 | Complete non-core user stories for SMS / Chat / Secure Messaging (ite | 3/1/2018 | 5/1/2018 | Not Started | 0% | X | | |
| | | | | | Not Started | | | | |
| Digital Applications, Portals & Hubs | 12.4.8.9 | Program Increment 0 (Proof of Concept) | 4/2/2018 | 3/30/2018 | | 0% | Ŷ | | |
| Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs Digital Applications, Portals & Hubs | 12.4.8.10 | Program Increment 0 (Proof of Concept) Program Increment 1 Program Increment 2 | 4/2/2018 7/2/2018 10/1/2018 | 6/29/2018 9/28/2018 12/31/2018 | Not Started Not Started | 0% 0% | x x | | |

| Voyager 2020: Digital Apps & Porta | ıls | Last Updated: | | | | | | | | |
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| To the state of th | | 12/15/2017 DIGITAL | | | | | | | | · |
| Event / Workstream | Milestone II | D Milestone/Activity | Start Date | Due Date | Status | ercent Comple | topment Operati | Benefits | Extracts, and Ace, Legal and R | lications, Portation and Historicall Scope Te |
| igital Applications, Portals & Hubs | 12.4.8.13 | Program Increment 4 | 1/1/2019 | 3/29/2019 | Not Started | 0% | × | | | ' ' |
| igital Applications, Portals & Hubs | 12.4.8.14 | Client (BOA, Wells) sign off on security | 4/2/2018 | 4/1/2019 | Not Started | 0% | * | | | |
| igital Applications, Portals & Hubs | | Deploy code in testing environment for Model Office / E2E Testing (I | | 4/1/2019 | Not Started | 0% | v | | | |
| igital Applications, Portals & Hubs | | Define SMS adoption strategy, objectives, and KPIs | 4/1/2019 | 5/31/2019 | Not Started | 0% | Ŷ | | | |
| igital Applications, Portals & Hubs | 12.4.8.17 | Create all SMS adoption communications | 5/31/2019 | 9/2/2019 | Not Started | 0% | v | | | |
| igital Applications, Portals & Hubs | | Deploy SMS adoption communications | 9/2/2019 | 12/30/2019 | Not Started | 0% | - ÷ | | | |
| igital Applications, Portals & Hubs | 12.4.8.19 | Complete all incremental updates post-4/1/2019 to maintain alignm | | 11/29/2019 | Not Started | 0% | Ŷ | | | |
| dital Applications, Portals & Hubs | 12.4.8.19 | Complete all incremental updates bost-4/1/2019 to maintain alignm | en 4/1/2019 | 11/29/2019 | Not Started | 0% | | | | |
| igital Applications, Portals & Hubs | 12.5 | Digital Application and Portal: Member Migration | | | | | | | | |
| igital Applications. Portals & Hubs | 12.5.1 | Member Migration: ESI Transition Coordination | 12/11/2017 | 4/2/2018 | Not Started | 0% | | | | X |
| igital Applications, Portals & Hubs | 12.5.1.1 | Submit ESI data transfer request to ESI Transition Team for inclusion | | 1/1/2018 | In Progress | 5% | | | | X |
| igital Applications, Portals & Hubs | 12.5.1.2 | Define high level migration strategy for user population with direct-t | o- 1/1/2018 | 4/2/2018 | Not Started | 0% | | | | X |
| igital Applications, Portals & Hubs | 12.5.1.3 | Confirm any consumer / member data stored directly on ESI and no | 01/1/2018 | 4/2/2018 | Not Started | 0% | | | | X |
| igital Applications, Portals & Hubs | 12.5.1.4 | Confirm new ID Card Sticker copy with ESI Transition Team - activ | | 4/2/2018 | Not Started | 0% | | | | X |
| igital Applications. Portals & Hubs | 12.5.1.5 | Confirm any Digital Card & Order Replacement Card portal functions | lit 1/1/2018 | 4/2/2018 | Not Started | 0% | | | | X |
| igital Applications, Portals & Hubs | 12.5.2 | Member Migration: Customer Communication Preferences | 3/1/2018 | 4/2/2018 | Not Started | 0% | | | × | |
| igital Applications, Portals & Hubs | 12.5.2.1 | Define strategy for TCPA / Do not Call members, across all channels | in 3/1/2018 | 4/2/2018 | Not Started | 0% | | | × | |
| igital Applications, Portals & Hubs | 12.5.2.2 | Define strategy for Do Not Contact Clients | 3/1/2018 | 4/2/2018 | Not Started | 0% | | | X | |
| igital Applications, Portals & Hubs | 12.5.2.3 | Define strategy to address current member preferences (i.e. channe | 1.3/1/2018 | 4/2/2018 | Not Started | 0% | | | × | |
| igital Applications, Portals & Hubs | 12.5.2.4 | Define data transfer requirements from ESI (member profile / prefer | | 4/2/2018 | Not Started | 0% | | | X | X |
| Digital Applications, Portals & Hubs | 12.5.3 | Member Migration: Early Member Digital Adoption | 6/1/2018 | 11/1/2019 | Not Started | 0% | v | | | |
| igital Applications, Portals & Hubs | 12.5.3.1 | Define Strategy, Goals, and KPIs for early digital adoption campaign | | 8/1/2018 | Not Started | 0% | Ŷ | | | |
| igital Applications, Portals & Hubs | 12.5.3.2 | Embed digital awareness & adoption communications in member con | | 2/1/2019 | Not Started | 0% | | | | |
| igital Applications, Portals & Hubs | 12.5.3.3 | Develop communications for digital adoption and migration | 2/1/2019 | 9/2/2019 | Not Started | 0% | | | | |
| igital Applications, Portals & Hubs | 12.5.3.4 | Transfer member profile / preference data from ESI to CVS (depend | | 9/2/2019 | Not Started | 0% | | | | v |
| igital Applications, Portals & Hubs | 12.5.3.5 | Portal and Digital Applications open for early digital adoption | 9/2/2019 | 9/2/2019 | Not Started | 0% | _ ^ | | | ^ |
| igital Applications, Portals & Hubs | 12.5.3.5 | Communication with members on early digital adoption to portals an | | 11/1/2019 | Not Started | 0% | | | | |
| | | | | | | | | | | |
| inital Applications, Portals & Hubs | 12 5 4 | Member Migration: Member Cutover | 1/1/2018 | 1/15/2020 | Not Started | 0% | × | × | x | |
| igital Applications, Portals & Hubs | 12.5.4.1 | Determine member onboarding migration strategy for Ingenio/Rx. (e | e.c 1/1/2018 | 7/2/2018 | Not Started | 0% | X | X | X | |
| igital Applications, Portals & Hubs | 12.5.4.2 | Draft Day 1 Readiness Plan. including Operational Readiness. Proces | | 8/1/2018 | Not Started | 0% | X | X | X | |
| igital Applications, Portals & Hubs | 12.5.4.3 | Finalize Day 1 Readiness Plan. including Operational Readiness. Proc | | 2/1/2019 | Not Started | 0% | X | X | X | |
| igital Applications, Portals & Hubs | 12.5.4.4 | Readiness validation and soft launch | 5/1/2019 | 7/1/2019 | Not Started | 0% | X | X | X | |
| inital Applications Portals & Hubs | 12545 | Conduct Go/No-Go decision for Portals Go-Live (90 Day) | 9/16/2019 | 10/1/2019 | Not Started | 096 | × | × | × | |
| igital Applications, Portals & Hubs | 12.5.4.6 | Conduct Go/No-Go decision for Portals Go-Live (60 Day) | 10/15/2019 | 11/1/2019 | Not Started | 0% | X | X | X | |
| igital Applications, Portals & Hubs | 12.5.4.7 | Conduct Go/No-Go decision for Portals Go-Live (30 Day) | 11/15/2019 | 12/2/2019 | Not Started | 0% | X | X | X | |
| igital Applications, Portals & Hubs | 12.5.4.8 | Submit digital applications to App stores (Google, Apple) | 12/20/2019 | 12/27/2019 | Not Started | 0% | X | X | X | |
| gital Applications, Portals & Hubs | 12.5.4.9 | Conduct digital applications and portals cutover | 1/1/2020 | 1/1/2020 | Not Started | 0% | X | X | X | |
| inital Applications Portals & Muhe | | Final transfer of member profile data from ESI to CVS | 12/20/2019 | 1/15/2020 | Not Started | 094 | v | Ÿ | v | v |

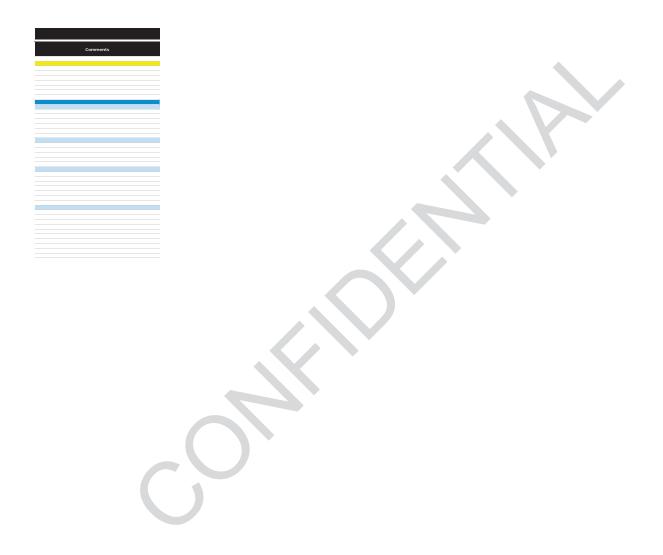


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| pdated | 1/10/2018 | | | | _ | | | | | | | | | | | | | | | | | | | | | | | |
| | | Legend | Milestone f Activity in Blad - Di Tonstion Worksheam has dend responsibility Milestone f Activity in Grey - Di Tonstion Worksheam has severally only dep- Milestone f Activity Highlighted in Blue - Added Salest as CXI implementation. | teri la esecule pendency un sither Worksheam / ii | / Exercisis execute | | | | | | | | | Cress Wise | laineam Te pen | ndensies | | | | | | | una d'arret Depe | ndendes | | _ | | |
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| ES Transition and Recording | 10 | 28.2 | Danolius of Processes and Services | C. Resilv | D. Ingina | 11/5/2017 | 12/81/2019 | In Progress | 28N | | | ١. | | | | | | | | | | | | | | | | |
| ES Transition and Sectoring ES Transition and | 10 | 18.1.1 | Determine processes and services to include in the ESI Transition Plan Note instal Exerciand Workshoom Meetings to review ESI Transition Plan | C. Resh C. Resh | O. Inglesi O. Inglesi | 11/5/0017 | 11/90/0017 | Complete Complete | 100N 100N | | | | | | | | | | | | | | | ٠ | | | | |
| Smianding ESI Transition and Smianding ESI Transition and | 10 | 18.53 | prompts and sentine Develop shategy for ES Transition Plan Perform initial prioritization of ES Pricenes for ES Transition Services | C Resh | D. Inglina | 11/10/2017 | 12/91/2017 | to Progress | SON | | | | | | ì | | | | | | _ | | ì | ÷ | | | | |
| ES Transition and Becarding ES Transition and Becarding | 11 | 18.14 | Perform initial prioritisation of ESI Processes for ESI Transition Services Agreement Softliste that all Current ESI Processes have been covered in transition scape | C. Resh C. Resh | O. Inglesi O. Inglesi | 11/13/0017 12/16/0017 | 11/90/2017 12/90/2017 | Complete In Progress | son son | | | | | | | | | - | | | _ | | | - | | | | |
| | 10 | 11.14 | Build out defailed requirements for biomatton processes and senature, | C Resh | O. Ingles | 12/11/0017 | | Not Started Not Started | D% | | | | | | | | | | | | | | | ٠ | | | | |
| finanting ES Transition and finanting ES Transition and finanting ES Transition and | 11 | 18161 | Build out detailed ISI IslandSon requirements for Benefits Build out detailed ISI IslandSon requirements for Colons, Accurri, COS, and EditeDS soft-Center | C Resh | D. Ingless D. Ingless | 12/13/2017 | | Not Started Not Started | es es | | | + | | | _ | | | | | | | + | | | | | | |
| Recarding ESI Transition and | 10 | 151821 | Beceive ESI Layout and data dictionary for Claims from ESI Beceive ESI Layout and data dictionary for claimled accomulators from ESI | C. Resh C. Resh | D. Ingles D. Ingles | 12/11/0017 12/11/0017 | 1/11/0018 | Not Started Not Started | DE DE | | | | | - | | | | _ | | | | - | | | | | | |
| Est Transition and | 11 | 151 62 5 | load sample ItS mountained standard and Rx Only accumulators for testing | C. Reich | D. Ingles | 12/11/0017 | 2/28/3018 | Not Started | DK. | | | | | | | | | | | | 1 | 1 | | | | | | |
| Snianding ES Transition and Snianding ES Transition and | 10 | 151424 | Secret ISI layout and data dictionary for Se Only Drug Specific accumulators from ISI Secret sample Section Cities | C. Resh C. Resh | D. Ingles D. Ingles | 12/11/0017 | 1/91/2018 2/28/2018 | Not Started Not Started | es es | $\vdash\vdash$ | | | H^{-} | ╀ | | $ \parallel$ $^-$ | \vdash | | + | H | | ╀ | ╀ | H | H | | | |
| Brianding ESI Transition and Brianding ESI Transition and | 10 | 151424 | Receive sample files for standard and Ne Only Drug Specific Accumulations | C Resh | D. Ingina | 12/11/0017 | 2/28/2018 | Not Started | DN. | | | | | | | | | | | | 1 | 1 | | | | | | |
| ES Transition and Securities ES Transition and Securities ES Transition and | 10 | 151.62.8 | Confirm medical accumulators will be sent over by ESI for development. Build out defailed ESI transition requirements for Clinical | C. Resh C. Resh | O. Inglesi O. Inglesi | 12/11/0017 12/11/0017 | | Not Started Not Started | 0% 0% | | - | + | | + | | - | | - | \perp | H | + | + | + | \vdash | | | | |
| Secondary ESI Transform and | 10 | 151431 | Source III layout and data dictionary for PA from III | C Resh | O. Ingina | 12/11/0017 | 1/11/2018 | Not Started | OS. | | t | t | | | | | | | | | 1 | 1 | | | | | | |
| Secanding SS Transition and | 10 | 151.6.4 | Section P.S. Sample File Build out detailed ESI transition requirements for Specially / Mail Order | C. Resh C. Resh | D. Ingles D. Ingles | 12/11/0017 12/11/0017 | 2/28/2018 2/28/2018 | Not Started Not Started | 0% 0% | | + | + | | | \dashv | | | | - | | | + | + | | | | | |
| Secondary US Transition and Secondary US Transition and | 11 | 151.641 | Receive ESI layout and data dictionary for Open reflix from ESI Receive ESI layout and data dictionary for Judo reflix from ESI | C. Resh C. Resh | O. Ingless O. Ingless | 12/11/0017 | 1/11/2018 | Not Started Not Started | 0% | | | | | | | | | | | | | | | | | | | |
| Secondary ESI Transition and Secondary | 10 | 151443 | Become ESI Layout and data dictionary for Auto-erfols from ESI Become ESI Layout and data dictionary for No redSis from ESI | C. Resh | O. Inglesi O. Inglesi | 12/13/2017 | 1/11/0018 | Not Started Not Started | DK. | | + | + | | | _ | | | | | | | + | | | | | | |
| ES Transition and Secanding ES Transition and Secanding ES Transition and | 10 | 151.64.6 | Secure RelDs. Sample Piles from ITS | C. Resh C. Resh | D. Ingles D. Ingles | 12/11/0017 | | Not Started In Progress | 0% 50% | | | | | | | | | | | | | 1 | | | | | | |
| | 10 | 15.16.6 | Build out detailed ESI transition requirements for Reporting Validate cample files with the appropriate workstreams | C. Reich | D. Ingles | 12/11/0017 | 1/15/0018 | Not Started | DK. | | | | | | | | | | | | | \pm | | | | | | |
| ES Transition and Sociations ESI Transition and | 11 | 18.17 | Obtain signall from in packed event and workshown operators that all Current SU Processes are included in Transition Files Replacitive based on SU response | C. Reals C. Reals | O. Ingles O. Ingles | 12/16/2017 | 12/20/2017 | In/hogess Not Started | son on | - | | | | + | | | | | | | | | | ٠ | | | | |
| Becarding ESI Transition and Becarding ESI Transition and | 10 | 11.1.9 | ESI Transition Data and Reporting Requests Process. Determine initial process to request transition related data and reporting | C. Reich | D. Ingino | 12/5/2017 | | Not Started | DE | | | | | | | | | | | | | | | | | | | |
| Eli Transition and | 10 | 18.1.9.1 VMW1 | Determine initial process to request transition related data and reporting seeds hore EM autibite of the correct ACE strates. Collect Vendor Triansition requirements. | C. Resh C. Resh | N/A. T. Yanng | 12/5/5017 2/28/5018 | 12/11/2017 | In Progress Not Started | SON ON | | + | + | | | \dashv | | | | - | | | + | + | | | | | |
| Secondary ESI Transition and Secondary ESI Transition and | 10 | TUNTES | Finalize Sie types and delivery dates with incomber types of the second from the administration of the second of | C. Resh | T. Yaung | | | Not Started Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| Secanding 132 Transition and | 10 | TUNTE I | climit(as required) Collect resp. for MOT Files (states footary, FA, OFDs, assume) | C Reals | T. Yang T. Yang | | | Not Started Not Started | 0% | | + | + | | | \dashv | | | - | | | _ | + | | | | | | |
| Secarding ES Transition and Secarding ES Transition and | 11 | 710078-0 710078-0 | Identify closed MCT-6PK and provide MCT-CRC Provide Formulary, CPM, Goods, HPMS fire to | C Resh C Resh | T. Young | | | Not Started Not Started | 05 | | | | | | | | | | | | | 1 | | | | | | |
| Established | 10 | T-UNITE-2 | MOTHER Complete MOT Cland Requirement Chesiolist (CAC) w/ Mily's cland Cesion MOT below and obtain signed on | C. Reich | D. Ingmo T. Yaung | | | Not Started | 0% | | + | + | | | \dashv | | | _ | | | _ | + | + | | | | | |
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| tecanting ES Transition and tecanting | 11 | TUNTER | vendor and disn't Copy approved MOT letter, CRC to client MOT Solder on Sharehood | C. Resh | D. Ingino | | | Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| Benefits Benefits Prior Authorizations, | | 533 534 | SSI belate Form Medica; busines enhancement respects? Sentre CVS adjustication process and excitatio against ESI process Obtain FSI transfer Sins from ESI and conduct validation (*Cyl process TEO) | D. Cultien D. Cultien L. Vicery / B. Holf | M. Exteriora M. Exteriora D. Minlow | 11/0/0017 | 1/1/2018 1/1/2018 | Complete Not Started | 100% | | F | | - : | | | | | | | | - | Ŧ | + | | | | | |
| Clinical Programs, and Formulates Contract, Legisland Regulatory | | 11.81 | dealyte current regulatory reports provided by 150 and determine which to bring in house vs. been collisorated | T. Weiler | U. Grecor | 10/18/0017 | 12/11/2017 | In Progress | 50% | \vdash | | + | | + | + | - | | - | | H | + | + | | | | - | | |
| Harashy & Elgistry | 1 | 180 | Conduct hierarchy liquid socialisation meetings with key violetholders | P. Williams/J. Weeser | | | 1/12/0018 | | | | 1 | | | | | | | | | | 1 | 1 | | | | | | |
| ESI Transition and Recording ESI Transition and | 11 | 18.2 | Initial fluo Cut Maringy and Business Requirements Sather Initial' high-level business requirements from applicable events and | C. Resh | D. Ingles D. Ingles | 13/15/2017 | 2/15/2018 | Not Started Not Started | es es | Н. | | + | \vdash | | _ | _ | | | | H | | | | | | Dependences to events and workshowns as | Eller once projekt plan item | |
| Security ES Transition and Security ES Transition and | 10 | 1133 | particleoles relating run out. Complete detailed business run out requirements from applicable events and worksheams. | C Resh | S. Ingino | 12/11/2017 | 1/11/000X | Not Warted | D%. | Ħ: | | | | 1 | | | | | | | | | | | | 11211 is complete | | |
| ESI Transition and | 10 | 18223 | identify workshrooms and exents that require run out processes. Seet with identified workshrooms and exents to called initial requirements for | C. Resh C. Resh | D. Ingless D. Ingless | 12/11/0017 | 1/8/0008 2/0/0008 | Not Started Not Started | 100% 0% | | | _ | H | | 7 | 1 | | - | | H | _ | | | | | | | - |
| Smianding ES Transition and Smianding ES Transition and | 10 | 192221 | sun aud antimises Build business runnut requirements for Commercial | C. Reich | D. Inglesa | 1/12/0018 | 2/0/0008 | Not Started | DK. | | Ė | | | Ė | | | | | | | - | Ŧ. | Ė | Ė | Ė | | | |
| Seconding SS Transition and | 11 | 182222 | Build business runned requirements for Medicare Build business runned requirements for Medicard | C Reals C Reals | D. Inglesi D. Inglesi | 1/12/000R 1/12/000R | | Not Started Not Started | 0% | \vdash | + | + | \vdash | + | - | - | | - | + | H | + | + | | | | | | |
| Recarding ES Transition and Secondary ES Transition and | 11 | 152.22.4 | Build Success running requirements for Mild Order | C. Reich | D. Inglina | 1/12/0008 | 2/0/2008 | Not Started | es. | | t | | | | | | | | | | # | 1 | Ė | | | | | |
| Secondary ES Transition and | 18 | 182223 | Build Business runout requirements for Epocatry Build Business runout requirements for Reporting | C Reals | D. Ingles D. Ingles | 1/12/000R 1/12/000R | | Not Started Not Started | DS. | \vdash | + | + | | + | + | - | | - | | H | + | + | + | | | - | | |
| Secondary ES Transition and Secondary ES Transition and | 11 | | Bulld business runned requirements for dualitis. | C. Resch | D. Ingina | 1/12/0008 | | Not Started | OS. | | | | | | | | | | | | 1 | 1 | | | | | | |
| Secondary ESI Transition and | 10 | | Build business runned requirements for Prior Authorizations Build business runned requirements for Member Experience | C Resh | O. Inglesi O. Inglesi | 1/12/0018 1/12/0018 | | Not Started Not Started | 0% | | + | + | | + | - | | | - | + | H | + | + | + | | | | | |
| Snianding ES Transition and Snianding ES Transition and | 10 | 18222101 | Determine initial runnul requirement topics for Mender Experience Bulli Institute runnul requirements for Mender Experience | C Resh | O Ingles O Ingles | 1/12/0008 1/12/0008 | | Not Started Not Started | es. | | - | 1 | | | | | | | | | 1 | + | | | | | | |
| Snianding ES Transition and Snianding ES Transition and | 11 | 1822233 | Build Sucines, runned requirements for Claims | C.Resh | D. Ingles | 1/12/000R | | Not Started | DS. | | | + | | + | | | | - | + | | + | + | + | H | | | | |
| finianting EN Transition and | 10 | 18223 | Consolidate and coordinate requirements across workstreams and events for deution a mades set of our out resolvements. Seniew and altism sign off from workstreams and events for institutions out. | C Resh C Resh | 0. Ingles 0. Ingles | 2/2/0018 2/8/0018 | | Not Started Not Started | 0% 0% | | | | H | | 7 | 1 | | - | - | H | | | | | | | | |
| Broading ES Transition and Sociation | 10 | 1123 | priorities. Develop initial Kun Cut Stategy | C Resh | D. Ingles | 12/15/0017 | 1/10/3018 | Not Started | DK. | | | | | Ė | | | | | | | | | Ė | Ė | i | | | |
| Beliates | 29 | 29.30 | Develop agreed upon process for including states not processed by CIT (run- ext) for relatin submissions post 1/1/2000 | E. Minten | CVS to determine - Esman | 190 | 1/1/2019 | Or Took | | ш | | | J L | | | | | | | | | | | _ | | | | |

| See Legen with a series of the | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|----------------------|--|-------------------------------------|----------------------|----------------------------------|------------------------------------|--------------|------------------|--|------------------------|-------------------------------------|--|----------------|--------------------|--|--------------------------|--|---------------|---|----------|------------------|-----------------|---------------|------------------|------------------------|----------|
| Second S | pdated: | 1/10/2018 | | ESI TRANSITION | Confidential | | | | | | | | | | | | | | | | | | | | | | | |
| Second S | | | Legend | Miletane / Activity in Maik - 13: Transition Worksheam has direct requestion | nes la esecute | | | | | | | | | | | | | | | | | | | | | | | |
| Series of the se | | | | Minister / Activity in Core - Sta Transition Black-bream has serviced only, by Minister / Activity Highlighted in Size - Added based on CVS replementation | endency on other blockstream / | / Exert is execute | | | | | | | | | Creen Win | torum In | endendes | | | | | | | Cross Service S | gendendes | | | |
| Series of the se | Event / Windelman | Event / Workshows ID | Milesiane 13 | Miletions (fall vity | Openi (Ingenialis) | | Start Date | Due Sale | | Protect Complete | Agin David special. Operation Contact Exact in | Oden, COS, Es trach, & | Complete co. tog all A repulsion | Maggicators, Presidents History Warnestoria Historia | Report adopted | Harachy & Cight by | Search Season Se | Ope of lived Passible to | for Authoritudes, Clinical Fega es & Foresteine | Ounge Gettel | ts hab oble visite regge ere et Commune konferen | Grenstia | Feavid to natice | median. | MandarSted as | No property Copy | Dependancy Description | Commends |
| Series | Prior Authorizations, Classial Programs, and | 19 | 29.53.3 | Develop PA-ranial sittings | L-Vicery/IL Holl | D. Weiser | 11/11/0017 | 100 | Not started | 0% | | | | * - | | | 1 1 | | | | | | 7 | 7 | | | | |
| Mathematical Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Series of the se | EN Transition and | | | | | | | | | | | | | | | | | | | - | | | | | + | | | |
| State Stat | Secondary SS Transition and Secondary | 11 | | | | | | | | | - | | | | ÷ | | | | ì | - | | ì | ì | | Ė | ì | | |
| State Stat | EU Transition and Societing | 10 | 18.8 | | C. Resile | D. Ingina | 3/31/2018 | 1/10/2018 | Not Started | 85 | | - | | | | | | | | | | | | | | | | |
| September 1 | ES Transition and Becarding ES Transition and | | | Relay Business Requirements to Infrastructure, Architecture, & Security Learn to build bechnical requirements | | | | | | | | | | | | | | | | | | | | | | | | |
| See 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | State State and | 10 | 18.4 | EU Transition Service Agreement | C. Result | T. Yaung | 11/1/2017 | 4/95/2018 | In Progress. | 30N | | | | | | | | | | | | | | | ٠. | | * | |
| Section 1. | Streaming SN Transition and | | | Determine transition processes, services, and training the that will need to be prombined to I'll! Create initial bid of transition processes and services to be completed. | | | | | | | | _ | _ | | + | | | H | | | | - [| | | + | | | 1 |
| Series | Seconding 53 Transition and | | 1841.2 | with ISI Review transition sensor foll with impacted events and workstreams to collect additional items. | C. Resh | T. Young | 11/7/0017 | 11/50/2017 | Complete | 100N | | | | | | | | | | | | | | | _ | | | |
| See 1. Se | Stranding SS Transition and | | | ancience and sensure received for ESI mold initial meeting with ESI to discuss the Transition Sensire Agreement. | | T. Noung T. Noung | | | | | | + | | | +- | | | \vdash | - | - | | | - | | + | | | |
| Series Se | Secondary CV Transform and | | 13.43 | Create contingency planning for any Transition Service Agreement Elemethat and and be met by ESI | C. Reich | T. Young | | | | DN. | | F | | | | | | | | | | | 1 | 1 | | | | |
| See Level 1 and 1 | Secanding SS Transition and | 11 | 19.63 | Seato Socilos Senos Armenad Documentatos | C. Reich | T. Young | | | In Progress | 21N | | | + : | | + | | | | | | | - | \dashv | + | + | | | |
| See 1. 1 | ESI Transition and | | | Meet with Contriol, Legid, and Regulatory trans to determine the documentation standards for the Proportion Sensor Agreement Secrets sign off on the ISI Transition Service Agreement between ingenials. | | T. Young | | | | | | F | | | | | | F | H | $-\mathbf{I}$ | Н | 7 | \exists | Ŧ | F | F | | |
| Normalize of the state of the s | | | | Sur Dal Energian Sudden for Events and Weststmann. | | | 1/15/2008 | 6/90/2018 | | | ١. | ١. | ١. | | | | | | | ٠. | | | | | ١. | | | |
| Temper 1 | Di Youriton and | 10 | 18.5.1 | | C. Resh | O. Inglino | 1/11/0008 | 2/15/2008 | NotStarted | DS. | ٠. | | | | | | | | | | | | | | | | | |
| | Becarding ESS Transition and Becarding | н | | requires end a based on applicable work plans. Set up offers and with events and workstreams impacted by transition and run- and. | | S. Ingino | | | | | | | | | | | | | | | | | | | | | | |
| Section 1 | Stranding ESI Transition and | 10 | | Determine if previously determined processes need to be adjusted. Adjust previously determined processes as needed. | | | | | | | | | - | | | | | | - | - | | | - | | +: | | * | |
| | Broefis Broefis Reporting | 8 8 23 | 5.0 5.5.1 23.8 | Principles to "Liebbs Co" Direction process to send ones-builded benefits to CVS and ESI Ingenitella and CVS to openidionalize report not out. | D. Cubbin D. Cubbin L. Besari | J. Mendila | 6/1/0018 6/1/0018 8/1/0018 | 10/1/2018 6/10/2018 1/5/2020 | Or Track | 25. | - | | | | | | - | | | | | - | | - | F | | | |
| | Reporting | | | agenorits and CVS to align on stategy for CVS to assist in keeping business positionally for reporting agenorits and CVS to determine process and sherify tasks to specialize | | | 8/1/0018 8/1/0018 | 1/1/0000 | | 25 | | H | - | | | | | | - | - | | | - | - | | | | |
| Seminary Common | Separting | п | 21.101 | center's non-cust board Seri-years of ESI claims todayy into CVS production system to ensure business continueto | | | 4/1/2019 | 1/1/0000 | | 0% | | | | | | | | | | | | | | | | | | |
| March Marc | ESI Transition and Recording | 10 | 18.6 | CVI Inglementation Plan | C. Resh | D. Ingina | 1/1/2018 | 8/90/2018 | Not Started | es | ١. | | | | | | | | | | | | | | | | | |
| March Marc | ES Transition and Sociation ES Transition and | | | Develop transition requirements for each event and workstream to complete | C. Resh | | | | | | | | | | | | | | | | | | | | | | | |
| Section 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Encarding ESI Transition and | 10 | 118.1 | | C Resh | S. Ingino | 1/1/2008 | 1/10/2008 | Not Started | DK. | | | | | | | | | | | | | | | | | | |
| The state of the s | Secondary SS Transition and Secondary | | | smit. | | | | | | | | | | | | | | | | | | | | | | | * | |
| 1 | ESI Transition and | 18 | 13.6.6 | Bur functional testing on CR3 implementation Plan Advices to confirm that becomes accommon accommon for control encounter. | C Nesh | D. Ingles | 4/90/000X | 7/10/2008 | Not Started | DK. | | | | | | * | | | | | | | | | | | | |
| Note: 1 | ESI Transition and Recording | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note that the second process of the second p | ESI Transition and | | | | | | | | | | | + | + | + | + | | - | | \vdash | + | \vdash | | - | | + | | | + |
| Column C | | 19 | 10.73 | | J. Messer | | anjujum. | distant. | | | | F | | | | | | | | | | | 4 | 1 | - | | | |
| Marchan Marc | EN Transition and | | | Sumber of implementation is deflayed or Bills are not able to be assigned. Provide Requirements for BIR Knoting, PCN, and Ridmony Number to CKS for | | | | | | | \vdash | + | + | \vdash | + | | - | | \vdash | +- | \vdash | | + | | +: | - | | 1 |
| A | ES Transition and Becarding | 18 | 13.74 | Create Recarding Plan | J. Messer | D. Ingina | 11/10/2017 | 7/13/0018 | In Progress | es. | | L | | | | | | | | | | | | 1 | | | | |
| 1 | Secondary ESI Transition and | 10 | 18373 | | C. Reich | D. Inglina | | | Not Started | | | ╁ | + | H | + | | - | H | \vdash | + | Н | | | + | + | - | | + |
| Marie Mari | EN Transition and | | | MK. | | S. Ingino | | | | | | F | | | | | | | | | | | | + | F | | | |
| March Marc | Recarding ESI Transition and | 10 | 13.7.0 | Statify Switching Company for duplicate routing of claims | J. Messer | N/A | 8/15/2008 | 6/15/0018 | Not Started | 0% | | | | | | | | | | | | | Ė | | | | | |
| March Marc | ES Transition and Secondary ES Transition and | | | | | | | | | | | | | H^{-} | + | _ | | | H | - | +1 | | $-\Gamma$ | + | + | | | |
| The control of the | ESI Transition and | 10 | 157.30.2 | | J. Merser | D. Inglesa | 1/11/0018 | 10/11/2018 | Not Started | DK. | | | | | | | | | | | | | | | Þ | | | |
| Transfer of the Conference of | Recarding ESI Transition and | | 18.731 | Ingentials and ISI owned little. Prepare for Recording | J. Merser | D. Inglina | 1/1/0018 | 1/10/2018 | Not Started | DN. | | + | | \vdash | + | | | | \vdash | + | \vdash | - | + | + | +- | 1 | | + |
| Marie Mari | Secondary CR Transform and | | | Make changes to source systems to accept new ingentially owned Bibs. | | | | | | | | F | | | | | | | | | | | 4 | + | F | | | |
| Name | Secondary 170 Transform and | 18 | 1973112 | Develop of source updew changes based on impact analysis | C Wheelack | D. Ingina | 1/11/0008 | 4/20/2018 | Not Started | Dit. | | L | | | | | | | | | | | 1 | \pm | | | | |
| Company Comp | fecanding ESI Transition and | | | Residue readment for recording - ESI system set up to accept | C. Wheelink J. Messer | | | | | | | + | 1 | H^{-} | + | _ | | | H | - | +1 | | $-\Gamma$ | + | + | | | |
| | 19 Tonston and fectoring | 11 | | Invalide pharmacy and mad order phone numbers, FVR. 1015 Configuration | J. Messer J. Kinsle, C. Kinser | | | | | | | þ | | | | | | | | 1 | | | 4 | 1 | Þ | | | |
| 2 23.1 (appears 2 23.1 (appear | Marche Esperance Marche Esperance | | | Salestify inspectation for antienance state electrics (17 custom) from Sefure SIX future state strategy including 5-800 number decisions. | | | 11/6/0017 | 1/5,0008 1/54/0038 | | 0% | | Ī | | | | | | | | ▐ | | | | ŧ | L | | | |
| | Mexico Experience | 1 | 10.61 | Develop 1-830 and 101 integration plan to support cut routing from recasting until model office testing (30/3/38-6/3/38) building SSM | K Djert, A. Kaslis, K Kirole | D. Williams | 12/18/0017 | 4/1/0008 | Not Started | 01. | | | | | | | | | ш | | | | | | | | | |

| March Marc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|---|---|--|--|---|----------|---------|----------|-----|------------|---|------------------|-----------|---------------------|-------|-------|-----|------------|-------|------------------------|--------------|------------|--|--|--|
| The column Part | pdated: | 1/10/2018 | | ESI TRANSITION | Confidential | | | | | | | | | | | | | | | | | | | | | | | | | |
| The column Part | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Legend | Missione / Activity in Black - TSI Transition Workshown has devel responsibilities for the Control of the Control of the Missione / Activity in Cony - ISI Transition Workshown has averaged only, the Missione / Activity Highlighted in Blue - Added Sacret on CVS implementation | ttes to execute gendency on other Workstream is | / fuerd to execute | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | • | | 1 1 | Cress Ward | , ; | | 1 | 3 s | : | 1 | : | Τ, | T | and desired department | nienies - | | , | | |
| | Devel / Warbstmann | Brest / Morkstream ID | Milesiane ID | Minister (Labely | | | Start Date | Due Date | Males | Percent Complete | and a | X Day | 2 Bry 10 | 1 1 | Į, | a craps | Mary September 1 | d Food by | raten, C | Getal | here | | 1 1 | lian. | 3 | - See | ga tast ag | 100 | Dependency Description | Comments |
| State Stat | | | | | (Ingestafa) | leval | | | | | 940 | 90 Year | age of | 1 1 | Fe 8 Sco. | formity | | M de les | ridakori Cpara & | Ongo | ž š | 100 | The annual | 1 | i | Menta | ž, | / Na epond | | |
| State Stat | ESI Transition and | 11 | 187.11.4 | Sphilder that 2 900 and 105 setup to consider to begin recording | C. Brish | D. Indical | 4/1/2018 | 1/10/2018 | Not Started | D%. | | ı, ° | | 2 2 | | | 1 5 | ľ | ž. | - | 8 | R | | ╫ | - | | | | | |
| State Stat | 19 Transition and Becarding | | 13.7.12 | Security Recarding Plan. | J. Merser | D. Ingles | | | | | | | | | | | | | | | | | | | | | | | | |
| Series | Secondary EN Transforment | 11 | | | | | | | | | | - | | | | _ | | ┢ | | - | - | + | - | + | | | | | | |
| Semilar Semila | Secondary ESI Transition and Secondary | 10 | | Recard remaining members that were not recarded during normal business recarding | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Semilar Semila | Est Transition and | 11 | | | | | | | | | | | | | | _ | | - | | _ | _ | _ | - | + | - | | | | | |
| Section 1. | Secondary SS Transition and | 10 | | | | | | | | | | | | | | _ | | 1 | | _ | _ | + | Ŧ. | + | + | | | | | |
| Seminary Sem | | 11 | 18.736 | Confirm TSI will send outsion pharmacy communications when an attlicant is | C Resh | S. Ingino | 7/1/2009 | 1/1/0000 | NetStarted | 0% | | | | | | | | | | | | | | | | | | | | 1/1/20 with na end date |
| Mathematical Math | EN Transition and | 10 | 18.7.17 | | C. Resh | D. Ingles | 1/11/2018 | 10/11/2019 | Not Started | es. | | + | | | | - | _ | - | | - | - | - | | + | | | | | | may change with the TSA. |
| State Part | 19 Transition and Becarding | | | Communicate BIN/PCN changes prior to recarding | | G. Ingina | | | | | | | | | | | | | | | | | | | | | | | | |
| Mathematical Content | | | | | | | | | | | | + | - | | | \rightarrow | | - | | - | - | _ | +- | + | +- | Н | | | | |
| Mathematical Content | | | | | | | 4/15/3008 | 1/1/2020 | | | | | Ш | | | | | | | | | | | | | | | | | |
| Mathematical Content | | | | | | | 11/20/2018 | 12/21/2017 | | | + | + | \vdash | _ | H | | +- | ⊢ | H | | | -15 | += | +- | 1 | H | HĪ | H | | |
| Mathematical Control | | 11 | | bosonial data prior to loading eligibility data for Certification Testing Sather hotory data weeded for Certification Testing Probability, clares, | | | 12/15/0017 | 1/11/0018 | In Progress | | | - | | | | | | | | | _ | | | + | - | | | | odeno se sedestinates hetira dire modernati | |
| Part | Smanling ESI Transition and Smanling | 11 | 18823 | Accumulation, and PA distall Center integration architecture approach , review, and receive approach for CVI and learning. | C Wheelink | D. Eatlan | | | | es. | | | | | | | | | П | 1 | + | Ŧ | F | | | | | - Conjunction | menty or animalized party advantage. | |
| Part | tecanting | 10 | 21.83 | Set up and test connectivity to transport files from CVS and ingentials | C Wheelink | D. Earlan | 4/1/2018 | 1/11/0018 | Not Started | D%. | | | | | | | | | | | | | | | | | | | | |
| Part | ESI Transition and Secanding | 18 | 11.84 | Load EU fedury data for certification testing findudes claims, accumulator, and PA data) | C. Reich | D. Eatlan | 7/10/0008 | 1/11/0018 | Not Started | CNL | | | | | | | | | | | | | | | | | | Dejec Dejec Dejec | ndency on start of Certification Testing ndency on hierarchy and etigibility data load ndency on ongoing CVS IT project to improve load times for claims. | Beaumption: Origing CVS project to improve load lines is due to be completed in April 2018. |
| Part | | | | | | | | | | | | | | | | | | | | | | | | | | | | Deject Deject | ndeway on start of Certification Testing ndeway on himselfly and eligibility data load | |
| Part | ESI Transition and Secanding | 11 | 11841 | Load ESThiday data for certification testing for Certification Wive 1 (Includes claims, accumulator, and P.E. data) | C. Reda | D. Ealian | 7/10/0008 | 1/11/0011 | Not Started | es. | | | | | | | | | | | | | | | | | | Deper Deper Certifi | ndercy on organic CVE IT project to improve load times for claims, redescy on the decision of which source system members will leded for feature Tecting Wave 1 identities to be made by Benefits, MSE, and | Assumption Ongoing CVS project to reprove load times is due to be completed in April 2018 |
| Part | | | | | | | | | | | \vdash | - | - | | | - | _ | \vdash | \vdash | - | - | _ | + | + | + | | | Testin | wi . | |
| Part | ESI Transition and | 11 | 15842 | Load Elithology data for certification testing for Certification Wise 2.9 | C. Reich | D. Eatlan | 8/14/0008 | 9/18/2018 | Not Started | es. | | | | | | | | | | | | | | | | | | Deper Deper | ndency on harder or create and regarded stand ndency on himselfly and eligibility data had ndency on ongoing CVS IT project to improve had lines for claims. | Assumption Origing CVS project to reprove load times is due to |
| Control Cont | | | | (reader towns, assumption, and reader) | | | | | | | | | | | | | | | | | | | | | | | | Cwith | fusion Testing Wives 2.9 junction to be made by Benefits, NSC, and | ar companies in April 2012 |
| Martin M | ES Transition and Recarding | | 13.83 | Document Error Handling Process for loading Instancel Lesting data (for all | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Series | tecanting | | | econit of lesting and final load into production) | C Nesh | | 4/15/0018 | | | | | _ | | | | | | | | | | | _ | Ŧ | | | | | | |
| Mathematical Math | ESI Transition and | | | Stocesh of leviling and level took into productions) Last Contribution Test Milese Local ESI data for particle processing (5 year of Institutal data for claims, Local ESI data for particle processing (5 year of Institutal data for claims, | Chris Shaffer / Print Gill | Kare lyer | 4/15/2008 8/27/2008 90/6/2008 | | Not Started | DE | | | | | 1 | | | | | | | | | | | | | Cope | enderd on limiting dates for Wisco I Contribution Testing | |
| | ES Transition and finianding ES Transition and finianding | 10 | 15.84 | East Certification Test Wave Load TSI data for paradie processing (2 year of Indonesial data for claims, Incomplaints and Fool Load Mender Experience-Data (for Mod Onder) | Chris Shaffer / Privet Gill C. Resils C. Resils | San Iye D. Estan D. Estan | 8/37/2008 90/8/2008 | 9/7/000X 12/59/2018 | Not Started Not Started Not Started | 0% 0% 0% | | - | | | | | | | | | | | | | | | | Onjon Onjon | ended on brilling Gales for Water 2 Certification Tricling colored on 1987 Environment of chieffs Acad Sould on 1987/2/19 | |
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| Secanding ESI Transition and Secanding | 11 | T-UNITE-68 | Load Mail Droke Open Kellil Production File Centle workflow tasks in mad order SharePoint, to load DRT file | C Reals | T. Young T. Young | 8/30/DOCS | | Not Started Not Started | DE. | | | _ | | - | | | | | _ | Н | | + | | | | _ | | |
| | 11 | T-97078-07 | Pull etg recon file or use crosswalk to update member IC's | C. Reich | T. Yaung | 4/30/0008 | | Not Started | DK. | | | | | | | | | | | | | | | | | | | |
| Becarding ES Transition and Becarding ES Transition and | 11 | 7-WYT9-68 VW7923 | Review Isad report(s) Mail Online Open Bellit Production File | C Resh C Resh | T. Young T. Young | | 12/91/2018 | Not Started Not Started | DS. | | | _ | | | × | | | | | | | _ | | | | _ | | |
| Seconding ESI Transition and | 10 | T-100 TO 20 | MS. Load Mail Order Open Refill Production File(s) | C Section | 1. Young | 6/30/DODE | 12/11/2018 | Not Started | DS. | | | \dashv | _ | | - | | | | | | - | _ | + | | | - | | |
| Secondary ES Transition and Secondary | 10 | VNP926 | Repair Mail Order Open Refül Production File | C. Reich | T. Young | 4/30/bocx | | Not Started | DK. | | | | | | * | | | | | | | | | | | | | |
| Brianding ESI Transition and Brianding ESI Transition and | 11 | 7-9879-75 9879-27 | Repair eligibility repolic in Pharmacy queue Obtain Specially Mall Order Refit Test Nie | C. Resh C. Resh | T. Young T. Young | 6/30/0008 6/30/0008 | 12/91/2018 | Not Started Not Started | 0% 0% | | | - | _ | | | | | | + | | - | - | + | | | - | | |
| Becarding 53 Transition and | 18 | T-UNITE TR | Obtain Specially Mail Order Refit Test Nile Obtain lest ORT Slept from the vendor, confirm enough sounds | C Resh | 1. Young 1. Young | 6/30/DOCK | | Not Started | DK. | | | | _ | | | _ | | | | H | - | + | - | H | H | - | | |
| Becarding ESI Transition and Becarding | 11 | VNTRZX | Load Specially Mail Order Refit Test File | C. Reich | T. Yaung | 8/30/0008 | | Not Started | D%. | | | | | | × | | | | | | | | | | | | | |
| Sniandina ESI Transition and Sniandina ESI Transition and | 10 | 7-00078-80 7-00078-78 | Crede workflow tacks in mail order Sharefund, to load DRT file Pull edg mean Securus consealth to update | C. Resh C. Resh | T. Young T. Young | 6/30/0008 6/30/0008 | | Not Started Not Started | es es | | | + | + | | | | | | + | Н | + | + | - | Н | H | + | | |
| Secanding ESS Transition and Secanding ESS Transition and | 18 | TUNTERS | member ID's Confirm LIRKS load with Specially | C. Resch | T. Young | s/30/000X | 12/91/2018 | Not Started | DK. | | | \exists | ╧ | | | | | L | t | | _ | 士 | ᆂ | H | | | | |
| 19 Transition and Secondary ES Transition and | 18 | T-UNTR-82 | Kestew Isad esport(s) | C. Resch | T. Young | 4/30/0008 | | Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| Est Transition and | 18 | VNT929 T-VNT9-83 | Obtain Specially Mail Order Refit Production File Obtain prod ORT Me(s) from the wendor, continu | C. Resh | T. Young T. Young | 6/30/0008 6/30/0008 | | Not Started Not Started | es es | - | | -+ | + | | | - | | | + | \vdash | + | + | + | \vdash | \vdash | + | | |
| Brianding ES Transition and Brianding ES Transition and | 11 | VNCNISO | moint specially Mail Onley Refill Production File | C Resh | T. Yaung | 4/30/0008 | 12/91/2018 | Not Started | D%. | | | | | | | | | | r | | | | ╨ | | | | | |
| Secondary 130 Separation and | 18 | T-UNITE-83 | Create workflow tacks to mad order ShawPoint, to load DRT flor Pull efig main floor use processed to update | C. Resch | T. Young | 4/30/0008 | | Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| Secondary ES Transition and | 18 | T-UNITS-84 T-UNITS-84 | Full edg mean file or use conseals to spelate mender (II's Kestew Isad report(s) | C. Resh C. Resh | T. Young T. Young | 6/30/0008 6/30/0008 | 12/11/2018 | Not Started Not Started | 0% 0% | - | | -+ | + | | | - | | | + | \vdash | + | + | + | \vdash | \vdash | + | | |
| Est Transition and | 11 | T-07(T8-87 | Confirm LINES load with Specialty | C Resh | T. Yaung | 4/30/0008 | | Not Started | DN. | | | | \top | | | \dashv | | | | | - | $^{+}$ | 1 | | | _ | | |
| Becarding ESS Transition and Becarding ESS Transition and | 18 | TUNTERS | Repair eligibility rejects in Pharmacy queue | C. Resch | 1. Young | 4/30/0008 | 12/11/2018 | Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| Secondary CR Transform and | 10 | VNCRSS T-VNCTR-88 | Specially Mail Drainy Refill Production File MS: Load Specially Open Refil File(s) | C. Reich C. Reich | T. Young T. Young | 6/30/0008 6/30/0008 | | Not Started Not Started | OS. | - | | -+ | + | | | - | | | + | \vdash | + | + | + | \vdash | \vdash | + | | |
| Securities 15 Transition and Securities 15 Transition and | 11 | VNTKSI | Obtain Prior Authorization Production File 1 | C. Resili | 1. Young | 6/30/0008 | | Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| 19 Transition and Sociating 19 Transition and | 18 | T-WNTR-07 | Obtain PS Proof 1 Me from the vendor and sonition record counts. | C. Resch | T. Yaung | 4/30/0008 | | Not Started | D%. | | | | \perp | | | | | | | П | 1 | Ŧ | | | П | T | | |
| Becarding ES Transition and | 18 | VINTESS T-VINTE-SE | Load Peer Authorisation Production Fife 1 Complete initial MICT PE Analysis 1 and send to MICT REM. | C. Reich C. Reich | T. Yang T. Yang | 6/30/0008 6/30/0008 | | Not Started Not Started | es es | - | | -+ | + | 1 | | - | | | + | \vdash | + | + | + | \vdash | \vdash | + | | |
| Stranding ESI Transition and Stranding | 11 | T-WNTH-121 | Map eligibility to PE Analysis 1 and load file | C. Nesh | T. Yaung | | 12/81/2018 | Not Started | D%. | | | | | | | | | | | | | | | | | | | |
| 19 Transition and Sociation ES Transition and | н | T-WNTH-104 | Send PA I Duphates to MDT-RPH load PA I duphates based on MDT-RPH | C Resh | 1. Young | 8/30/0008 | 12/81/2018 | Not Started | es. | | | | - | | | | E | | | П | 7 | Ŧ | \perp | П | П | 7 | · | |
| Becarding ESI Transition and | 18 | T-UNITS-126 T-UNITS-127 | inductions | C. Reich C. Reich | T. Young T. Young | 6/30/0008 6/30/0008 | | Not Started Not Started | 0% 0% | - | | -+ | + | | | - | | | + | \vdash | + | + | + | \vdash | \vdash | + | | |
| Secondary ES Transition and Secondary | 19 | T-1/1/T-0-164 | Submit request to YCCE for PA.1 Pool cand Testing all resourced Complete PAI Pool tool testing, send fathout to all of resourced. | C Resh | T. Yaung | | 12/11/2018 | Not Started | DI. | | | | | | × | | | | | | | | | | | | | |
| ES Transition and Secondary | 18 | T-UNITR-128 | Provide PA.1 load/regrol reports to Bil and client | C Resh | T. Young | 4/30/0008 | 12/81/2018 | Not Started | D%. | ш_ | | _ | | | × | | <u> </u> | | _ | ш | _ | | | ш | ш | | | L |

| pdated | 1/10/2018 | | ESI TRANSITION | Confidentia | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|--------------------------|---|--|--|------------------------|--------------------------|----------------------------|------------------|---|-------------------------------------|--|---|-----------------|-------------|---|--------------------|--|-------------|---|----------|------------------|------------|---------------|------------------|-------------------|------------------------|----------|
| | | Legend | Milestone / Activity in Mack - EST transition Warkshown has direct responsibility Milestone / Activity in Corp EST transition Warkshown has serviged only of a Milestone / Activity in Oligophical has the "Added Account in CCN implementation Milestone / Activity in philipsylvania have "Added Account in CCN implementation." | nes to execute sendency on other Workstream | n / Eveni is everale | | | | | | | | | | | | | | | | | | | | | | | |
| Dverii / Windelmam | Bereil / Workshown 10 | Miletione 13 | Mile done (full view | Owner (Ingenialis) | Conner | Start Date | Due Eule | Malon | Percent Complete | is Designment and has Contact beautiful | A, ODS, Es trach, & Coornel alen | William Co., Log of B. Pe gal ober 5. | phicalons, Person & Partie mallor & Hoberton Loading | Expense of con- | *********** | Nomen, Mest & Southing Maters, Architecture & Southing | alited Positive to | de ortulen, Chical era di Formièria estilan quere et d | Page Gettel | dde chija naga ene ek senena kade eu | Germelik | ancid to militor | | anderStead as | Report with Load | polaty/ tal Offer | Engendancy Description | Comments |
| | | | | | | | | | | 2.5 | 8 | å | 2 2 | 2 | ł | in in | ð | Proper | Ĭ | 10 | | ě | | | * | ă. | | |
| ES Transition and Recarding ES Transition and | 10 | VACTORIAL CO. | Pror deflorization Production File 1 | C. Nesch | | | | Not Warted | DK. | | | | | | ٠ | | | | | | | | | | | | | |
| Recarding ESI Transition and | 18 | T-WNTR-110 VNTR37 | MS: Lead Prior Authorization Production Pile 1 Obtain Prior Authorization Production File 2 | C. Resh. | T. Young T. Young | 4/30/DODE | | Not Started Not Started | 0% | | | | - | | ÷ | | H | | | + | + | | + | + | | | | |
| fincanding ESI Transition and | 10 | T-9NTP-111 | Obtain Pill Priod 2 life from the vendor and sinform record counts. | C. Resh | 1. Young | 4/30/0008 | | Not Started | 0% | | | | | | ÷ | | 1 | | | + | 1 | | _ | + | | | | |
| Secondary ES Transition and Secondary | 10 | VNTKSK | Local Bios Authorisation Broduction Etha T | C. Result | T. Young | 4/30/0008 | 12/11/2018 | Not Started | DK. | | | | | | | | | | | | | | | | | | | |
| Ell Transition and Encarding Ell Transition and | 18 | T-WATE-112 | Complete initial MDT PE Analysis 2 and send to MDT 67 K | C. Resh | T. Young | 4/10/0008 | 12/11/2018 | Not Started | DN. | | | | | | * | | | | | | | | | | | | | |
| Secondary ES Transform and | 11 | T-98TH-117 T-98TH-118 | May eligibility to PE Analysis 2 and head file | C Resh | T. Yaung | 6/30/0008 6/30/0008 | | Not Started Not Started | es es | | ٠ | | _ | | • | | - | | | + | - | | _ | + | | | | |
| Secarding 15 Transition and Secarding 15 Transition and | 11 | T-UNTR-120 | Send PA 2 Duplicates to MICT-RPH Load PA 2 duplicates based on MICT-RPH Industries | C. Resh. | T. Yang T. Yang | of sufferen | 12/91/2018 | Not Started | DE. | | | | - | - | ÷ | | H | | | + | + | | + | + | | | | |
| Encarding ESI Transition and Secondary | 10 | T-WNT9-121 | | C. Result | T. Young | 6/30/0008 | 12/11/2018 | Not Warted | DK. | | * | | | | | | | | | + | \vdash | | + | + | | | | |
| Becarding ESI Transition and Becarding | 10 | T-WNT9-122 | Submit request to TCDE for P.S.2 Pool-Load Tending \$1 required) Complete P.E.2 Pool-load feeling; send fallout to Ald \$1 required) | C. Reich | T. Young | 4/30/0008 | 12/11/2018 | Not Warted | DI. | | | | | | | | | | | | T | | | 1 | | | | |
| Secanding ES Transition and Secandina ES Transition and | 10 | T-WNTR-125 | Ald (if mysteri) Ald analyses reprolifices Fit 2 Pool Lead QA And 5 Positive Fit | C Resh | T. Young | 4/30/0008 | | Not Started | DK. | | | ш | T | | * | | | | _ | | | | T | | | | | |
| ES Transition and Secanding ES Transition and | 18 | T-UNITR-121 | Proude PA.2 load/reject reports to Bit and client | C. Resh C. Resh | T. Young | 6/30/0008 6/30/0008 | 12/91/2018 | Not Started Not Started | es es | | ٠ | \vdash | _ | | | \vdash | ⊢ | | | _ | + | \vdash | - | + | - | \vdash | | |
| Secondary CV Transform and | 11 | 7 WNTR-126 | Prior Authorization Production File 2 MS: Lead Prior Authorization Production File 2 | C. Reals | T. Yang T. Yang | | 12/11/2018 | Not Started Not Started | DS. | ++- | | \vdash | + | H | - | \vdash | H | | + | + | + | + | + | + | \vdash | \vdash | | |
| Recarding ESI Transition and | 11 | VACUAL S | Load Grandfathered Prior Authorizations (Claims | C Resh | 1. Young | 6/30/0008 | | Not Started | os. | | | \Box | _ | 1 | ÷ | | H | - | . | + | t | | - | | | | | |
| Smianling ESI Transition and Smianling | 10 | T-97878-143 | Million kasedi Complete initial MDP Rit analysis on claims Indoors Format Debug | C Resh | T. Young | | 12/11/2018 | Not Started | DN. | | | | I | | | | | | 1 | ı | L | | ╧ | L | | | | |
| Secondary ES Transition and Secondary ES Transition and | 10 | T-WNTR-166 | Send SF PA's to Clinial RFb for review. | C Resh | T. Young | 4/30/0008 | | Not Started | DK. | | | | T | | * | | | | _ | | | | T | | | | | |
| Recarding ESI Transition and | 10 | T-9NT9-165 T-9NT9-167 | May eligibility to PE Analysis and load file Send Deplicates to MOT-RPH | C Resh | T. Yang T. Yang | | 12/11/2018 | Not Started | 0% | | | \vdash | _ | | - | | <u> </u> | | | _ | 1 | \vdash | 4 | + | - | | | |
| Secanding SN Transition and | 10 | T-100TR-147 | hand Australian to be located by sent on MET Allian | C. Reich C. Reich | T. Young T. Young | | 12/11/2018 12/11/2018 | Not Started Not Started | DN. | | | \vdash | _ | - | + | \vdash | ┢ | | - | + | 1 | \vdash | - | + | 1 | \vdash | | |
| Becarding ESI Transition and | 11 | T-WNT9-150 | inches Bises Bullent request to TCOS for Pack-soul Testing (if maintail) Complete GF hard leading, send fabouts to AM (if | C. Resh | 1. Young | 6/30/0008 | | Not Norted | Di. | | | | | 1 | ÷ | | H | | | + | + | | + | + | | - | | |
| Snianding ES Transition and Snianding | 11 | T-9NT9-151 | | C Nesh | 1. Young | 4/30/0008 | 12/11/2018 | Not Started | DN. | | | | | | | | | | | _ | 1 | | | 1 | | | | |
| ES Transition and Becarding ES Transition and | 19 | T-WET-152 | Analyse rejects from QA Audit & Proactive PAL (if required) | C. Resch | 1. Young | 4/30/0008 | 12/11/2018 | Not Started | DK. | | | | | | | | | | | | | | | | | | | |
| ES Transition and Secondary ES Transition and | 19 | T-WNTR-153 | Provide to alphypet reports to M and client Grandfolhered Prox Authorizations (Clients | C. Resch | 1. Young | 4/10/0008 | | Not Started | D%. | | * | | | | | | | | | | | | | | | | | |
| Secondary EN Transition and | 10 | VNTR33 T-VNTR-173 | Grandfathered Fron Authorizations, Claims s History based! MS: Load Coandfathered FA (Claims History | C. Resh C. Resh | 1. Yang 1. Yang | 4/30/0008 | 12/11/2018 | Not Started Not Started | es es | | | | _ | | | | - | | | + | - | | _ | + | | | | |
| Secondary ESI Transition and | 11 | VICTOR | basel) load Grandfathered Prior Authorization, Drug | Cana | T. Young | 6/30/2008 | 12/11/2018 | Not Started | DS. | | 1 | | _ | ÷ | ÷ | | | | - | + | 1 | | - | + | | | | |
| Secanding ES Transition and Secanding | 10 | T-9NT9-154 | Using Book) Obtain Targeted Ltd and Drandfather FA Info from the My/CA | C. Result | 1. Young | 6/30/0008 | 12/11/2018 | Not Started | D%. | | | | | | | | | | | + | T | | + | + | | | | |
| ES Transition and Sociating ES Transition and Sociating ES Transition and | 10 | T-WNT9-155 | Translate if needed and formal into standard NJ. local file: | C. Result | T. Young | 4/30/0008 | | Not Started | DK. | | | | | | | | | | | | | | | | | | | |
| ISI Transition and Secondary ISI Transition and | 11 | T-UNITE-156 | May eligibility to PE dealysis and load file | C. Reich | 1. Young | 4/30/0008 | | Not Started | DS. | | | | | | | | <u> </u> | | | | - | | _ | | | | | |
| Exclanding EX Transition and | 11 | T-98T9-137 | Send Displicates to MOT-8PH local displicates its inclinated based on MOT-8PH | C. Resh. | T. Young T. Young | 6/30/0008 | 12/11/2018 | Not Started | es. | | | | - | | ÷ | | - | | - | + | 1 | | - | +- | | | | |
| Secanding ESS Transition and | 11 | T-UNTR-160 | Individues. Submit request to TCOS for Find would finding (if | C Resh | 1. Young 1. Young | | 12/91/2018 | Not Started | DE. | | | | - | - | ÷ | | H | | | + | + | | + | + | | | | |
| Becarding ES Transition and Becarding | 10 | T-UNITR-181 | required) Complete OF load beiling, send follows to AM Into If any and | C. Result | T. Yaung | 6/30/0008 | | Not Warted | DK. | | * | | | | | | | | | + | \vdash | | + | + | | | | |
| Secarding 15 Transition and Secarding 15 Transition and | 10 | T-WTT-182 | Complete OF had beiling, send fabouts to AM hears of encountil. Analyse reputs from OF Load QA Audit Proaction FA of resources. | C. Result | T. Young | | 12/11/2018 | Not Started | DK. | | | | | | | | | | | | | | | | | | | |
| ESI Transition and Secanding ESI Transition and | 11 | 7 WNT9-163 | Provide Spatiment reports to Miand client | C. Reich | 1. Young | 6/30/0008 | 12/11/2018 | Not Started | DK. | | ٠ | | | | | | | | | | | | | | | | | |
| Ell Transition and Becarding Ell Transition and | 10 | VNCMS4 TVNTS-LTG | Grandfathered Prior Authorizations (Drug Daling Bend) | C. Resh | 1. Young | 6/30/00X 6/30/00X | | Not Started | es es | | | | _ | 1 | | | | | - | + | - | | _ | +- | | | | |
| Smianling ESI Transition and Smianling | 11 | THREE IN | MS: Load Crandbillered RE (Drug Listing based) Classal ANJ PA Support | C Nesh L Vicery | T. Yaung D. Weber | 4/30/DODE | | Not Started Not Started | DE. | | | | _ | - | ÷ | | - | | _ | + | + | | + | +- | | - | | |
| | 18 | CMN1 | Complete P.S. Braigno Ste 1 | L Vicery | D. Weber | 4/30/0008 | | Not Started | 0% | | | | | | ÷ | | 1 | | | + | 1 | | _ | + | | | | |
| Secondary ES Transition and Secondary ES Transition and | 11 | TCM11 | F1 - VT NPIs performs PA analysis | L Wasny | D. Weber | s/30/book | 12/11/2018 | Not Started | DN. | | | | | | | | | | | | | | | | | | | |
| ES Transition and Sniarding ES Transition and | н | T-CAP12 | P1 - VT RPIs sends P8. analysis Pile 1 to C8. for Q8. | L Vicery | D. Weber | 6/30/0008 | | Not Started | DS. | | × | | | | | | | | | | | | | | | | | |
| ES Transition and Secondary ES Transition and | 11 | TOPIS | F1 - CA QICs the PA Brailysis and sends to VT RPb. | 5 Vicery | D. Weber | 6/30/0008 6/30/0008 | 12/11/2018 | Not Started | DE. | | | | | | | | - | | | | - | | | | | | | |
| Estanding Est Transition and | 10 | TOPIA TOPIA | FS - VERFIT technics PA Bridges from CA FS - VERFIT final ses analysis and sends Laad File to VERFI | L Vicery L Vicery | D. Weber D. Weber | 6/30/DODE | | Not Started | es es | \vdash | | + | + | | ÷ | \vdash | 1 | | + | + | + | + | + | + | 1 | \vdash | | |
| Recarding ESI Transition and | 10 | TOPIN | to WTA FE - VERPT sends guidance on QA duplicates to VEA | L Vicery | D. Weber | | 12/11/2018 | Not Started | es. | | | \vdash | + | | ÷ | | H | | | + | + | \vdash | + | + | \vdash | \vdash | | |
| Secanding ES Transition and Secanding | 11 | CMM3 | Complete PA. Inolytic Ste 2 | L Vicery | S. Weller | | 12/11/2018 | Not Started | OS. | | | | ı | | | | L | | 1 | ı | L | | ᆂ | L | | | | |
| Secondary 15 Transition and Secondary | 10 | T-CAPIET | P2 - VT RPIs performs PA analysis | C Resh | Clinical Adj PA Support | 4/30/0008 | | Not Started | DK. | | | ш | T | | | | | | _ | | | | T | | | | | |
| Stranding ES Transition and Security ES Transition and | 18 | TCAPIE | F2 - VT NPIs sends F8. analysis File 2 to C8. for Q8. | C. Resch | Clinical Adj PA Support | | 12/11/2018 | Not Started | DK. | | ٠ | \vdash | _ | | * | \vdash | ⊢ | | | _ | + | \vdash | - | + | - | \vdash | | |
| Est Transition and | 11 | T-CAPISS T-CAPISS | F2 - CA QK's the PA Bradyos and sends to VT RPS F2 - VT RPS receives PA Bradesis from CA | C. Resh | Clinical Adj PA Support Clinical Adj PA Support | 6/30/0008 6/30/0008 | | Not Started Not Started | DS. | - | | \vdash | + | H | - | - | \vdash | | + | + | + | \vdash | + | + | - | \vdash | | |
| Strandout ESI Transition and | 11 | TOPIN TOPIN | 12 -VT RPh. Snature analysis and sends Laud File | C Resh | Clinical Adj PA Support | 4/30/DODS | | Not Started Not Started | DE. | | | \vdash | + | - | ÷ | | H | | + | + | + | + | + | + | | | | |
| Sociation and SS Transition and Sociation | 10 | T-CAP112 | 50 VIA F2 VIA NPI sends guidance on QA duplicates to VIA | C. Reich | Clinical Adj PA Support | 4/30/0008 | 12/11/2018 | Not Started | es. | | | | | | | | T | | | + | t | | + | | | | | |
| ES Transition and Becarding | 18 | 1188 | load holorical data delta files for production environment (including claim dates, PA-data, and accumulator data) | C Resh | D. Ealan | 1/1/2019 | 1/1/0000 | Not Started | DK. | | | | | | * | | | | | | | | | | | | | |
| ESI Transition and Smanding ESI Transition and | 11 | 15.88.1 | Load Member Experience Data (Footballion) Build and remode 7:00 Day Hobbrook Load Plan to consider front hobbrook loads | C. Neah | D. Ealten | 2/1/0019 | | Not Started | DI. | \perp | ٠ | ₩Ī | 4 | | | | L | | 4 | | 1 | \vdash | ⊥ □ | 1 | 1 | LI. | | |
| Stecarding SS Transition and | 11 | 15.89 | to production arise to subserv Determine 7 SD Day Plan for final ESI Holony Loads into Production | C. Resh | D. Estan D. Estan | 20/15/0009 | 1/5/0000 | Not Started Not Started | D% | - | | \vdash | + | | - | - | \vdash | | + | + | + | \vdash | + | + | - | \vdash | | |
| finianting ESI Transition and | 11 | 11892 | Selemente 7:00 Day Plan for final ISS Holony Loads into Probabilism Complete 7:00 Day Plan Data Loads to prepare for migration surliner | C. Resh | D. Eaton | 12/37/2029 | 1/1/0000 | Not Started | DS. | | | \vdash | + | H | ÷ | | H | | | + | + | \vdash | + | + | \vdash | \vdash | | |
| Secondary ESI Transition and Seconding | 10 | 11.9 | Sanction to Production | C. Reish | D. Ingine | 6/30/2009 | 1/10/2020 | Not Started | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | _ | | | | | | | |
| ES Transition and Sociations ES Transition and | 11 | 1881 | Complete ESI Trimution Related Milesbones for Commercial Issue to inflore the secret's dischis die Section Complete ESI Trimution Related Milesbones for Medicare team to inform the | C. Neah | D. Ingles | 1/90/0009 | 6/30/2009 | NetStarted | DI. | \perp | L | ₩Ī | 4 | \Box | | | L | H | 4 | | | \vdash | ⊥ □ | 1 | 1 | LI. | | |
| Secarding ESI Transition and | 10 | 11.82 | exercit's Garbias Gar Decision Complete ESI Transition Related Milestones for Medicald Jeans to Inform the | C. Reich C. Reich | D. Ingles D. Ingles | 6/90/0009 | 9/30/2009 | Not Started Not Started | D% | | ┢ | \vdash | _ | H | | \vdash | ┢ | \vdash | + | + | 1 | \vdash | | + | 1 | \vdash | | |
| Secondary 170 Transform and | 11 | 1184 | turnel's Starbits Star Securities Lead Lag Filles for Non-Out | C. Resili | D. Edison | | 1/16/2020 | Not Started | DE. | | | \vdash | + | \vdash | | | \vdash | | + | + | + | + | + | + | | | | |
| Becarding ESI Transition and Secanding | 11 | 18841 | Lead Lag Files for Claims History | C. Resh | D. Eatlan | 1/1/2020 | 1/16/3030 | Not Started | es. | | | \vdash | \top | H | | | | Ħ | $^{+}$ | + | t | \vdash | + | | | | | |
| Secondary SS Transition and Secondary | 10 | V909033 | Obtain Claims Hollary Lag Ribr | C Resh | T. Young | 1/1/9020 | 1/16/3030 | Not Started | DK. | | | | | | | | | | I | | | | I | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | ESI TRANSITION | On Education | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------|----------------------------|--|-----------------------------------|-------------------------|------------|-----------|----------------------------|------------------|--|-----|----------|-----------|------------|-----------|----------|----------|----------|--------|----------|-----|--------|-------------------|----------|----------|--------------------------|--|
| pdated | 1/10/2018 | | ESI TRANSITION | Confidential | | | | | | | | | | | | | | | | | | | | | | | |
| | | Legend | Milestone / Activity in Blads - Str Transition Workshown has densit responsibility | Des la execute | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Müllehiner / Activity in Black - Eli Transition Worksheam has direct responsibilit Müllehiner / Activity in Grey - Eli Transition Worksheam has servigid only, dep Müllehiner / Activity Highlightind in Blac - Added Sacod on CVI replementation is | pendency on other Workstream 8 | / friend to execute | | | | | | | | | Cress Wast | tonum Inc | endendes | | | | | | | una flyrret Drawn | denin | | | |
| | | | | | | | | | | | 4 | | ž 3 | | , | 1 1 | 1 | 31 | : | ; | | | | | | | |
| Seed / Wedden | Deni / Worldman ID | Mirriane ID | Minister Multiply | ~ | ~ | | Due Eule | Mation | Percent Complete | Aglis Danid spensor Operations Control Executing | 1 4 | 3.5 | ž. ž. | , tr | 3 | , S | a la | S and | | a s | 3 | ١. | 1 | 10 | 3 | By Copendancy Encodelina | |
| Devel / Workshopmann | Byeri / Workstream ID | Milediane ID | Minime/Activity | Owner (Ingenialia) | | Start Date | Due Date | Malus | Percent Complete | 1 5 6 1 3 | 900 | 1 2 2 | g 2 g 3 | at ace | 1 | 1 1 1 | 1 8 | 1 3 2 1 | i i | | | ĺ | 1 | 20 | 1 | Dependency Description | Comments |
| | | | | | | | | | | 2.5 | 8 | å | 1 6 | 2 | ŧ | 3 1 | ě | And I | i° | 8 8 | l i | | | 1 | | 1 | |
| ES Transition and Secondary | 10 | T-1/1/T8-63 | Obtain claims holiny Lag from wender and simfirm mixed counts. | C. Reich | T. Young | 1/1/9020 | 1/10/2020 | Not Started | 0% | | | | | П | | | | т | | | | | | | | | |
| Secanding ES Transition and Secanding ES Transition and | 18 | VN79533 | Load Clares Visitory Lag File | C. Resh | T. Young | | 1/16/2020 | Not Started | es. | | | | | | | | | | | | | | | | | | |
| ES Transition and Secondary ES Transition and | 10 | T-VNTR-64 | Forwart Lag claims chickory file into MOT 888 Gybe load format. | C. Resh | T. Young | 1/1/2020 | 1/10/2020 | Not Started | DN. | | | | | | | | | | | | | | | | | | |
| ES Transition and Securities ES Transition and | 11 | 7-W19-65 | Complete SDM conds and place in the Specially Solder Spillate Isls, non-pretical, and Islad Job for claims. | C. Nesh | T. Young | 1/1/2020 | 1/16/3030 | Not Started | DE. | | | | | | | | | \perp | _ | | | | | | | | |
| Secondary EN Transform and | 18 | 7 UNTR-03 7 UNTR-07 | Spaler to presun, and one part or come. Molecular file Seview load reports with Myltenetis to resolve | C. Resh C. Resh | T. Young T. Young | | | Not Started Not Started | DS. | | | + | | + | | | + | - | _ | \vdash | _ | + | + | | | | |
| fecanding ESI Transition and | 19 | 710010-05 | repetit for Lag Load Repetit for all the Files (Frod 1, Frod 2, etc.) | C Reals | T. Young T. Young | | | Not Started Not Started | DE DE | | 1 | + | _ | + | | _ | + | + | _ | \vdash | - | + | + | | | | |
| Secondary ES Transition and | 18 | T-UNITS-68 | Provide Snall load/repoil reports to IM and stevil | C Seah | T. Young | | 1/10/2020 | Not Started | DN. | | 1 | | _ | + | | | + | + | - | | _ | + | + | | | | |
| Secondary ESI Transition and Secondary | 18 | T-WNTR-92 | Create IFOC audit care (if equired) | C Nesh | T. Young | 1/1/2020 | 1/16/3030 | Not Started | DN. | | | | | | | | 1 | | | | | | | | | | |
| Strianting ESI Transition and Strianting | 18 | VACTRUM | Claims History Lag File | C. Resch | T. Young | 1/1/9020 | 1/10/2020 | Not Started | DN. | | | | | | | | | | | | | | | | | | |
| Secanding ES Transition and Secanding ES Transition and | 18 | 7-W19-16E | MS: Load Claims Holisey Lig File | C. Nesh | T. Young | 1/1/2020 | | Not Started | DE. | | | | | | | | | | | | | | | | | | |
| ES Transition and Secondary ES Transition and | 10 | 18.94.2 | Load Lig Files for Accumulators | C. Nesh | D. Estan | 1/1/2020 | 1/16/2020 | Not Started | DE. | $\perp \perp \equiv$ | | \perp | | \Box | ш | | ┶ | Ш | | ₽Ī | | # | 1 | Ш | ш | | |
| ES Transition and Secondary ES Transition and | 18 | VN937 | Oblain Assumulations Lag Rile Oblain Assums Lag file from the wendor and outflow data on file | C. Reals C. Reals | T. Young | 1/1/2020 | 1/16/3030 | Not Started Not Started | es. | + | | + | | \vdash | Н | _ | + | + | | \vdash | | + | +- | Н | \vdash | | |
| focunding ISI Transition and | 18 | YWREST VINTERS | | C Resh C Resh | T. Young T. Young | 1/1/2020 | | Not Started Not Started | DS. | + | | | - | \vdash | H | | + | + | + | \vdash | -+ | + | + | \vdash | \vdash | | |
| Est Transition and | 19 | T-UNITS-DE | Load Accumulations Lag File Pull Elig recen file and update CAS an each | C. Reals | T. Young T. Young | | 1/18/2020 | Not Started | DE DE | + | - | | -+ | + | H | - | + | + | + | + | + | + | + | H | \vdash | + | |
| Secondary ES Transition and Secondary | 18 | 71079-08 | SCUM record Create Type 7 Richam Assums file and load data | C Resh | T. Young | | 1/10/2020 | Not Started | 0% | | | | _ | Н | Н | | 1 | + | _ | \vdash | | + | + | H | \Box | | |
| Excarding EX Transform and | 10 | 7-WTR-60 | Load Rejects from accures production file | C. Nesh | T. Young | 1/1/2020 | | Not Started | DK. | | | | | т | | | T | \vdash | | Ħ | | \top | | | | | |
| Secanding ES Transition and Secanding ES Transition and | 18 | 7-W19-61 | Private final assums shall/leged reports to MI and clevil | C. Reich | T. Young | 1/1/2020 | | Not Started | DK. | | | | | | | | | | | | | | | | | | |
| ESS Transition and Becarding ESS Transition and | 10 | VOCEME | Accumulations Lag File | C Resh | T. Young | 1/1/2020 | | Not Started | DN. | | | | | | | | | | | | | | | | | | |
| ES Transition and Secondary ES Transition and | 18 | 7-W19-172 | MS: Load Assumulations Lig File | C. Nesh | T. Young | 1/1/2020 | | Not Started | DE. | | | | | | | | | \perp | _ | | | | | | | | |
| Sectoding | 10 | 15.54.5 V90%EL | Load Lig Film for Prior Authorisations | C Resh C Resh | D. Eaten T. Young | | 1/16/2020 | Not Started Not Started | DS. | | + | + | | + | | | + | - | _ | \vdash | _ | + | + | | | | |
| Becanding | 11 | T-100TB-127 | Obtain Prior Authorisation Lag File Obtain PA Lag file from the sendor and confirm exceed sounds. | C. Nech | T. Young | 1/1/2020 | 1/10/2020 | Not Started | 06 | | + | | _ | + | | | - | | _ | - | | + | + | | | | |
| Recarding 670 Transform and | 18 | VNCNAZ | | C Resh | T. Young | | 1/10/2020 | Not Started | DN. | | + | | _ | + | | | + | | - | | _ | + | + | | | | |
| Secondary ES Transition and Secondary | 18 | 7 WNT9-128 | Complete initial MCF #8. Analysis lag and send to MCF MFH | C Nesh | T. Young | 1/1/2020 | 1/16/3030 | Not Started | DN. | | | | | | | | 1 | - | | | | | | | | | |
| Smianding ESI Transition and Smianding | 18 | 7-WNT9-133 | Map eligibility to PS Lag Analysis and load file | C. Resch | T. Young | 1/1/2020 | 1/16/2020 | Not Started | es. | | | | | | | | | - | | | | | | | | | |
| ES Transition and Sociating ES Transition and | 10 | T-WNTR-154 | Send Ling PE Duplicates to MET-RPH | C Resh | T. Young | 1/1/9020 | 1/10/2020 | Not Started | DN. | | | | | | | | | | | | | | | | | | |
| ES Transition and Becarding ES Transition and | 19 | 7 WNT9-156 | Soad Lag PA duplicates based on MOT-87H Individues Submit request to TCOS for Lag PA Pool Coad | C. Reich | T. Young | 1/1/2020 | 1/16/2020 | Not Started | DN. | | | | | | | | _ | | | | | | | | | | |
| Transition and Secandria ESI Transition and | 10 | T-UNITE-LUT T-UNITE-LUT | Salant request to 1000 for tag PA Pool cand Test (if required) | C. Reals C. Reals | T. Young T. Young | 1/1/2020 | 1/16/2020 | Not Started Not Started | Dis. | | + | | _ | _ | | | +- | | _ | - | _ | + | _ | | | | |
| Secondary ESS Transition and | 19 | T-UNITS-140 | Their life enquired in the Lag PA Post Lead QA and Revision or Physics from Lag PA Post Lead QA duel B. Proselline PA Provide Lag PA book/reject reports to Bill and | C. Reals | T. Young T. Young | 1/1/2020 | | Not Started | DE DE | | + | + | _ | + | | _ | + | - | _ | \vdash | - | + | + | | | | |
| Eli Transition and | 18 | VNCMAZ | dieni Prior Authorization Lag File | C Seah | T. Young | 1/1/2020 | 1/16/2020 | Not Started | es. | | + | | _ | + | | | + | | - | | _ | + | + | | | | |
| Becarding ESS Transition and Becarding | 10 | T-WNTR-171 | MS: Load Prior Authorisation Lag File | C. Reich | T. Young | 1/1/9020 | 1/10/2020 | Not Started | DN. | | 1 | \vdash | | | | | 1 | | | \vdash | _ | _ | | | | | |
| Becarding ESI Transition and Becarding | 18 | CMSI | Complete P.S. Snatyco Log file | C. Resch | Clinical Adj PA Support | 1/1/9020 | | Not Started | DN. | | | | | | | | | | | | | | | | | | |
| Securities SS Transition and Securities SS Transition and | 18 | TCM111 | SF - VT RPh performs P.E. analysis | C. Resch | Clinical Adj PA Support | 1/1/0020 | | Not Started | es. | | | | | | | | | - | | | | | | | | | |
| ESI Transition and Becarding ESI Transition and | 19 | T-CAPILIA | SP - VT RPN sends FA analysis LING FEET to CA for QR | C Resh | Clinical Adj PA Support | 1/1/9020 | 1/16/3030 | Not Started | es. | | | | | | | | | - | | | | | | | | | |
| Eti Transition and Becarding Eti Transition and | 11 | TOPIS TOPIS | UF - CA-QA's the PA Analysis and sends to VT RPh | | Clinical Adj PA Support | 1/1/0000 | 1/16/3030 | Not Started | DN. | | _ | | | | | | | - | _ | | | | | | | | |
| Smianding ESI Transition and | 18 | T-CAPIES T-CAPIES | U - VT RPh receives Fill Analysis from CA U - VT RPh finalizes analysis and sends Load File | C Resh C Resh | Clinical Adj PA Support | | 1/16/2020 | Not Started Not Started | DS. | | + | + | | + | | | + | - | _ | \vdash | _ | + | + | | | | |
| Excarding EX Transform and | 18 | T-CAPILS | IF - VT RPh flustract analysis and sends coal file for VTA IF - VT RPh sends guidance on QA displicates to | C Reals | Clinical Adj PA Support | 1/1/0020 | | Not Started | DE DE | + | + | + | _ | + | H | - | + | - | -1- | + | | + | + | H | \vdash | - | |
| Secarding EN Transition and | 18 | 18.84.4 | VIA Load Lag Files for Open Relits | C. Nech | T. Young | 1/1/2020 | | Not Started | DS. | | + | \vdash | _ | Н | Н | | 1 | + | _ | \vdash | | + | + | H | \Box | | |
| Becarding ESI Transition and Becarding | 10 | VN/9025 | Oldan Mail Onder Open Refill Lag File | C. Nesh | T. Young | 1/1/2020 | | Not Started | DK. | | T | | | т | | | T | \vdash | | Ħ | | \top | | | | | |
| Secanding ES Transition and Secanding ES Transition and | 18 | 7-W19-72 | Obtain Off Lig file from the vendor and confirm enoised counts | C. Nesh | T. Young | 1/1/2020 | | Not Started | DE. | | | | | | | | | | | | | | | | | | |
| ESI Transition and Sectoring ESI Transition and | 10 | VNTROL | Load Mail Order Open Belli Lag File Create workflow tacks in mail order SharePoint. | C. Nesh | T. Young | 1/1/2020 | | Not Started | DE. | $\perp \perp \equiv$ | 1 | \perp | | \Box | ш | | ┶ | Ш | | ₽Ī | | # | 1 | Ш | ш | | |
| Recarding ESI Transition and | 11 | TUNTO III | Create workflow tacks to mad order SharePoint, to lead of the Pull of greats file or use attacasts to update member ID's | C. Resh | T. Young | 1/1/2020 | 1/18/0000 | Not Started | Dis. | ++ | + | \vdash | _ | ш | Ш | | 1 | \vdash | - | \sqcup | _ | _ | 4 | ш | \sqcup | | |
| Recarding | 18 | TUNTOTS | mender 10's | C Resh | T. Young T. Young | | 1/16/3030 | Not Started Not Started | DN. | ++ | + | + | _ | + | Н | _ | + | + | + | \vdash | - | + | + | Н | \vdash | | |
| Secondary EN Transform and | 19 | T-WATE-TS | Redew load report(s) Non-load report query from TRIX, repair erect(s)(as file only) | C Resh | T. Young T. Young | | 1/18/3030 | Not Started | Dis. | + | + | + | _ | + | H | - | + | + | -1- | + | | + | + | H | \vdash | | |
| ESI Transition and | 18 | 74979-77 | erection as file under Provide traditioned reports to IM and client | C Resh | T. Young | 1/1/2020 | | Not Started | 0% | | + | \vdash | _ | Н | Н | | 1 | + | _ | \vdash | | + | + | H | \Box | | |
| | 18 | VNTRSO | Mail Onler Open Belli Lag File | C. Nesh | T. Young | 1/1/2020 | 1/16/2020 | Not Started | DK. | | T | \Box | | П | | | T | \Box | | П | | 1 | T | | | | |
| ESI Transition and | 10 | T-UNITR-169 | MS: Load Maturator Open Refile Lig File | C. Reich | T. Young | 1/1/2020 | | Not Started | DK. | | | | | | | | | | | | | | | | | | |
| ESI Transition and Secondary | 10 | VNTKIS | Obtain Specially Mat Order Refit Lag File | C Resh | T. Young | | 1/10/2020 | Not Started | DK. | | | | | | | | | | | П | | I | | | | | |
| ESI Transition and Secondary | 18 | 7-W19-90 | Obtain ORT Lag file from the vendor and confirm second counts | C. Reals C. Reals | T. Young | | 1/10/2020 | Not Started Not Started | DN. | ++ | + | \vdash | _ | ш | Ш | | 1 | \vdash | - | \sqcup | _ | _ | 4 | ш | \sqcup | • | |
| Ell Yorkshin and Smanding Ell Yorkshin and Smanding Ell Yorkshin and | 18 | 19078-02 19078-02 | Load Specially Mail Onley Relit Lag File Centerworkflow tasks in road order ShareFoot. | C Resh | T. Young T. Young | 1/1/2020 | 1/16/3030 | Not Started Not Started | DS. | + | + | + | | \vdash | Н | _ | + | + | | \vdash | | + | +- | Н | \vdash | | |
| Recarding ESI Transition and | 19 | 7 WATE-02 7 WATE-03 | to load ORT file Full the Pecan file or use crosswalk to update | C. Nech | T. Young T. Young | | 1/16/2020 | Not Started Not Started | DS. | ++ | + | + | - | + | Н | | +- | + | | 1 | | + | + | H | H | : | |
| Secondary ESI Transition and | 19 | 74879-01 | mender (D's Kentry (said report(s) | C. Nech | T. Young | 1/1/2020 | | Not Started | DE. | | + | + | | + | H | | + | + | + | + | - | + | + | | \vdash | | |
| Secondary ES Transition and Secondary | 10 | T-WNTR-94 | | C. Reich | T. Young | 1/1/2020 | | Not Started | DN. | | | + | | | | | † | + | \top | | _ | \top | | | | | |
| Secondary ESI Transition and Secondary | 18 | T-UNITR-05 | Confirm LINES load with Specially fluin load report query from TREE, report expelled ag file only) | C. Results | T. Young | 1/1/9020 | 1/18/2020 | Not Started | DK. | | T | \Box | | П | | | T | \Box | | П | | 1 | 1 | | | | |
| Secanding ESS Transition and Secanding ESS Transition and | 10 | 71/178-96 | Provide Southeast reports to M and client | C Resh | T. Young | 1/1/2020 | | Not Started | DN. | | | | | | | | | | | П | | I | | | | | |
| ESI Transition and Secondary | 18 | V907833 | Specially Mail Order Refill Lig File | C. Reich | T. Young | | 1/18/3030 | Not Started | PK PK | | 1 | | | | | | 1 | | _ | | | _ | _ | | | | |
| Section and Sectio | 18 | 7 UNTS 170 18 S 4 S | MS: Load Specialty Open Refit Lag File(s) Load Lag Files for Specialty Ru | C. Resh C. Resh | T. Young T. Young | 1/1/2020 | 1/18/3030 | Not Started Not Started | es. | ++ | + | + | _ | + | Н | _ | + | + | + | \vdash | - | + | + | Н | \vdash | | |
| Secondary ES Transition and | 10 | 18843 | Nandoff runoud processes to Ingestodia and CVT operational teams to support | C Resh | T. Young G. Ingino | | 1/11/0000 | Not Started Not Started | Dis. | + | + | + | _ | + | H | - | + | + | -1- | + | | + | + | H | \vdash | - | |
| fecaning | | | second activities through 2021 | | | 414,440 | designed. | - managed | | | | | | | ш | | | | | | | | | ш | | | |

| Drainet Veyes | er 2020 Project F | lon Tom | Confidential | FUL | L SCOPE TESTING | |
|--|--|---|--|--|-------------------------------------|--|
| Last Updated: | 12/21/2018 | ıan rem | plate | _ | | |
| | | | | | | Workstream Dependencies Event Dependencies |
| | Event / Workstream ID | Milestone ID | | Start Date | | Account () 4 |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date Sta | Dependency Description Comments |
| Full Scope Testing | 14 | 14.1 | Test Strategy Development (Incl. Requirements) | 11/20/2017 | 1/15/2018 | |
| Full Scope Testing | 14 | 14.1.1 | Develop Draft Test Strategy | 11/20/2017 | 12/23/2017 | |
| Full Scope Testing | 14 | 14.1.2 | Decide on Environment Needs | 11/20/2017 | 12/23/2017 | |
| Full Scope Testing | 14 | 14.1.3 | Decide on Governance | 11/20/2017 | 12/23/2017 | |
| Full Scope Testing | 14 | 14.1.4 | Define scope of Functional/Cert/Parallel Testing | 11/20/2017 | 12/23/2017 | |
| Full Scope Testing | 14 | 14.1.5 | Define Issues and Defect Management Approach | 11/20/2017 | 12/23/2017 | |
| Full Scope Testing | 14 | 14.1.6 | Review draft test strategy | 12/21/2017 | 12/23/2017 | |
| Full Scope Testing | 14 | 14.1.7 | Finalize test strategy | 11/20/2017 | 1/15/2018 | |
| Full Scope Testing | 14 | 14.1.8 | Finalize Communication Plan for Defect Management | 1/8/2018 | 1/31/2018 | |
| Full Scope Testing | 14 | 14.1.9 | Signoff of test output results format | 1/15/2018 | 1/25/2018 | |
| Full Scope Testing | 14 | 14.2 | IT Enhancements Testing | 2/5/2018 | 11/30/2019 | 2 |
| Full Scope Testing | 14 | 14.2.1 | ITPR # - Project 1 SAMPLE - This will serve as a template that will be tracked at the individual project level. No dates will be identified here | | | |
| Full Scope Testing | 14 | 14.2.2 | Complete requirements | | | |
| Full Scope Testing | 14 | 14.2.3 | Complete Design | | | |
| Full Scope Testing | 14 | 14.2.4 | Complete system test plan | | | |
| Full Scope Testing | 14 | 14.2.5 | Review System Test Plan and Scenarios with IngenioRx | | | |
| Full Scope Testing | 14 | 14.2.6 | Receive IngenioRx approval for System Test Plan and Scenarios | | | |
| Full Scope Testing | 14 | 14.2.7 | Define IngenioRx Role in UAT | | | |
| Full Scope Testing | 14 | 14.2.8 | Develop Joint Integration testing plan (if necessary) | | | |
| Full Scope Testing | 14 | 14.2.9 | identify TEST CAGs to use - Eligibility, Hierarchy and Benefits dependency | | | V V tost CAG and benefits |
| Full Scope Testing | 14 | 14.2.10 | Receive Joint Integration Testing scenarios from IngenioRx | | | |
| Full Scope Testing | 14 | 14.2.11 | Review and receive approval for Joint Integration testing plan | | | |
| Full Scope Testing | 14 | 14.2.12 | Determine Data needs for Test Scenarios | _ | | * |
| Full Scope Testing Full Scope Testing | 14 | 14.2.13 | Submit Test Data request to IngenioRx | | | · · · · · · · · · · · · · · · · · · · |
| Full Scope Testing Full Scope Testing | 14 | | | | | |
| Full Scope Testing | | | Complete System Test Cases | | | |
| | | 14.2.15 | Unit Testing complete | | | |
| - | 14 | 14.2.15 14.2.16 | Unit Testing complete Receive group and member eligibility from IngenioRx | | | |
| Full Scope Testing | | 14.2.15 | Unit Testing complete | | | 1 1 1 1 1 1 |
| Full Scope Testing Full Scope Testing | 14 14 14 | 14.2.15 14.2.16 14.2.17 14.2.18 | Unit Tealing complete Receive group and member eligibility from Ingenioths Load Group and Member Siles in Brütin Load Group and Member Siles in Brütin Load Group and Member Siles in Qs (R excessivy) | | | |
| Full Scope Testing Full Scope Testing Full Scope Testing | 14 14 14 14 | 14.2.15 14.2.16 14.2.17 14.2.18 14.2.19 | Unit Teolog compute Roccine group and member enginitive from Ingeniorite Local Group and Member Files in BriLliam Local Group and Member Files in QC (if recessary) Promote mass color is STT | | | |
| Full Scope Testing Full Scope Testing Full Scope Testing Full Scope Testing | 14 14 14 14 14 | 142.15 142.16 142.17 142.18 142.19 | Unit Teolog complete Sec one group and member eligibility from ingeniorite Load Group and Member Sinci in Kultur Load Group and Member Sinci in Cut in Load Group and Member Sinci in City (Frecessary) Promote mass code to STT System Test Execution Complete | | | 1 1 1 1 1 1 |
| Full Scope Testing Full Scope Testing Full Scope Testing | 14 14 14 14 | 14.2.15 14.2.16 14.2.17 14.2.18 14.2.19 | Unit Teolog compute Roccine group and member enginitive from Ingeniorite Local Group and Member Files in BriLliam Local Group and Member Files in QC (if recessary) Promote mass color is STT | | | 1 1 1 1 1 1 |
| Full Scope Testing | 14 14 14 14 14 | 142.15 142.16 142.17 142.18 142.19 142.20 142.21 | Unit Teolog computes Seccine group and member eligibility from regeroids Load Group and Member Risk in In-CLIII Load Group and Member Files in CLI (F recovery) Promoter mass code to STT System Text Description Computes Service System Text Securition Computes | | | 1 1 1 1 1 1 |
| Full Scope Testing | 14 14 14 14 14 14 | 142.15 142.16 142.17 142.18 142.19 142.20 142.21 | Unit Testing computes Rectine group and months etigishiny from ingeniorite Load Group and Member Riss in BuClaim Load Group and Member Riss in Gil Recessary) fromoste neaso code to STT System Test Cesarction Computes Receive System Test Execution Computes Receive System Test receives with beginning Receive Ingeniorite approach for System Test receives | | | |
| Full Scope Testing | 14 14 14 14 14 14 14 14 | 142.15 142.16 142.17 142.18 142.19 142.20 142.21 142.22 | Unit Teolog computes Backine group and manuface religibility from Ingeriorite Lical Group and Member Biss in BriClaim Lical Group and Member Biss in GL (if necessary) Promote miss scale to STT System Yest Securioric Computes Backine System Text results with Ingeriorite Backine System Text results with Ingeriorite Jackine House System Text results | | | |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 | 142.15 142.16 142.17 142.18 142.19 142.20 142.21 142.22 142.23 | Unit Testing compute Recious group and member eligibility from ingeniorite Load Group and Member Risk in RicClam Load Group and Member Risk in Cl. (If necessary) Personne mass code to STT System Test Execution Computes Review System Test recurs with Ingeniorite Review System Test recurs with Ingeniorite Socious Ingeniority System Test recurs with Ingeniorite Socious System Test recurs with System Test recurs Joint Megaparism / Dark Acceptance Testing Socious Systems of their Acceptance Testing Review Systems Test recurs Testing Socious Systems of their Acceptance Testing Socious System | | | |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 | Use T resing compute Receive group and monther eligibility from ingeniose Issued Group and Monther filia in InCutati Load Group and Monther filia in in Cutati Load Group and Monther filia in in Cutati Load Group and Monther filia in in Cutati Promote mass code to SIT System Tat Execution Computes Review System Text Execution Computes Review System Text recents with Inquisition Secure in System Text recents with Inquirition Secure in System Text recent such Industrial Jackson System of Cutati Acquisition Filiage Computes Receive agreement of Cutati Acquisition Filiage Refuse to Regree Vision Scripting Computes | | | |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 14226 | Unit Teoling computes Backine group and momber eligibility from Ingenicible Load Group and Momber Elisis in BriCham Load Group and Momber Elisis in BriCham Load Group and Momber Elisis in Cl. (El recessary) Promote most code to STT System Text Execution Computes Backine Vigenita Text execution with legacityth Backine in legacityth Text execution with legacityth Backine in legacityth Linear Acceptance Texting Computes Backine System Vigenita Acceptance Texting Computes Backine System Stelling Computes Performance Texting Computes (Fraphicalish) | 12/23/2017 | 12/31/2019 | 1 1 1 1 1 1 |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 14226 14227 | Unit Teolog complete Backine group and manuface englishing from Imperiorite Load Group and Member Sinc in BriLliam Load Group and Member Sinc in BriLliam Load Group and Member Sinc in GL (if necessary) Promotes mass code to S1T System Yeat Securiorit Complete Benieve System Trict recults with Imperiorite Benieve System Tricting Complete Benieve System Tricting Complete Despite System Complete (If applicable) Despite System Despite System | 12/23/2017 | 12/31/2019 1/31/2018 | 1 1 1 1 1 1 |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 14226 14227 | Uses Teeling computes Receive group and monther eligibility from ingeniorite Load Group and Monther Filia in InCustom Promote mass code los IST System Teat Execution Computes Review System Teat Execution used by regard and Section in Ingenium Assessment for Execution Load Execution Jaint Integration of User Assessment Teatre (Computes Receives Ingenium Assessment Execution Computes Receives Ingenium Execution Teeling Computes Performance Teeling Computes Performance Teeling Computes Performance Teeling Computes Design System Computer Design | | | 1 1 1 1 1 1 |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 14226 14237 14331 | Uses T realing computes Receive group and monther eligibility from ingeniorite Load Group and Monther Elision in B-CLiain Load Group and Monther Elision in CLiain Load Group and Monther Elision in CLIAIN Promote most code to STT System Text Execution Computes Receive State To Execution Text (or costs such logariculos Receive Ingenioria Septional for System Text (or results Jaion Integration Text (or costs such logariculos Receive System Text for State Anceptiona Textify Balance Reportation Textify Computes Receive State State (or Computes (if applicable) Design Physics Boolines State (or Computes (if applicable) Design State (or State Institute) Align Executional Stating Computes Receives State (or Computes (if applicable) Design State (or State Institute) Align Executional Stating Computes (in State Institute) Align Executional Stating Computes (in State Institute) | 12/23/2017 | 1/31/2018 | |
| Full Scope Testing | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 14226 14237 143 | Unit Teoling computer Become group and momber rigiditiny from Ingeniorite Load Group and Momber Files in BCLIsm Load Group and Momber Files in GC (if necessary) Promote muse color to STT System Text Execution Computer Become by Operating Text Proceed with Ingeniorite Receive Systems Text Execution Computer Become by Operating Approved for Systems Text results Joint Integration / User Acceptance Texting Complete Receive approved for Durk Acceptance Texting Complete Receive approved for Durk Acceptance Texting Become approved for Durk Acceptance Texting Become approved for Durk Acceptance Texting Durks Computer (14 page 14 page | 12/23/2017 12/23/2017 | 1/31/2018 1/12/2018 | 1 1 1 1 1 1 |
| Full Scope Teating | 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | 14215 14216 14217 14218 14219 14220 14221 14222 14223 14224 14225 14227 143 1431 1431 | Uses Teeling computes Receive group and monther eligibility from ingeniorite Receive group and monther eligibility from ingeniorite Load Group and Monther Filia in InCustom Load Group and Monther Filia in In (Erroccuszy) Promote mass code los EIT System Teat Execution Complete Review System Teat Execution uses In agent ofte Review Ingenishe agreement but for schemic Teat execution Interview Ingenishe agreement but for schemic Teat execution Jaint Integration II Other Acceptances Teeling Computed Reviews Ingenishe System (I Special Computed Teatrans Regression Stelling Computed Partnersons Respiratory Computer (I applicable) Dosping Project Business Functional Teeling Computer August Acceptance Interview Computer Stelling August Acceptance Interview Computer Stelling August Acceptance Interview Computer Stelling August Manistra Configuration (Jaination | 12/23/2017 12/23/2017 12/23/2017 | 1/31/2018 1/12/2018 1/12/2018 | |

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| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Our Date Status Complete Status Complete Status Complete Status Complete Status Complete Status Complete Status St |
| Full Scope Testing | 14 | 14.3.6 | Define Gates / Measures | 12/23/2017 | 1/12/2018 |
| Full Scope Testing | 14 | 14.3.7 | Define IngenioRx Access / Roles / Resource Requirements | 12/23/2017 | 1/12/2018 |
| Full Scope Testing | 14 | 14.3.8 | Manage Changes in Parallel | 12/23/2017 | 1/32/2018 |
| Full Scope Testing | 14 | 14.3.9 | Enhancements to functional testing tool | 1/1/2017 | 3/31/2018 |
| Full Scope Testing | 14 | 14.3.10 | Business Functional Testing Entry Criteria (For Each Wave) | 11/20/2017 | 11/30/2018 |
| Full Scope Testing | 14 | 14.3.11 | Understand changes to be made to test automation platform with fit gap analysis | 1/1/2018 | 3/5/2018 |
| Full Scope Testing | 14 | 14.3.12 | Complete enhancements to functional testing tool | 1/1/2018 | 3/16/2018 |
| Full Scope Testing | 14 | 14.3.13 | Review and signoff Benefits and Clinical (UM & Formulary) requirements | 11/20/2017 | 3/5/2018 |
| Full Scope Testing | 14 | 14.3.14 | Load Benefits and Clinical (UM & Formulary) networks in pre-production environment | 11/20/2017 | 3/15/2018 |
| Full Scope Testing | 14 | 14.3.15 | Complete and signoff Benefits and Clinical (UM & Formulary) plan code unit testing | 11/20/2017 | 3/16/2018 |
| Full Scope Testing | 14 | 14.3.16 | Review and signoff Business Functional (claims) testing scenarios | 11/20/2017 | 3/5/2018 |
| Full Scope Testing | 14 | 14.3.17 | Finalize business query and claims testing output format (to be completed once) | 11/20/2017 | 3/16/2018 |
| Full Scope Testing | 14 | 14.3.18 | Validate Benefits and Clinical(UM & Formulary) plan code config available in pre-production environment | 11/20/2017 | 3/16/2018 |
| Full Scope Testing | 14 | 14.3.19 | Define test execution and defect management SLA (to be completed once) | 11/20/2017 | 3/16/2018 |
| Full Scope Testing | 14 | 14.3.20 | Confirm receipt of NIF from network pricing | 11/20/2017 | 3/15/2018 |
| Full Scope Testing | 14 | 14.3.21 | Identify test cases and pricing approach for functional testing | 11/20/2017 | 3/15/2018 |
| Full Scope Testing | 14 | 14.3.22 | Setup CAG structure in pre-production environment (Group file load is not needed as part of this activity) | 11/20/2017 | 3/16/2018 |
| Full Scope Testing | 14 | 14.3.23 | Execute and Validate Commercial Benefits Wave 1 (end date is 7/15 as this wave needs to be ready for certification testing cohort 1) | 3/19/2018 | 7/15/2018 |
| Full Scope Testing | 14 | 14.3.24 | Load formulary data and complete drug mapping (dry run) | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.25 | Create test bed using source xml/excel requirement file | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.26 | Run business baseline testing for requirements validation | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.27 | Create requirement traceability metrics | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.28 | Review and sign off requirement traceability metrics | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.29 | Extract plan configuration data from Rx Claim for Business Query Testing | 3/19/2018 | |
| Full Scope Testing | 14 | 14.3.30 | Compare source xml/excel files data against Rx Claim extract | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.31 | Validate business query testing results | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.32 | Triage and Log defects | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.33 | Fix regression test defect | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.34 | Submit approved test bed into Rx claim using E2Test for test claims adjudication | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.35 | Validate test claims adjudication output | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.36 | Triage and Log defects | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.37 | Retest defect fix | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.38 | Share and Review query, claims adjudication test results with IngenioRx | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.39 | Secure approvals on test results | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.40 | Plan configuration ready for promotion to production | 3/19/2018 | 6/15/2018 |
| Full Scope Testing Full Scope Testing | 14 | 14.3.41 | Promote plan to production | 3/19/2018 3/19/2018 | 6/15/2018 6/15/2018 |
| Full Scope Testing | 14 | 14.3.42 | Compare pre-production and production plan configuration data for regression testing Review all the test artifacts are attached to SFDC case | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.44 | Review all the test artifacts are attached to SFDC case Close the SFDC case | 3/19/2018 | 6/15/2018 |
| Full Scope Testing | 14 | 14.3.44 | Close the SFDC case Regression test maintenance of business changes | 6/15/2018 | 6/13/2018 7/15/2018 |
| Full Scope Testing | 14 | 14.3.46 | Regression test maintenance of business changes Execute and Validate Commercial Benefits Wave 2a (end date is 11/16 as this wave needs to be | 3/19/2018 | //15/2018 11/6/2018 |
| Full Scope Testing | 14 | 14.3.47 | ready for certification testing cohort 3 and 4) Load formulary data and complete drug mapping (dry run) | 3/19/2018 | 11/10/2018 |
| Full Scope Testing | 14 | 14.3.48 | Load formulary data and complete drug mapping (dry run) Create test bed using source xml/excel requirement file | 3/19/2018 | 10/19/2018 |
| Full Scope Testing | 14 | 14.3.49 | Run business baseline testing for requirements validation | 3/19/2018 | 10/19/2018 |
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| , | , | | , | | | | Complete | A Second |
| Full Scope Testing | 14 | 14.3.50 | Create requirement traceability metrics | 3/19/2018 | 10/19/2018 | | | 5 2 8 V |
| Full Scope Testing | 14 | 14.3.51 | Review and sign off requirement traceability metrics | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.52 | Extract plan configuration data from Rx Claim for Business Query Testing | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.53 | Compare source xml/excel files data against Rx Claim extract | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.54 | Validate business query testing results | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.55 | Triage and Log defects | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.56 | Fix regression test defect | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.57 | Submit approved test bed into Rx claim using EZTest for test claims adjudication | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.58 | Validate test claims adjudication output | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.59 | Triage and Log defects | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.60 | Retest defect fix | 3/19/2018 | 10/19/2018 | | • | |
| Full Scope Testing | 14 | 14.3.61 | Share and Review query, claims adjudication test results with IngenioRx | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.62 | Secure approvals on test results | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.63 | Plan configuration ready for promotion to production | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.64 | Promote plan to production | 3/19/2018 | 10/19/2018 | _ | | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.65 | Compare pre-production and production plan configuration data for regression testing Review all the test artifacts are attached to SFDC case | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.65 | Review all the test artifacts are attrached to SHUC case Close the SFDC case | 3/19/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.68 | Close the SHUC case Regression test maintenance of business changes | 10/22/2018 | 11/16/2018 | | | |
| Full Scope Testing | 14 | 14.3.69 | Execute and Validate Commercial Benefits Wave 2b (end date is 11/16 as this wave needs to be ready for certification testing cohort3 and 4) | 4/16/2018 | 11/16/2018 | $\overline{}$ | | |
| Full Scope Testing | 14 | 14.3.70 | ready for certification testing cohort 3 and 4) Load formulary data and complete drug mapping (dry run) | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.71 | Create test bed using source xml/excel requirement file | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.72 | Run business baseline testine for requirements validation | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.73 | Create requirement traceability metrics | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.74 | Review and sign off requirement traceability metrics | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.75 | Extract plan configuration data from Rx Claim for Business Query Testing | 4/16/2018 | 10/19/2018 | _ | | |
| Full Scope Testing | 14 | 14.3.76 | Compare source xml/excel files data against Rx Claim extract | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.77 | Validate business query testing results | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.78 | Triage and Log defects | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.79 | Fix regression test defect | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.80 | Submit approved test bed into Rx claim using EZ Test for test claims adjudication | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.81 | Validate test claims adjudication output | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.82 | Triage and Log defects | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.83 | Retest defect fix | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.84 | Share and Review query, claims adjudication test results with IngenioRx | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.85 | Secure approvals on test results | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.86 | Plan configuration ready for promotion to production | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.87 | Promote plan to production | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.88 | Compare pre-production and production plan configuration data for regression testing | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.89 | Review all the test artifacts are attached to SFDC case | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.90 | Close the SFDC case | 4/16/2018 | 10/19/2018 | | | |
| Full Scope Testing | 14 | 14.3.91 | Regression test maintenance of business changes Execute and Validate Commercial Benefits Wave 3 (end date is 9/17 as this wave needs to be ready | 10/22/2018 | 11/16/2018 | | | |
| Full Scope Testing | 14 | 14.3.92 | for certification testing cohort 2) | 4/16/2018 | 9/17/2018 | | | |
| Full Scope Testing | 14 | 14.3.93 | Load formulary data and complete drug mapping (dry run) | 4/16/2018 | 7/20/2018 | | | |

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| Full Scope Testing | 14 | 14.3.94 | Create test bed using source xml/excel requirement file | 4/16/2018 | 7/20/2018 | <u> </u> | 8 7 " | 5 8 4 | 4 4 1 4 1 | | | |
| Full Scope Testing | 14 | 14.3.95 | Run business baseline testing for requirements validation | 4/16/2018 | 7/20/2018 | | | | | | / | |
| Full Scope Testing | 14 | 14.3.96 | Create requirement traceability metrics | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.97 | Review and sign off requirement traceability metrics | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.98 | Extract plan configuration data from Rx Claim for Business Query Testing | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.99 | Compare source xml/excel files data against Rx Claim extract | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.100 | Validate business query testing results | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.101 | Triage and Log defects | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.102 | Fix regression test defect | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.103 | Submit approved test bed into Rx claim using EZTest for test claims adjudication | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.104 | Validate test claims adjudication output | 4/16/2018 | 7/20/2018 | - | | | | | | |
| Full Scope Testing | 14 | 14.3.105 | Triage and Log defects | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.106 | Retest defect fix | 4/16/2018 | 7/20/2018 | _ | | | | | | |
| Full Scope Testing | 14 | 14.3.107 | Share and Review query, claims adjudication test results with IngenioRx | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.108 | Secure approvals on test results | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.109 | Plan configuration ready for promotion to production | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.110 | Promote plan to production | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.111 | Compare pre-production and production plan configuration data for regression testing | 4/16/2018 | 7/20/2018 | 47 | | | | | | |
| Full Scope Testing | 14 | 14.3.112 | Review all the test artifacts are attached to SFDC case | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.113 | Close the SFDC case | 4/16/2018 | 7/20/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.114 | Regression test maintenance of business changes | 8/17/2018 | 9/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.115 | Execute and Validate Commercial Benefits Wave 4 (end date is 9/30 as this wave needs to be ready for certification testing cohort 2) | 5/14/2018 | 9/30/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.116 | Load formulary data and complete drug mapping (dry run) | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.117 | Create test bed using source xml/excel requirement file | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.118 | Run business baseline testing for requirements validation | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.119 | Create requirement traceability metrics | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.120 | Review and sign off requirement traceability metrics | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.121 | Extract plan configuration data from Rx Claim for Business Query Testing | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.122 | Compare source xml/excel files data against Rx Claim extract | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.123 | Validate business query testing results | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.124 | Triage and Log defects | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.125 | Regression test defect fix | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.126 | Submit approved test bed into Re claim using E2 Test for test claims adjudication | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.127 | Validate test claims adjudication output | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.128 | Triage and Log defects | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.129 | Retest defect for | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.130 | Share and Review query, claims adjudication test results with ingenioRx | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.131 | Secure approvals on test results | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.132 | Plan configuration ready for promotion to production | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.133 | Promote plan to production | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.134 | Compare pre-production and production plan configuration data for regression testing | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.135 | Review all the test artifacts are attached to SFDC case | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.136 | Close the SFDC case | 5/14/2018 | 8/17/2018 | | | | | | | |
| Full Scope Testing | 14 | 14.3.137 | Regression test maintenance of business changes | 9/14/2018 | 10/14/2018 | | | | | | | |

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| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date | Status | Workforce Depondency Comments |
| Full Scope Testing | 14 | 14.3.138 | Execute and Validate Commercial Benefits Wave 5 (end date is 11/12 as this wave needs to be ready for certification testing cohort 3) | 6/18/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.3.139 | Load formulary data and complete drug mapping (dry run) | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.140 | Create test bed using source xml/excel requirement file | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.141 | Run business baseline testing for requirements validation | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.142 | Create requirement traceability metrics | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.143 | Review and sign off requirement traceability metrics | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.144 | Extract plan configuration data from Rx Claim for Business Query Testing | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.145 | Compare source xml/excel files data against Rx Claim extract | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.146 | Validate business query testing results | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.147 | Triage and Log defects | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.148 | Regression test defect fix | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.149 | Submit approved test bed into Rx claim using EZ Test for test claims adjudication | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.150 | Validate test claims adjudication output | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.151 | Triage and Log defects | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.152 | Retest defect for | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.153 | Share and Review query, claims adjudication test results with IngenioRx | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.154 | Secure approvals on test results | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.155 | Plan configuration ready for promotion to production | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.156 | Promote plan to production | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.157 | Compare pre-production and production plan configuration data for regression testing | 6/18/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.158 | Review all the test artifacts are attached to SFDC case | 6/18/2018 | 10/19/2018 | \rightarrow | |
| Full Scope Testing | 14 | 14.3.159 | Close the SFDC case | 6/18/2018 | 10/19/2018 | — | |
| Full Scope Testing | 14 | 14.3.160 | Regression test maintenance of business changes Execute and Validate Commercial Benefits Wave 6 (end date is 11/16 as this wave needs to be | 10/22/22018 | 11/16/2018 | _ | · |
| Full Scope Testing Full Scope Testing | 14 | 14.3.161 | ready for certification testing cohort 4) Load formulary data and complete drue macoine (dry run) | 7/16/2018 7/16/2018 | 11/16/2018 | _ | |
| | 14 | | | | | _ | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.163 | Create test bed using source xml/excel requirement file Run business baseline testing for requirements validation | 7/16/2018 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.165 | Create requirement transability metrics | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.166 | Review and sign off requirement traceability metrics | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.167 | Extract plan configuration data from Rr Claim for Business Query Testing | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.168 | Compare source xml/excel files data against Rx Claim extract | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.169 | Validate business query testing results | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.170 | Triage and Log defects | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.171 | Regression test defect fix | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.172 | Submit approved test bed into Rx claim using £2.Test for test claims adjudication | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.173 | Validate test claims adjudication output | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.174 | Triage and Log defects | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.175 | Retest defect for | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.176 | Share and Review query, claims adjudication test results with IngenioRx | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.177 | Secure approvals on test results | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.178 | Plan configuration ready for promotion to production | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.179 | Promote plan to production | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.180 | Compare pre-production and production plan configuration data for regression testing | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.181 | Review all the test artifacts are attached to SFDC case | 7/16/2018 | 10/19/2018 | | |
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| Drainet Veyage | er 2020 Project F | Dian Tampiata | Confidential | FUL | L SCOPE TESTI | TING |
|---------------------------------------|-----------------------|---------------|---|------------------------|------------------------|--|
| Last Updated: | 12/21/2018 | rian rempiate | comachia | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Ministonu (Activity | Start Date | Due Date | Souther Comprehensive Comprehe |
| Full Scope Testing | 14 | 14.3.182 | Close the SFDC case | 7/16/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.183 | Regression test maintenance of business changes | 10/22/2018 | 11/16/2018 | |
| Full Scope Testing | 14 | 14.3.184 | Execute and Validate Commercial Benefits Wave 7 | 8/20/2018 | 11/16/2018 | |
| Full Scope Testing | 14 | 14.3.185 | Load formulary data and complete drug mapping (dry run) | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.186 | Create test bed using source xml/excel requirement file | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.187 | Run business baseline testing for requirements validation | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.188 | Create requirement traceability metrics | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.189 | Review and sign off requirement traceability metrics | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.190 | Extract plan configuration data from Rx Claim for Business Query Testing | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.191 | Compare source xml/excel files data against Rx Claim extract | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.192 | Validate business query testing results | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.193 | Triage and Log defects | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.194 | Regression test defect fix | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.195 | Submit approved test bed into Rx claim using EZ Test for test claims adjudication | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.196 | Validate test claims adjudication output | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.197 | Triage and Log defects | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.198 | Retest defect fix | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.199 | Share and Review query, claims adjudication test results with IngenioRx | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.200 | Secure approvals on test results | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.201 | Plan configuration ready for promotion to production | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.202 | Promote plan to production | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.203 | Compare pre-production and production plan configuration data for regression testing | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.204 | Review all the test artifacts are attached to SFDC case | 8/20/2018 | 10/19/2018 | · · |
| Full Scope Testing | 14 | 14.3.205 | Close the SFDC case | 8/20/2018 | 10/19/2018 | |
| Full Scope Testing | 14 | 14.3.206 | Regression test maintenance of business changes Execute and Validate Medicaid Benefits Wave 1 (end date is 7/31 as this wave needs to be ready | 10/22/2018 | 11/16/2018 | |
| Full Scope Testing | 14 | 14.3.207 | for certification testing cohort 1) | 3/19/2018 | 7/31/2018 | |
| Full Scope Testing | 14 | 14.3.208 | Load formulary data and complete drug mapping (dry run) | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.209 | Create test bed using source xml/excel requirement file | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.210 | Run business baseline testing for requirements validation | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.211 | Create requirement traceability metrics | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.212 | Review and sign off requirement traceability metrics | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.213 | Extract plan configuration data from Rx Claim for Business Query Testing | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.214 | Compare source xml/excel files data against Rx Claim extract Validate business overv testing results | 3/19/2018 3/19/2018 | 6/15/2018 6/15/2018 | |
| | | | | | | |
| Full Scope Testing | 14 | 14.3.216 | Triage and Log defects | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.217 | Regression test defect fix Submit approved test bed into Rx chaim using EZ Test for test claims adjudication | 3/19/2018 3/19/2018 | 6/15/2018 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.218 | Submit approved test bed into Rx claim using EZTest for test claims adjudication Validate test claims adjudication output | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.219 | validate test claims adjudication output Triage and Log defects | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.221 | Triage and Log detects Retest defect fix | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.221 | Share and Review query, claims adjudication test results with IngenioRx | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.223 | Secure approvals on test results | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.224 | Plan configuration ready for promotion to production | 3/19/2018 | 6/15/2018 | |
| Full Scope Testing | 14 | 14.3.225 | Promote plan to production | 3/19/2018 | 6/15/2018 | |
| | | | | | * * * * * | |

| Project Voyage | er 2020 Project I | Plan Tomplato | Confidential | FUL | L SCOPE TESTI | NG | | | | | | | | |
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| Last Updated: | 12/21/2018 | rian rempiate | Somethia | | | | | | | | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone (Activity | Start Date | Due Date | Status | Percent Complete | operating the state of the stat | Moukstream Dependent | ies Grandon Annual Control | tholder Rement wordon mercial mercial | Event Dependencies | Dependency Descri | iption Comments |
| | | | | | | | Complete | Devel | High Manual Manu | A Second | State of the state | Me Ma | A 9 | |
| Full Scope Testing | 14 | 14.3.226 | Compare pre-production and production plan configuration data for regression testing | 3/19/2018 | 6/15/2018 | | | | | | | | | ' |
| Full Scope Testing | 14 | 14.3.227 | Review all the test artifacts are attached to SFDC case | 3/19/2018 | 6/15/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.228 | Close the SFDC case | 3/19/2018 | 6/15/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.229 | Regression test maintenance of business changes | 7/13/2018 | 7/31/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.230 | Execute and Validate Medicaid Benefits Wave 2 (end date is 9/17 as this wave needs to be ready for certification testing cohort 2) | 5/14/2018 | 10/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.231 | Load formulary data and complete drug mapping (dry run) | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.232 | Create test bed using source xml/excel requirement file | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.233 | Run business baseline testing for requirements validation | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.234 | Create requirement traceability metrics | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.235 | Review and sign off requirement traceability metrics | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.236 | Extract plan configuration data from Rx Claim for Business Query Testing | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.237 | Compare source xml/excel files data against Rx Claim extract | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.238 | Validate business query testing results | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.239 | Triage and Log defects | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.240 | Regression test defect fix | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.241 | Submit approved test bed into Rx claim using EZ Test for test claims adjudication | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.242 | Validate test claims adjudication output | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.243 | Triage and Log defects | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.244 | Retest defect fix | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.245 | Share and Review query, claims adjudication test results with IngenioRx | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.246 | Secure approvals on test results | 5/14/2018 | 8/17/2018 | _ | | | | | | | | |
| Full Scope Testing | 14 | 14.3.247 | Plan configuration ready for promotion to production | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.248 | Promote plan to production | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.249 | Compare pre-production and production plan configuration data for regression testing | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.250 | Review all the test artifacts are attached to SFDC case | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.251 | Close the SFDC case | 5/14/2018 | 8/17/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.252 | Regression test maintenance of business changes Execute and Validate Medicaid Benefits Wave 3 (end date is 11/12 as this wave needs to be ready | 9/14/2018 | 10/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.253 | for certification testing cohort 3) | 6/18/2018 | 11/9/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.254 | Load formulary data and complete drug mapping (dry run) | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.255 | Create test bed using source xml/excel requirement file | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.256 | Run business baseline testing for requirements validation | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | | Create requirement traceability metrics | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.258 | Review and sign off requirement traceability metrics | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.259 | Extract plan configuration data from Rx Claim for Business Query Testing Compare source xml/excel files data against Rx Claim extract | 6/18/2018 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.260 | | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.261 | Validate business query testing results | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.262 | Triage and Log defects Regression test defect fix | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.263 | Regression test defect fix Submit approved test bed into Rx claim using EZTest for test claims adjudication | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.264 | Submit approved test bed into Rx claim using EZTest for test claims adjudication Validate test claims adjudication output | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.265 | Validate test claims adjustration output Triage and Log defects | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.267 | Triage and Log detects Retest defect for | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.268 | Notest detect for Share and Review ouery, claims adjudication test results with InsenioRx | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.269 | Share and Hevelow query, claims adjudication test results with Ingeniorix. Secure approvals on test results. | 6/18/2018 | 9/14/2018 | | | | | | | | | |
| · an annual results | | | Jeone approvement tent results | -,,2020 | -,-,4040 | | | | | | | | | |

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| Project Voyage Last Updated: | er 2020 Project F 12/21/2018 | Plan Template | Confidential | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Misstone (Activity | Start Date | Due Date | Status | Note the part of t |
| Full Scope Testing | 14 | 14.3.270 | Plan configuration ready for promotion to production | 6/18/2018 | 9/14/2018 | | |
| Full Scope Testing | 14 | 14.3.271 | Promote plan to production | 6/18/2018 | 9/14/2018 | | |
| Full Scope Testing | 14 | 14.3.272 | Compare pre-production and production plan configuration data for regression testing | 6/18/2018 | 9/14/2018 | | |
| Full Scope Testing | 14 | 14.3.273 | Review all the test artifacts are attached to SFDC case | 6/18/2018 | 9/14/2018 | | |
| Full Scope Testing | 14 | 14.3.274 | Close the SFDC case | 6/18/2018 | 9/14/2018 | | |
| Full Scope Testing | 14 | 14.3.275 | Regression test maintenance of business changes | 10/12/2018 | 11/12/2018 | | |
| Full Scope Testing | 14 | 14.3.276 | Execute and Validate Medicaid Benefits Wave 4 (end date is 11/16 as this wave needs to be ready for certification testing cohort 4) | 7/16/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.3.277 | Load formulary data and complete drug mapping (dry run) | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.278 | Create test bed using source xml/excel requirement file | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.279 | Run business baseline testing for requirements validation | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.280 | Create requirement traceability metrics | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.281 | Review and sign off requirement traceability metrics | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.282 | Extract plan configuration data from Rx Claim for Business Query Testing | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.283 | Compare source xml/excel files data against Rx Claim extract | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.284 | Validate business query testing results | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.285 | Triage and Log defects | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.286 | Regression test defect fix | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.287 | Submit approved test bed into Rx claim using EZTest for test claims adjudication | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.288 | Validate test claims adjudication output | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.289 | Triage and Log defects | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.290 | Retest defect fix | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.291 | Share and Review query, claims adjudication test results with IngenioRx | 7/16/2018 | 10/19/2018 | - | |
| Full Scope Testing | 14 | 14.3.292 | Secure approvals on test results | 7/16/2018 | 10/19/2018 | - | |
| Full Scope Testing | 14 | 14.3.293 | Plan configuration ready for promotion to production | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.294 | Promote plan to production | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.295 | Compare pre-production and production plan configuration data for regression testing | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing Full Scope Testing | 14 | 14.3.296 | Review all the test artifacts are attached to SFDC case Close the SFDC rase | 7/16/2018 | 10/19/2018 | | |
| Full Scope Testing | 14 | 14.3.297 | Close the SPDC case Repression test maintenance of business changes | 10/22/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.3.298 | Execute and Validate Medicare Benefits for 2018 (targeted plans) (end date is 3/31 as this wave | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.299 | needs to be ready for certification testing wave1) Load formulary data and complete drug mapping (dry run) | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.300 | Create test bed using source xml/excel requirement file | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.302 | Run business baseline testine for requirements validation | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.302 | Create requirement traceability metrics | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.303 | Review and sign off requirement traceability metrics | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.305 | Extract plan configuration data from Rx Claim for Business Query Testing | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.306 | Compare source xml/excel files data against Rx Claim extract | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.307 | Validate business query testing results | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.308 | Triage and Log defects | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.309 | Regression test defect fix | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.310 | Submit approved test bed into Rx claim using E2 Test for test claims adjudication | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.311 | Validate test claims adjudication output | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.312 | Triage and Log defects | 12/11/2017 | 3/31/2018 | | |
| Full Scope Testing | 14 | 14.3.313 | Retest defect fix | 12/11/2017 | 3/31/2018 | | |
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|--------------------|-----------------------|---------------|--|------------|--------------|--------|---------------------|--|--|--|---------------------------------|
| Last Updated: | 12/21/2018 | Plan Template | comdential | _ | | | | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestony (Activity | Start Date | Due Date | Status | Percent Complete | Mountainean Debook Short Cook Sho | per a formal for | Event Dependencies Sussect Transferencies Francisco Medicare Medicare | Dependency Description Comments |
| Full Scope Testing | 14 | 14.3.314 | Share and Review query, claims adjudication test results with IngenioRx | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.314 | Share and Heview query, claims adjudication test results with ingeniorix. Secure approvals on test results. | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.316 | Plan configuration ready for promotion to production | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.317 | Promote plan to production | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.318 | Compare pre-production and production plan configuration data for regression testing | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.319 | Review all the test artifacts are attached to SFDC case | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.320 | Close the SFDC case | 12/11/2017 | 3/31/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.321 | Execute and Validate Medicare Benefits for 2019 | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.322 | Load formulary data and complete drug mapping (dry run) | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.323 | Create test bed using source xml/excel requirement file | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.324 | Run business baseline testing for requirements validation | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.325 | Create requirement traceability metrics | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.326 | Review and sign off requirement traceability metrics | 3/1/2018 | 11/30/2018 | | _ | | | | |
| Full Scope Testing | 14 | 14.3.327 | Extract plan configuration data from Rx Claim for Business Query Testing | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.328 | Compare source xml/excel files data against Rx Claim extract | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.329 | Validate business query testing results | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.330 | Triage and Log defects | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.331 | Regression test defect fix | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.332 | Submit approved test bed into Rx claim using EZTest for test claims adjudication | 3/1/2018 | 11/30/2018 | | | _ | | | |
| Full Scope Testing | 14 | 14.3.333 | Validate test claims adjudication output | 3/1/2018 | 11/30/2018 | | | 7 | | | |
| Full Scope Testing | 14 | 14.3.334 | Triage and Log defects | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.335 | Retest defect fix | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.336 | Share and Review query, claims adjudication test results with IngenioRx | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.337 | Secure approvals on test results | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.338 | Plan configuration ready for promotion to production | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.339 | Promote plan to production | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.340 | Compare pre-production and production plan configuration data for regression testing | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.341 | Review all the test artifacts are attached to SFDC case | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.342 | Close the SFDC case | 3/1/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.343 | Execute and Validate Medicare Benefits for 2019 MOB changes | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.344 | Load formulary data and complete drug mapping (dry run) | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.345 | Create test bed using source xml/excel requirement file | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.346 | Run business baseline testing for requirements validation | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.347 | Create requirement traceability metrics | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.348 | Review and sign off requirement traceability metrics | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.349 | Extract plan configuration data from Rx Claim for Business Query Testing | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.350 | Compare source xml/excel files data against Rx Claim extract | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.351 | Validate business query testing results | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.352 | Triage and Log defects | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.353 | Regression test defect fix | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.354 | Submit approved test bed into Rx claim using E2Test for test claims adjudication | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.355 | Validate test claims adjudication output | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.356 | Triage and Log defects | 10/15/2018 | 11/30/2018 | | | | | | |
| Full Scope Testing | 14 | 14.3.357 | Retest defect fix | 10/15/2018 | 11/30/2018 | | | | | | |

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| | | | | | | Workstream Dependencies Event Dependencies |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date | Status Concilete |
| | | | | | | 200 March 10 |
| Full Scope Testing | 14 | 14.3.358 | Share and Review query, claims adjudication test results with IngenioRx | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | 14.3.359 | Secure approvals on test results | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | 14.3.360 | Plan configuration ready for promotion to production | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | 14.3.361 | Promote plan to production | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | 14.3.362 | Compare pre-production and production plan configuration data for regression testing | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | 14.3.363 | Review all the test artifacts are attached to SFDC case | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | 14.3.364 | Close the SFDC case | 10/15/2018 | 11/30/2018 | |
| Full Scope Testing | 14 | | execute 2019 MOB, 2020 new plan build and 2020 MOB changes | 1/1/2018 | 12/31/2019 | |
| Full Scope Testing | 14 | | #hodel Office/BIPV Testing | 9/17/2018 | 6/29/2019 | |
| Full Scope Testing | 14 | 14.4.1 | Model Office/BIPV Testing Entry Criteria | 5/1/2018 | 8/31/2018 | · · |
| Full Scope Testing | 14 | 14.4.2 | Finalize requirements for claims creation tool API | 1/1/2018 | 3/15/2018 | |
| Full Scope Testing | 14 | 14.4.3 | Accums single book of record project complete and available in production | 1/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.4 | Agadia integration with CTE environment should be completed | 1/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.5 | Benefits and Clinical plans coding and functional testing sign off | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.4.6 | Benefits and Clinical code available in production Finalize test results output format for model office testing | 5/1/2018 5/1/2018 | 8/31/2018 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.8 | Plans promoted to production Plans promoted to production | 5/1/2018 | 8/31/2018 | |
| | 14 | 14.4.9 | | 5/1/2018 | 8/31/2018 8/31/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.4.10 | CAG Set up completed in production Plans attached to the CAGs in production | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.11 | Figibility file testing completed and signed off - loaded to production | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.12 | Customized CET Testing completed and signed off; Deployed in prod (Raise ALM ticket to get | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.13 | Profile, Library and Filename is loaded to CTE) PDE file Deployed in production (For MedD only) | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.14 | IT enhancements code tested and deployed in production | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.15 | Validate if CET profile has been created in production | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.16 | Refresh CET profiles from production to client test environment | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.17 | Validate if CET profile has been copied from production to client test environment | 5/1/2018 | 8/31/2018 | , |
| Full Scope Testing | 14 | 14.4.18 | Validate if PDE profile has been created in production | 5/1/2018 | 8/31/2018 | / |
| Full Scope Testing | 14 | 14.4.19 | Refresh PDE profiles | 5/1/2018 | 8/31/2018 | / |
| Full Scope Testing | 14 | 14.4.20 | Validate if PDE profile has been copied from production to client test environment | 5/1/2018 | 8/31/2018 | ✓ |
| Full Scope Testing | 14 | 14.4.21 | Create model office test plan document | 4/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.22 | Ancillary system connectivity and readiness phase 1 | 4/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.23 | Ancillary system connectivity and readiness phase 2 | 1/1/2019 | 3/31/2019 | |
| Full Scope Testing | 14 | 14.4.24 | Ancillary system connectivity and readiness phase 2 | 1/1/2019 | 3/31/2019 | |
| Full Scope Testing | 14 | 14.4.25 | Gather requirements from other workstreams for model office testing phase 2 | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.26 | Internal Tasks - Test Bed Creation for Claims processing as per client requirement | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.27 | Plan and Price refresh (Moving the code from Prod into CTE) | 5/1/2018 | 8/31/2018 | · |
| Full Scope Testing | 14 | 14.4.28 | Internal Tasks - Test Bed Dry Run for Claims processing | 5/1/2018 | 8/31/2018 | · |
| Full Scope Testing | 14 | 14.4.29 | Identify CAGM for Test Execution (claims, IA, portal)-Test Data identification | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.30 | CAGM refresh (Moving the Test Data from production into CTE)/ Create test member | 5/1/2018 | 8/31/2018 | V |
| Full Scope Testing | 14 | 14.4.31 | Confirm with ingenioRx for eligibility test data and plans for targeted testing | 5/1/2018 | 8/31/2018 | V |
| Full Scope Testing | 14 | 14.4.32 | Confirmation that CAGM refresh/test member creation completed successfully | 5/1/2018 | 8/31/2018 | V |
| Full Scope Testing | 14 | 14.4.33 | Confirmation that plan and price refresh completed successfully | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.34 | Qt client (sefresh | 5/1/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.4.35 | Confirmation that Portal CAGM refresh completed successfully | 5/1/2018 | 8/31/2018 | |
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| | | | | | Workstream Dependencies Event Dependencies |
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| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date Status Precent Complete Status Comple |
| Full Scope Testing | 14 | 14.4.36 | Validate Eligibility for CAGM that need to be tested | 5/1/2018 | 8/31/2018 |
| Full Scope Testing | 14 | 14.4.37 | Web portal customization Testing completed/signed off -Deployed | 5/1/2018 | 8/31/2018 |
| Full Scope Testing | 14 | 14.4.38 | Test Execution Phase 1 | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.39 | Submit test claims into Rx Claim using EZ Test | 9/17/2018 | 3,31/2019 |
| Full Scope Testing | 14 | 14.4.40 | Validate test claims adjudication output | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.41 | Triage and Log defects | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.42 | Retest fixed defects for closure | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.43 | Regression test | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.44 | Share and Review test results with IngenioRx | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.45 | Secure approvals on test results | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.46 | Raise ALM for run extract and generate CET, other files | 9/17/2018 | 3/34/2019 |
| Full Scope Testing | 14 | 14.4.47 | Run Extract process | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.48 | Generate CET file | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.49 | Validate the CET File | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.50 | Generate Delimited 1013 file | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.51 | Generate PDE file | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.52 | Validate the PDE File (For MedD only) | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.53 | Generate AEF file | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.54 | Generate Encounters file for Medicaid LOB | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.55 | Validate with invoice team on invoice creation task | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.56 | Create SFDC case for Invoice Generation | 9/17/2018 | 3/11/2019 |
| Full Scope Testing | 14 | 14.4.57 | Generate Invoice file | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.58 | Execute and Validate PDE and CET reports | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.59 | Triage and Log defects | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.60 | Retest fixed defects for closure | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.61 | Regression test | 9/17/2018 | 3,63/2019 |
| Full Scope Testing | 14 | 14.4.62 | Validate accumulators | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.63 | Triage and Log defects | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.64 | Retest fixed defects for closure | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.65 | Regression test | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.66 | Share and Review test results with IngenioRx | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.67 | Secure approvals on test results | 9/17/2018 | 3/31/2019 |
| Full Scope Testing | 14 | 14.4.68 | Test Execution Phase 2 | 4/1/2019 | 6/28/2019 Phase 2 includes 6 |
| Full Scope Testing | 14 | 14.4.69 | Submit test claims into Rx Claim using EZ Test | 4/1/2019 | 6/28/2019 |
| Full Scope Testing | 14 | 14.4.70 | Validate test claims adjudication output | 4/1/2019 | 6/28/2019 |
| Full Scope Testing | 14 | 14.4.71 | Triage and Log defects | 4/1/2019 | 6/28/2019 |
| Full Scope Testing | 14 | 14.4.72 | Retest fixed defects for closure | 4/1/2019 | 678/2019 |
| Full Scope Testing | 14 | 14.4.73 | Regression test | 4/1/2019 | 678/2019 |
| Full Scope Testing | 14 | 14.4.74 | Execute and Validate portals front end scenarios | 4/1/2019 4/1/2019 | 678/2019 678/2019 |
| Full Scope Testing | 14 | 14.4.75 | Triage and Log defects | 4/1/2019 | 6/28/2019 |
| Full Scope Testing Full Scope Testing | 14 | 14.4.76 | Retest fixed defects for closure | 4/1/2019 4/1/2019 | 672872019 672872019 |
| Full Scope Testing Full Scope Testing | 14 | 14.4.77 | Regression test Share and Review test results with IngenioRx | 4/1/2019 | 678/2019 678/2019 |
| Full Scope Testing | 14 | 14.4.79 | Share and Review test results with Ingeniofix Secure approvals on test results | 4/1/2019 | 6/28/2019 6/28/2019 |
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| Table | Project Voyage | er 2020 Project | Plan Template | Confidential | FUL | LL SCOPE TEST | ING | | | | | | | | |
| Part | Last Updated: | 12/21/2018 | | | ı | | | | | | | | | | |
| Materian Interface Materian | Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date | Status | Percent Complete | Methods & Tools Benefits Claims, ODS, Extracts, & Extracts, Ligal & Contract, Ligal & Republicy Office | Establishment of the state of t | Readiness Prior Authorization, Release & Gonfiguration Renoration | State bolder Management Production Support Commercial Financial | Madicare Madicare Madicare Sales/Marketing Specially | Dependency Desc | ziption Comments |
| Kamerine Id Marce Generalization Ge | Full Scope Testing | 14 | 14.4.80 | Raise ALM for run extract and generate CET, other files | 4/1/2019 | 6/28/2019 | | | | | _ | | | | |
| State of the Company of the | Full Scope Testing | 14 | 14.4.81 | Run Extract process | 4/1/2019 | 6/28/2019 | | | | | | | | | |
| Membrane 14 184 Geometral control 1908 William Membrane 4 18 4 184 Secondary 1909 <td>Full Scope Testing</td> <td>14</td> <td>14.4.82</td> <td>Generate CET file</td> <td>4/1/2019</td> <td>6/28/2019</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | Full Scope Testing | 14 | 14.4.82 | Generate CET file | 4/1/2019 | 6/28/2019 | | | | | | | | | |
| Materian (1) 14 18 General Materian (1) Month (1) <t< td=""><td>Full Scope Testing</td><td>14</td><td>14.4.83</td><td>Validate the CET File</td><td>4/1/2019</td><td>6/28/2019</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | Full Scope Testing | 14 | 14.4.83 | Validate the CET File | 4/1/2019 | 6/28/2019 | | | | | | | | | |
| Marie | Full Scope Testing | 14 | 14.4.84 | Generate Delimited 1013 file | 4/1/2019 | 6/28/2019 | | | | | | | | | |
| Hearing All Book Series of Series Ser | Full Scope Testing | 14 | 14.4.85 | Generate PDE file | 4/1/2019 | 6/28/2019 | | | | | | | | | |
| Marie | | | | Validate the PDE File (For MedD only) | | | | | | | | | | | |
| Ministry | Full Scope Testing | 14 | 14.4.87 | Generate AEF file | 4/1/2019 | 6/28/2019 | | | | | | | | | |
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| Manual Problem | | | | | | | | | | | | | | | |
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| Marie Mar | | | | | | | | | | | | | | | |
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| Full Stoop Testing 14 14.5.3 Review and analyses 50 claims Installed and Installed Community (Institution Community (Institution Community (Institution Community Comm | | | | | _ | | | | | , | | | | | |
| Fall Stoop Testing 14 14.5.3 Document and finalities requirement for Cultums Comparison matching (complex 14/2018) Fall Stoop Testing 14 14.5.4 Agree on Accordance Control Special biol Stool Score Testing 14/2018 Fall Stoop Testing 14 14.5.5 Control Section Control Special biol Stool Stoop Testing 14/2018 Fall Stoop | | | | | - | | | | · · · · · · · · · · · · · · · · · · · | - | | | | | |
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| Ind Storpe Teaching 14 14.5.5 Confrom bound's security Securities of Entire Security Processing in Security Proces | | | | | _ | | | | | | | | | | |
| | | | | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | | | | | 1 | | | | | | |
| Fall Stoops Teaching 14 14.5.2 | | | | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | | | | | | | | | | | |
| Ind Stoppe Tending 14 14.54 Conferne Bundle Studies and Modely the certification Conferned growth to Model Studies in Section 1 growth in Sec | | | | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | | | | | | | | | | | |
| Full Stoops Teating 14 14.5.9 Control Busilines and Modely the Certification Control I greation to from Read 14.7.17.2018 4.7. | | | | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | | | | | ✓ | | | | | | |
| Full Soops Tealing 14 14.5.15 Comment of the Soop Tealing 15 Soop Tealing 14 14.5.15 Comment of the Soop Tealing 15 Soop Tealing 14 14.5.15 Comment of the Soop Tealing 15 Soop Tealing 14 14.5.15 Comment of the Soop Tealing 15 Soop Tealing 14 14.5.15 Comment of the Soop Tealing 15 Soop | | | | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | | | | | - | | | | | | |
| March Soary Testing 14 14.512 Conference lights March Soary Testing 14 14.513 Conference lights March Soary Testing 14 14.513 Overlay Mingration Part for Conferrit Passible to front dead 71/2018 71/ | Full Scope Testing | 14 | 14.5.10 | Commercial plans Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | 5/17/2018 | 5/17/2018 | | | | | | | | | |
| Mail Stope Testing | Full Scope Testing | 14 | 14.5.11 | | 6/7/2018 | 6/7/2018 | | | 4 | | | | | | |
| Fig. Stope Testing 14 14.51 Severage Macroscope Testing State (Californ Sharing State Of Californ Sharing Shar | | 14 | | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | 6/28/2018 | 6/28/2018 | | | 4 | | | | | | |
| Full Soop Testing 14 14.515 Commonweight business and Modify The Certification Colors it possible to floor hoad 4/20/2018 4/20/2018 4/20/2018 4/20/2018 Full Soop Testing 14 14.515 Commonweight business and Modify The Certification Colors it possible to floor hoad 4/20/2018 4/20/2018 4/20/2018 Full Soop Testing 14 14.513 Commonweight business and Modify the Certification Colors it possible to floor hoad 4/20/2018 4/20/2018 4/20/2018 Full Soop Testing 14 14.513 Commonweight business and Modify the Certification Colors it possible to floor hoad 4/20/2018 4/20/2018 4/20/2018 Full Soop Testing 14 14.513 Commonweight business and Modify the Certification Colors it possible to floor hoad 4/20/2018 4/20/2018 Full Soop Testing 14 14.513 Commonweight business and Modify the Certification Colors it possible to floor hoad 4/20/2018 Full Soop Testing 4/20/2018 | Full Scope Testing | 14 | 14.5.13 | | 7/1/2018 | 7/1/2018 | | | ✓ | | | | | | |
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| 1 | Full Scope Testing | 14 | 14.5.15 | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load Commercial plans | 8/9/2018 | 8/9/2018 | | | 4 | | | | | | |
| Fell Scope Tecting 14 14.5.57 Confer Search Readment and Modify Pile Certification Collects of possible to Nort Read Commercial Conference of Commercial Collects of Piles Scope Tecting 14 14.5.18 Court Miligation Piles for Celter's 3 if Needed 9/20/2018 9/20/2018 9/20/2018 | Full Scope Testing | 14 | 14.5.16 | | 8/30/2018 | 8/30/2018 | | | 4 | | | | | | |
| Fed Stopp Tecting 14 14-STA Court Miligation Plan for Calmon's El Resealed 9/02/2018 // | Full Scope Testing | 14 | 14.5.17 | Confirm Benefit Readiness and Modify the Certification Cohorts if possible to front-load | 9/20/2018 | 9/20/2018 | | | ✓ | | | | | | |
| | Full Scope Testing | 14 | 14.5.18 | | 9/20/2018 | 9/20/2018 | | | 4 | | | | | | |
| Full Scope Testing 14 14.5.59 Enhancements to claims comparison tool 2/36/2018 7/27/2018 | Full Scope Testing | 14 | 14.5.19 | Enhancements to claims comparison tool | 2/26/2018 | 7/27/2018 | | | | | | | | | |

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|---------------------------------------|-----------------------|---------------|---|------------------------|------------------------|--------|---------------------|---|---|---|--|--|----------------------------------|------------------|-----------------|
| Last Updated: | er 2020 Project | Pian Tempiate | Comdential | | | | | | | | | | | | |
| | | | | | | | | . 4 4 | Workstream Dep | pendencies | | Event De | ependencies | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date | Status | Percent Complete | Benefits Claims, ODS, Extracts, & Contract, Legal | Estranstica Estranstica di Scope Test Hierarchy & Bisibility Human | espurces, Tall infrastructure Architecture Operational Readiness Prior | Roleane & Configuration Reporting Stakeholder Management Production | Sussort Commercial Financial Transition Medicare | Member Specially Specially | Dependency Descr | iption Comments |
| Full Scope Testing | 14 | 14.5.20 | Verify test environment readiness | 7/31/2018 | 8/14/2018 | | | 4 1 10 1 | | | | | | | ' |
| Full Scope Testing | 14 | 14.5.21 | Scope of certification testing is defined, reviewed and approved | 4/1/2018 | 7/31/2018 | | | | ✓ | | | | | | |
| Full Scope Testing | 14 | 14.5.22 | Activities are defined, reviewed and approved | 4/1/2018 | 7/31/2018 | | | | 1 | | | | | | |
| Full Scope Testing | 14 | 14.5.23 | Define list of stakeholders | 4/1/2018 | 7/31/2018 | | | | · · | 1 | | | | | |
| Full Scope Testing | 14 | 14.5.24 | Define, review and approve list of final deliverable | 4/1/2018 | 7/31/2018 | | | | 1 | | | | | | |
| Full Scope Testing | 14 | 14.5.25 | Promote Plans to production | 4/1/2018 | 7/31/2018 | | | 4 | | | | | | | |
| Full Scope Testing | 14 | 14.5.26 | Promote Clinical Code to production | 4/1/2018 | 7/31/2018 | | | ✓ | 4 | | | | | | |
| Full Scope Testing | 14 | 14.5.27 | Complete CAG Set up in production | 4/1/2018 | 7/31/2018 | | | · / | · / | | | | | | |
| Full Scope Testing | 14 | 14.5.28 | Attach plans to the CAGs in production | 4/1/2018 | 7/31/2018 | | | - 1 | | | | - | | | |
| Full Scope Testing | 14 | 14.5.29 | Complete and signoff of eligibility file - loaded to CERT1 | 4/1/2018 | 7/31/2018 | | | | V V | | - | - | | | |
| Full Scope Testing | 14 | 14.5.30 | Complete CAGM refresh in CERT1 environment | 4/1/2018 | 7/31/2018 | | | | 14 | | | - | | | |
| Full Scope Testing | 14 | 14.5.31 | Deploy CET profile in production | 4/1/2018 | 7/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.32 | Deploy PDE file in production (For MedD only) | 4/1/2018 | 7/31/2018 | | | | 11 | | | | | | |
| Full Scope Testing | 14 | 14.5.33 | Test and deploy IT enhancements code in production | 4/1/2018 | 7/31/2018 | | | | 11 | | | | | | |
| Full Scope Testing | 14 | 14.5.34 | Receive and Load PA history data from IngenioRx into CE1 environment | 4/1/2018 | 7/31/2018 | | | | | · · | | | | | |
| Full Scope Testing | 14 | 14.5.35 | Receive and Load Claims history data from IngerioRx into CE1 environment | 4/1/2018 | 7/31/2018 | | | · · | | | | | | | |
| Full Scope Testing | 14 | 14.5.36 | Complete Maintenance of Benefits | 7/1/2018 | 7/15/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.37 | Conduct regression testing on the benefit plans | 7/15/2018 | 7/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | | Test Bed Design Process | 8/1/2018 | 8/14/2018 | ~4 | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.39 | Pull member details from claims history File and Create Members in CERT1 | 8/1/2018 | 8/14/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.40 | Generate testing scenarios | 8/1/2018 | 8/14/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.41 | Refresh Plan and Price (Move the code from Prod into CERT1) | 8/1/2018 | 8/14/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.42 | Confirm that CAGM refresh/test member creation completed successfully | 8/1/2018 | 8/14/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.43 | Confirm that plan and price refresh completed successfully | 8/1/2018 | 8/14/2018 | _ | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.44 | Internal Tasks - Test Bed Dry Run for Claims processing Test Execution cohort 1 (Includes commercial benefits wave 1, Medicare 2018 select plans and | 8/1/2018 | 8/14/2018 | _ | | | | | | | | | |
| Full Scope Testing | 14 | 14.3.43 | Medicaid benefits wave 1) | 8/15/2018 | 9/28/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.46 | Test Execution Cycle 1 | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.47 | Submit test claims into RxClaim | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.49 | Validate test claims adjudication output Compare the RXCLAIM output with IngenioRx history claim and generate P.P. P.R. | 8/15/2018 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.49 | R-P and R-R files Perform Analysis of Mismatched claims | 8/15/2018 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.50 | Perform Analysis of Mismatched claims Paid - Paid Patient pay | 8/15/2018 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| | 14 | 14.5.51 | Paid - Paid Patient pay Paid - Paid CFT (Cost , Fee and Tax) | 8/15/2018 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | | | | | | | | | | | | | | | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.53 | Paid - Reject Reject - Paid | 8/15/2018 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.55 | Reject - Paid Beject - Reject | 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.56 | Naject - Hispect Validate if pharmacy dollars are accumulating correctly in different buckets | 8/15/2018 | 8/31/2018 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.57 | Validate if pharmacy claims are switching benefit phases based on accumulator | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.58 | dollars Validate reversals are affecting accumulation buckets correctly | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.59 | Validate accumulation codes | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.60 | Confirm Analysis Review or Data Findings | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.61 | Triage and Log defects | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.62 | Retest fixed defects for closure | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
| Full Scope Testing | 14 | 14.5.63 | Share and Review test results with IngenioRx | 8/15/2018 | 8/31/2018 | | | | | | | | | | |
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| Last Updated: | 12/21/2018 | Pian Tempian | g Johnson and Land | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone (Activity | Start Date | Due Date | Weight parameters States Personal States Sta |
| Full Scope Testing | 14 | 14.5.64 | IngenioRx team to analyze claims comparison data and sign off on differences | 8/15/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.5.65 | Secure approvals on test results | 8/15/2018 | 8/31/2018 | |
| Full Scope Testing | 14 | 14.5.66 | Test Execution Cycle 2 | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.67 | Submit test claims into RxClaim | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.68 | Validate test claims adjudication output | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.69 | Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, R-P and R-R files | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.70 | Perform Analysis of Mismatched claims | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.71 | Paid - Paid Patient pay | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.72 | Paid - Paid CFT (Cost , Fee and Tax) | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.73 | Paid - Reject | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.74 | Reject - Paid | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.75 | Reject - Reject | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.76 | Validate if pharmacy dollars are accumulating correctly in different buckets | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.77 | Validate if pharmacy claims are switching benefit phases based on accumulator dollars | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.78 | Validate reversals are affecting accumulation buckets correctly | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.79 | Validate accumulation codes | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.80 | Confirm Analysis Review or Data Findings | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.81 | Triage and Log defects | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.82 | Retest fixed defects for closure | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.83 | Share and Review test results with IngenioRx | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.84 | Ingeniofix team to analyze claims comparison data and sign off on differences | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.85 | Secure approvals on test results | 9/3/2018 | 9/14/2018 | |
| Full Scope Testing | 14 | 14.5.86 | Test Execution Cycle 3 | 9/17/2018 | 9/28/2018 | Y |
| Full Scope Testing | 14 | 14.5.87 | Submit test claims into RxClaim | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.88 | Validate test claims adjudication output | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.89 | Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, R-P and R-R files | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.90 | Perform Analysis of Mismatched claims | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.91 | Paid - Paid Patient pay | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.92 | Paid - Paid CFT (Cost , Fee and Tax) | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.93 | Paid - Roject | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.94 | Reject - Paid | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.95 | Reject - Reject | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.96 | Validate if pharmacy dollars are accumulating correctly in different buckets Validate if pharmacy claims are switching benefit phases based on accumulator | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.97 | dollars | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.98 | Validate reversals are affecting accumulation buckets correctly | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.99 | Validate accumulation codes | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.100 | Confirm Analysis Review or Data Findings | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.101 | Triage and Log defects | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.102 | Retest fixed defects for closure | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.103 | Share and Review test results with IngenioRx | 9/17/2018 | 9/28/2018 | |
| | | | IngenioRx team to analyze claims comparison data and sign off on differences | | | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.105 | Secure approvals on test results Test Execution cohort 2 (Includes commercial benefits wave 3, 4 and Medicaid benefits wave 2) | 9/17/2018 | 9/28/2018 | |
| Full Scope Testing | 14 | 14.5.106 | Test Execution cohort 2 (includes commercial benefits wave 3, 4 and Medicals benefits wave 2) Test Execution Cycle 1 | 10/1/2018 | 10/12/2018 | |
| upe resure | | 14.5.207 | THE LABOUR LYCHE I | 20/2/2020 | // **/ **** | |

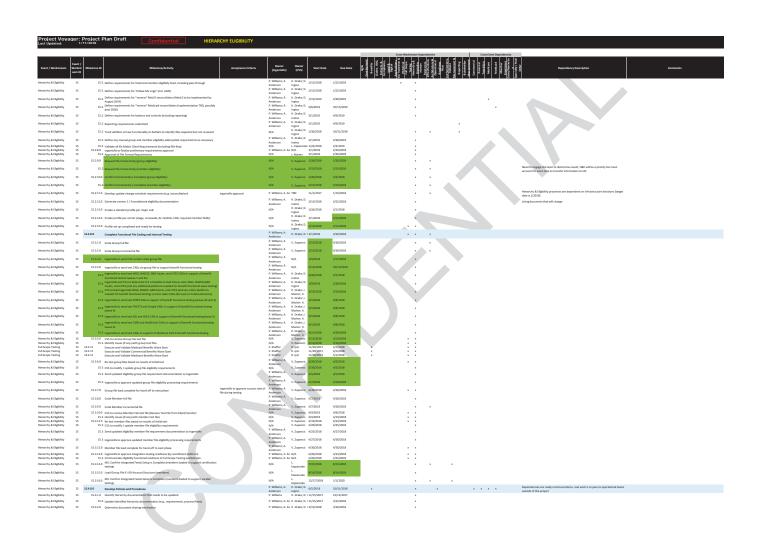
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| Last Updated: | 12/21/2018 | rian rempiate | Commental | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Missione/Activity | Start Date | Due Date Status | Proceed Topic Process Computer |
| Full Scope Testing | 14 | 14.5.108 | Submit test claims into RxClaim | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.109 | Validate test claims adjudication output | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.110 | Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, R-P and R-R files | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.111 | Perform Analysis of Mismatched claims | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.112 | Paid - Paid Patient pay | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.113 | Paid - Paid CFT (Cost , Fee and Tax) | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.114 | Paid - Reject | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.115 | Reject - Paid | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.116 | Reject - Reject | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.117 | Validate if pharmacy dollars are accumulating correctly in different buckets | 10/1/2018 | 10/12/2018 | · · · · · · · · · · · · · · · · · · · |
| Full Scope Testing | 14 | 14.5.118 | Validate if pharmacy claims are switching benefit phases based on accumulator dollars | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.119 | Validate reversals are affecting accumulation buckets correctly | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.120 | Validate accumulation codes | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.121 | Confirm Analysis Review or Data Findings | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.122 | Triage and Log defects | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.123 | Retest fixed defects for closure | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.124 | Share and Review test results with IngenioRx | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.125 | Ingenio®x team to analyze claims comparison data and sign off on differences | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.126 | Secure approvals on test results | 10/1/2018 | 10/12/2018 | |
| Full Scope Testing | 14 | 14.5.127 | Test Execution Cycle 2 | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.128 | Submit test claims into RxClaim | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.129 | Validate test claims adjudication output Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.130 | R-P and R-R files | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.131 | Perform Analysis of Mismatched claims | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.132 | Paid - Paid Patient pay | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.133 | Paid - Paid CFT (Cost , Fee and Tax) | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.134 | Paid - Reject | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.135 | Reject - Paid Reject - Reject | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.136 | Reject - Reject Validate if pharmacy dollars are accumulating correctly in different buckets | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.137 | Validate if pharmacy claims are switching benefit phases based on accumulator | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.138 | dollars Validate reversals are affecting accumulation buckets correctly | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.139 | Validate reversals are affecting accomplation buckets correctly Validate accumulation ordes | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.141 | Confirm Analysis Review or Data Findings | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.142 | Triage and Log defects | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.143 | Retest fixed defects for closure | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.144 | Share and Review test results with ingenioRx | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.145 | Ingeniofix team to analyze claims comparison data and sign off on differences | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.146 | Secure approvals on test results | 10/15/2018 | 10/26/2018 | |
| Full Scope Testing | 14 | 14.5.147 | Test Execution Cycle 3 | 10/29/2018 | 11/9/2018 | |
| Full Scope Testing | 14 | 14.5.148 | Submit test claims into RxClaim | 10/29/2018 | 11/9/2018 | |
| Full Scope Testing | 14 | 14.5.149 | Validate test claims adjudication output | 10/29/2018 | 11/9/2018 | |
| Full Scope Testing | 14 | 14.5.150 | Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, R-P and R-P files | 10/29/2018 | 11/9/2018 | |
| Full Scope Testing | 14 | 14.5.151 | R.P and R-R files Perform Analysis of Mismatched claims | 10/29/2018 | 11/9/2018 | |
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| Project Voyage | er 2020 Project I 12/21/2018 | Plan Template | Confidential | | | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | MisstonijActivity | Start Date | Due Date | Status | Percent Per |
| Full Scope Testing | 14 | 14.5.152 | Paid - Paid Patient pay | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.153 | Paid - Paid CFT (Cost , Fee and Tax) | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.154 | Paid - Reject | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.155 | Reject - Paid | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.156 | Reject - Reject | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.157 | Validate if pharmacy dollars are accumulating correctly in different buckets | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.158 | Validate if pharmacy claims are switching benefit phases based on accumulator dollars | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.159 | Validate reversals are affecting accumulation buckets correctly | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.160 | Validate accumulation codes | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.161 | Confirm Analysis Review or Data Findings | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.162 | Triage and Log defects | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.163 | Retest fixed defects for closure | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.164 | Share and Review test results with IngenioRx | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.165 | IngenioRx team to analyze claims comparison data and sign off on differences | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.166 | Secure approvals on test results | 10/29/2018 | 11/9/2018 | | |
| Full Scope Testing | 14 | 14.5.167 | Test Execution cohort 3 (Includes commercial benefits wave 2a, commercial benefits wave 2b, commercial benefits wave 5 and Medicaid benefits wave 3) | 11/12/2018 | 11/30/2018 | | |
| Full Scope Testing | 14 | 14.5.168 | Test Execution Cycle 1 | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.169 | Submit test claims into RxClaim | 11/12/2018 | 11/16/2018 | <u> </u> | |
| Full Scope Testing | 14 | 14.5.170 | Validate test claims adjudication output | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.171 | Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, R-P and R-R files | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.172 | Perform Analysis of Mismatched claims | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.173 | Paid - Paid Patient pay | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.174 | Paid - Paid CFT (Cost , Fee and Tax) | 11/12/2018 | 11/16/2018 | _ | |
| Full Scope Testing | 14 | 14.5.175 | Paid - Roject | 11/12/2018 | 11/16/2018 | _ | |
| Full Scope Testing | 14 | 14.5.176 | Reject - Paid | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.177 | Reject - Reject | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.178 | Validate if pharmacy dollars are accumulating correctly in different buckets Validate if pharmacy claims are switching benefit phases based on accumulator | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | | 14.5.179 | dollars | | | | |
| Full Scope Testing | 14 | 14.5.180 | Validate reversals are affecting accumulation buckets correctly Validate accumulation codes | 11/12/2018 | 11/16/2018 11/16/2018 | | |
| Full Scope Testing Full Scope Testing | 14 | 14.5.181 | Validate accumulation codes Confirm Analysis Review or Data Findings | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.182 | Confirm Analysis Neview or Data Findings Triage and Lor defects | 11/12/2018 | 11/16/2018 | | _ |
| Full Scope Testing | 14 | 14.5.183 | Frage and Log defects Retest fixed defects for closure | 11/12/2018 | 11/16/2018 | | _ |
| Full Scope Testing | 14 | 14.5.184 | Share and Review test results with IngenioRx | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.185 | Share and Review test results with ingenions Ingeniors team to analyze claims comparison data and sign off on differences | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.187 | Secure approvals on test results | 11/12/2018 | 11/16/2018 | | |
| Full Scope Testing | 14 | 14.5.188 | Test Execution Cycle 2 | 11/12/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.189 | Submit test claims into RxClaim | 11/19/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.190 | Validate test claims adjudication output | 11/19/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.191 | Compare the RXCLAIM output with IngenioRx history claim and generate P-P, P-R, | 11/19/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.192 | R-P and R-R files Perform Analysis of Mismatched claims | 11/19/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.193 | Paid - Paid Patient pay | 11/19/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.194 | Paid - Paid CFT (Cost , Fee and Tax) | 11/19/2018 | 11/23/2018 | | |
| Full Scope Testing | 14 | 14.5.195 | Paid - Roject | 11/19/2018 | 11/23/2018 | | |
| | | | | | | | |

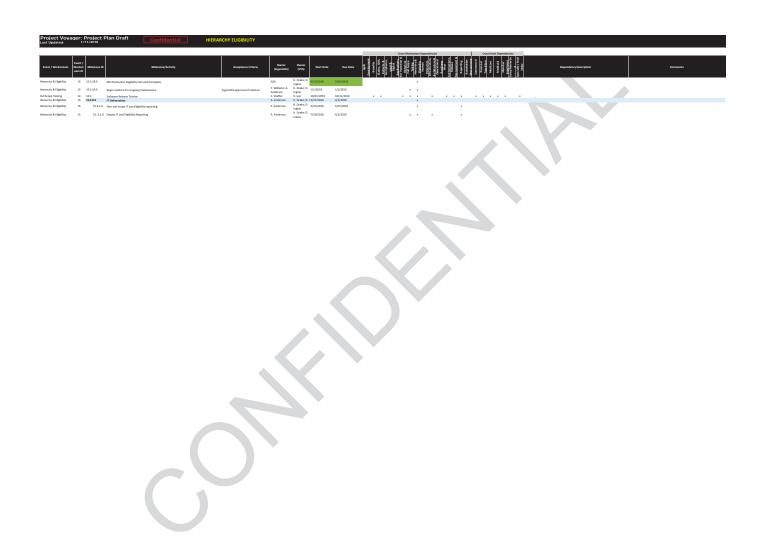
| Management 1 | | | | | | | | | | | | | | | | |
|--|--------------------|-----------------------|--------------|--|------------|-------------|--------|---------------------|--|--|--|--|--|--|------------------------|--------------------|
| Table 1 | Project Vovage | er 2020 Project | Plan Templ | ate Confidential | FUL | L SCOPE TES | TING | | | | | | | | | |
| Section Part Part | Last Updated: | 12/21/2018 | | | | | | | | | | | | | | |
| Management 1 | Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date | Status | Percent Complete | Development Methods & Tools, Benefits Claims, ODS, Extracts, & Controle, Legif & Residence | EST Transition of Scope Testing Hierarchy & Bisblity Human H | Architecture & Operational Readings Prior Prior Reference Referenc | Configuration Reporting Stakeholder Mungement Production Support | Commercial Transition Medicare Medicare Medicare Medicare Medicare Member Membe | Sales/Marketing Specially Mail Order | Dependency Description | Comments |
| Mary Mary Mary Mary Mary Mary Mary Mary | Full Scope Testing | 14 | 14.5.196 | Reject - Paid | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Mary | Full Scope Testing | 14 | 14.5.197 | Reject - Reject | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Section Part Part Section | Full Scope Testing | 14 | 14.5.198 | | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Management | Full Scope Testing | 14 | 14.5.199 | Validate if pharmacy claims are switching benefit phases based on accumulator dollars | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Management 1 | Full Scope Testing | 14 | 14.5.200 | Validate reversals are affecting accumulation buckets correctly | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Mary Standard 1 | Full Scope Testing | 14 | 14.5.201 | Validate accumulation codes | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Mary Sample 1 | Full Scope Testing | 14 | 14.5.202 | Confirm Analysis Review or Data Findings | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Management 1 | Full Scope Testing | 14 | 14.5.203 | Triage and Log defects | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Section 1 | Full Scope Testing | 14 | 14.5.204 | Retest fixed defects for closure | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Marie Professor 1 | Full Scope Testing | 14 | 14.5.205 | Share and Review test results with IngenioRx | 11/19/2018 | 11/23/2018 | | | | | | ~ | | | | |
| Mary Indignation 4 | Full Scope Testing | 14 | 14.5.206 | IngenioRx team to analyze claims comparison data and sign off on differences | 11/19/2018 | 11/23/2018 | | | | | | | | - | | |
| Mary Indign | Full Scope Testing | 14 | 14.5.207 | Secure approvals on test results | 11/19/2018 | 11/23/2018 | | | | | | | | | | |
| Marie Mari | Full Scope Testing | 14 | 14.5.208 | Test Execution Cycle 3 | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| 1 | Full Scope Testing | 14 | 14.5.209 | Submit test claims into RxClaim | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Mary Notice Mary Note Ma | Full Scope Testing | 14 | 14.5.210 | | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marie Mari | Full Scope Testing | 14 | 14.5.211 | Compare the RXCLAIM output with IngerioRx history claim and generate P-P, P-R, R-P and R-R files | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marie Mari | Full Scope Testing | 14 | 14.5.212 | Perform Analysis of Mismatched claims | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| The See Profess | Full Scope Testing | 14 | 14.5.213 | Paid - Paid Patient pay | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marie Name Mar | Full Scope Testing | 14 | 14.5.214 | Paid - Paid CFT (Cost , Fee and Tax) | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marie Mari | Full Scope Testing | 14 | 14.5.215 | Paid - Reject | 11/26/2018 | 11/30/2018 | | | 7 | | | | | | | |
| March Ferning 14 14.218 Validate if planning derivating an extending generally in effective based on scenariolise of the planning state of scenariolise of the planning state | Full Scope Testing | 14 | 14.5.216 | Reject - Paid | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marche Testing 14 14.21 Validate Parlament General planes haved no excession 1.70 / 2018 1.70 / | Full Scope Testing | 14 | 14.5.217 | Reject - Reject | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marcon Front 14 | Full Scope Testing | 14 | 14.5.218 | | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marie Testing 14 14.22 Marie Section Secti | Full Scope Testing | 14 | 14.5.219 | Validate if pharmacy claims are switching benefit phases based on accumulator dollars | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marche France Marche M | Full Scope Testing | 14 | 14.5.220 | Validate reversals are affecting accumulation buckets correctly | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marcon France 14 14.32 Trappe and lang defices 11/16/018 | Full Scope Testing | 14 | 14.5.221 | Validate accumulation codes | 11/26/2018 | 11/30/2018 | 7 | | | | | | | | | |
| Marche Testing 14 14.22 Sear and flower for results with legende 17.07.0218 17.07. | Full Scope Testing | 14 | 14.5.222 | Confirm Analysis Review or Data Findings | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| 14 14,225 Sue and flower for results with liquidade 11/76/2018 | Full Scope Testing | 14 | 14.5.223 | Triage and Log defects | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marche France 14 | Full Scope Testing | 14 | 14.5.224 | Retest fixed defects for closure | 11/26/2018 | 11/30/2018 | | | | | | | | | | |
| Marcian Marc | Full Scope Testing | 14 | 14.5.225 | Share and Review test results with IngenioRx | 11/26/2018 | 11/30/2018 | | | | | | | | - | | |
| 14 | Full Scope Testing | 14 | 14.5.226 | IngenioRx team to analyze claims comparison data and sign off on differences | 11/26/2018 | 11/30/2018 | | | | | | | | - | | |
| 14 14.5 | Full Scope Testing | 14 | 14.5.227 | | 11/26/2018 | 11/30/2018 | | | | | | | | - | | |
| And Except Freining 14 14.51 Parallel Processing Entry Circles 21/2018 12/10/2018 And Except Freining 14 14.52 Parallel Except Entry Circles 21/2018 21/2018 And Except Freining 14 14.53 Except Entry Including conformance on except E | Full Scope Testing | 14 | 14.5.228 | | 12/3/2018 | 12/28/2018 | | | | - | | | | | - | Any additional rec |
| March 14 | Full Scope Testing | 14 | 14.6 | Parallel Processing | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| 1 | Full Scope Testing | 14 | 14.6.1 | | 2/1/2018 | 12/31/2018 | | | | | | | | | | |
| Val Copy Troling 14 14.51 Establishymach for organic parameters of bosons chapped 27/2018 23/20/2018 Val Copy Troling 14 14.51 Parking processing organization and readout 27/2018 12/10/2018 Val Copy Troling 14 14.55 Compliance lateful flower fraging 21/10/2018 12/10/2018 Val Copy Troling 14 14.55 Insultable and text of relations for parameters of | Full Scope Testing | 14 | 14.6.2 | Historical Load for PA's, Networks, Accumulators, Claims History, Production Eligibility available in parallel processing environment | 2/1/2018 | 12/15/2018 | | | | | | | | | | |
| And Expose Testing 1.4 14.6.5 Complete Boold of all Bornels pages 47/2018 17/17/2018 and Expose Testing 1.4 14.6.6 Final and II all practices of testings 27/5/2018 12/17/2018 final Expose Testing 1.4 14.6.7 Claims soverables as to discuss on the second practices of testings 27/5/2018 final Expose Testing 1.4 14.6.8 Monthly Processing Second practices 11/1/2018 3/17/2018 final Expose Testing 1.4 14.6.8 Parallel Processing Second (second continue) 1/1/2018 3/17/2018 | Full Scope Testing | 14 | 14.6.3 | | 2/1/2018 | 12/31/2018 | | | | | | | | | | |
| And Soop Feeling 14 14.66 Finalized II Tenhancament Changes 2/15/0918 1/2/17/0918 And Soop Feeling 14 14.67 Chains surveillance tech read-invisor for parallel processing 2/15/0918 1/2/15/0918 And Soop Feeling 14 14.68 Internal and Document parallel grossessing requirements 1/15/0918 3/13/10918 And Soop Feeling 14 14.68 Parallel Processing Execution 1/17/0919 9/12/70919 | Full Scope Testing | 14 | 14.6.4 | Parallel processing environment configuration and readiness | 2/1/2018 | 12/31/2018 | | | | | | | | | | |
| And Koop Feeling 14 14.57 Claim survillance top markines for parallel processing 2/15/2018 1/15/2018 And Koop Feeling 14 14.58 Identify and Document parallel processing enquirements 1/15/2018 3/13/2018 And Koop Feeling 14 14.58 Parallel Processing Exercision 1/1/2019 9/12/72/19 | Full Scope Testing | 14 | 14.6.5 | Complete build of all benefit plans | 4/1/2018 | 12/31/2018 | | | | | | | | | | |
| And Koop Franky 14 14.5 Startly and Document gardel generating requirements 1/15/2018 1/15/2018 1/15/2018 1/16/2019 1/16/2019 1/16/2019 | Full Scope Testing | 14 | 14.6.6 | Finalize all IT enhancement changes | 2/15/2018 | 12/31/2018 | | | | | | | | | | |
| Mid Stopp Today 14 1445 purplet Personal 1/1/2019 5/17/2019 | Full Scope Testing | 14 | 14.6.7 | Claims surveillance tool readiness for parallel processing | 2/15/2018 | 12/15/2018 | | | | | | | | | | |
| | Full Scope Testing | 14 | 14.6.8 | Identify and Document parallel processing requirements | 1/15/2018 | 3/31/2018 | | | | | | | | | | |
| 14 14.50 Proces Gains set to MCain in resisting mode 1/1/2019 9/27/2019 | Full Scope Testing | 14 | 14.6.9 | Parallel Processing Execution | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| | Full Scope Testing | 14 | 14.6.10 | Process claims into RxClaim in real time mode | 1/1/2019 | 9/27/2019 | | | | | | | | | | |

| Project Voyage | er 2020 Project | Plan Template | Confidential | FUL | L SCOPE TES | TING | | | | | | | | | |
|--------------------|-----------------------|---------------|--|------------|-------------|--------|---------------------|---|--|--|---|--|-------|-----------------------|----------|
| ast Updated: | 12/21/2018 | | | | | | | | Workstream Depend | dencies | | Event Dependen | cies | | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Millistony/Activity | Start Date | Due Date | Status | Percent Complete | Development Methods & Tools Benefts Claims, ODS, Extracts, & Contract, logal & Department Department Department | Assistantion Estransion followers to Scope Testing Hierarchy & Biologist Human Human Information (e.g. 1914) | Achiescare & Operators and Realists Frior Authorizations, Relations, Authorizations, Relations, Rel | Reporting Stateholder Munacement Production Suscort | Financial Financial Transition Medicare Medicare Member Experience | de is | spendency Description | Comments |
| ull Scope Testing | 14 | 14.6.11 | Validate claims adjudication output | 1/1/2019 | 9/27/2019 | | | | | | , | | | | |
| ull Scope Testing | 14 | 14.6.12 | Compare the RXCLAIM output with ESI claims data in batch mode and generate P-P, P-R, R-P and R-R files | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.13 | Perform Analysis of Mismatched claims | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.14 | Paid - Paid Patient pay | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.15 | Paid - Paid CFT (Cost , Fee and Tax) | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.16 | Paid - Reject | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.17 | Reject - Paid | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.18 | Reject - Reject | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.19 | Validate if pharmacy dollars are accumulating correctly in different buckets | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.20 | Validate if pharmacy claims are switching benefit phases based on accumulator dollars | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.21 | Validate reversals are affecting accumulation buckets correctly | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.22 | Validate accumulation codes | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.23 | Validate medical accums | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.24 | Validate PA transactions (PA edits, reject codes) | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.25 | Validate Eligibility load | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.26 | Validate Formulary and UM edits and list attachment | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.27 | Validate Pharmacy networks and pricing | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.28 | Confirm Analysis Review or Data Findings | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.29 | Triage and Log defects | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.30 | Retest fixed defects for closure | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.31 | Share and Review results with IngenioRx | 1/1/2019 | 9/27/2019 | | | | | | | | | | |
| ull Scope Testing | 14 | 14.6.32 | Secure approvals on test results | 1/1/2019 | 9/27/2019 | | | | - | | | - | | | |

| Project Voyager: | Pro | ject Plan Draft Confidential HIER/ | RCHY ELIGIBILITY | | | | | | | | | | | |
|--|--------------|--|--|--|--|--|--|--|---|--|---|-----------------------|--|----------|
| Last opdated: 17 | / 11/2 | | | | | | | | | | | | | |
| | | | 1 | | | | | Cross | Workstream Depe | ndendes | Cro | ss-Event Dependencies | | |
| Event / Workstream Workstr eam ID | / tr Mile | estone ID Milestone/Activity | Acceptance Criteria | Owner (IngenioRx) | Owner (CVS) | Start Date | Due Date | Marks and the state of the stat | Sopie arthy arthy arthy arthy | enden enden et km. Mor Mor More | shade shade mexis | dkare Marke | Depandency Description | Comments |
| | | | | | | | | SAME SERVICE SERVICES | 2 - 2 - 2 - 2 | And | R S R P F F F F F F F F F F F F F F F F F F | W W W Sales | | |
| Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 Hierarchy & Eliebility 15 | | 15.1.1.0 IngenioRx to provide current state hierarchy and pass through documentation | | P. Williams P. Williams P. Williams | D. Ingino | 11/1/2017 11/1/2017 11/1/2017 | 1/31/2018 11/3/2017 1/5/2018 | х х | x x | ж | х х х | х х | | |
| Herarchy & Eligibility 15 Herarchy & Eligibility 15 | | 15.1.2.0 Define hierarchy guiding principles 15.1.3.0 Map Foundation 14 rules and specs to CAGM structure | IngenioRx to approve all elements a mapped to CAGM structure | | | 11/1/2017 | 1/5/2018 | x x | x x | * | × | | | |
| Hierarchy & Eligibility 15 | | 15.1 Document gaps in Foundation 14 rules and CAGM structure 15.1 CVS to provide multi-LoB examples of hierarchy set up based on ingenioRx current-state | mapped to CAGM structure | P. Willams | | 11/3/2017 | 12/18/2017 | × × | х х | × | × | | | |
| Hierarchy & Eligibility 15 Hierarchy & Eliebility 15 | | documentation 15.1.4.0 Document sup remediation / spenario planning to support transition | | N/A P. Williams | | 11/3/2017 | 12/11/2017 | * * * | * * | | | * * | | |
| Herarchy & Eligibility 15 Herarchy & Eligibility 15 | | 15.1 Document challenging scenarios in current-state (e.g., pricing, clinical programs by funding 15.1 Review hierarchy implications for tiered pricing request | type) | P. Williams P. Williams | D. Ingino TBD | 11/3/2017 11/20/2017 | 12/18/2017 12/5/2017 | * * * * | x x | x x x | x x | | | |
| Herarchy & Eligibility 15 | | 15.15.0 Conduct hierarchy working session to walk through gap remediation plans and tradeoffs | | P. Williams | D. Ingino | 11/20/2017 | 2/16/2018 | * | * | × | x x x | x x | By this time, share draft hierarchy with interested teams. Incorporate feedback. | |
| Hierarchy & Eligibility 15 | | 15.1.6.0 Complete draft of hierarchy / account structure (incl. account structure requirements creation) | | P. Williams | | 11/20/2017 | 12/27/2018 | | * | | | | | |
| Herarchy & Eligibility 15 | | 15.1. Complete hierarchy requirements gathering | | P. Williams; A. Anderson | H. Drake; D. Ineino | | 12/27/2018 | | * | | | | | |
| Herarchy & Eligibility 15 | | 15.1.7.0 Conduct hierarchy socialization meetings with key stakeholders | | P. Williams; A. Anderson P. Williams; A. | H. Drake; D. Ingino | | 1/12/2018 | * * * * | * * | x x x | x x x | x x x x | * | |
| Herarchy & Eligibility 15 | | 15.1 Conduct Commercial, Medicare, and Medicald socialization meeting | | P. Willams; A. Anderson P. Willams; A. | H. Drake; D. Ingino H. Drake; D. | | 1/12/2018 | | * | | × . | x x | | |
| Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 | | 15.1 Conduct Financial Transition socialization meeting | | Anderson P. Willams; A. | Inelno H. Drake; D. | | 1/12/2018 | | * | | * | | | |
| Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 | | 15.1 Conduct Mail Order / Specialty Event and Clinical workstream socialization meeting 15.1 Conduct Member Experience Event and Communications workstream socialization meeting | | Anderson P. Willams; A. | | | 1/12/2018 | | | | . | | * | |
| Hierarchy & Eligibility 15 | | 15.1 Conduct Nember Experience Event and Communications workstneam socialization meets 15.1 Conduct Reporting workstneam socialization meeting | | P. Willams; A. | Ingino H. Drake; D. | | 1/12/2018 | | | | | | | |
| Herarchy & Eligibility 15 | | 15.1 Conduct Claims, ODS, Extracts and Accumulators workstream and ESI Transition | | Anderson P. Williams; A. | H. Drake; D. | 1/4/2018 | 1/12/2018 | x x | | | | | | |
| Hierarchy & Eligibility 15 | | workstream socialization meeting 15.18.0 incorporate changes to hierarchy from socialization meetings | | Anderson P. Williams; A. Anderson | H. Drake; D. Intino | | 1/24/2018 | | т., | | | | | |
| Hierarchy & Eligibility 15 | | 15.1 Receive final approval for bierarchy strategy | IngenioRx approval | P. Williams; A. Anderson | N/A | 1/24/2018 | 1/25/2018 | | 4 | | | | | |
| Herarchy & Eligibility 15 | | 15.19.0 Generate and publish hierarchy foundational documentation | IngenioRx approval | P. Williams; A. Anderson | H. Drake; D. Ingino | | 1/31/2018 | | | | | | Version 1 of documentation; understanding this is ever changing information. | |
| Hierarchy & Eligibility 15 | | 15.1 Compile all current to future-state application change requests | | P. Williams; A. Anderson | H. Drake; D. Insino | 1/31/2018 | 2/9/2018 | | | × | | | Given Agile project constraints will release finalized information as known rather than a sinele release. | |
| Hierarchy & Eligibility 15 | | 15.1.10.0 Establish a monthly communication cadence to IT regarding large-scale development requirements and changes | | P. Williams; A. Anderson | H. Drake; D. Ingino | 11/1/2017 | 1/31/2018 | x x | x x | x x | | | Work with Claims / CIOS / Estracts and infrastructure to document technology requirements relating to hierarchy and eligibility | |
| Hierarchy & Eligibility 15 | | 15.1.11.0 Complete the mapping, understand the rules / downstream impact, and perimeters at each level. | | P. Williams; A. Anderson | D. Ingino | 11/1/2017 | 3/9/2018 | x ,x | x x | x x | x x x | x x x | x Need to ensure L. Ansari, F. Moscot, D. Cubbin, Event Leads sign off on hierarchy recommendation | |
| Infrastructure, Architectu 17 Infrastructure, Architectu 17 | 17.3.2 | | PSM system | 8. Martin J. Mahan | M. Super D. Wans | 12/15/2018 1/31/2018 | 1/31/2018 2/15/2018 | | * | × . | | | | |
| Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 | 15.2.0 | 0.0 Define IngenioRx Eligibility Standard | | P. Willams; A. A. P. Willams | kn H. Drake; D. I | 11/1/2017 | 2/15/2018 | | × | | | | | |
| Hierarchy & Eligibility 15 | | 15.2.1.0 IngenioRx to provide member and group eligibility layouts to CVS | | | | | | | | | | | | |
| | | 15.2.2.0 Define eligibility strategy | | P. Williams; A. | H. Drake; D. | 11/1/2017 | 1/29/2018 | | - 1 | | | | | |
| Hierarchy & Eligibility 15 | | 15.2.2.0 Define eligibility strategy 15.2. Map CVS eligibility requirements to IngenioRx current eligibility standard format | | P. Williams; A. Anderson P. Williams; A. Anderson | H. Drake; D. Ingino H. Drake | 11/1/2017 | 1/29/2018 12/15/2017 | | , i | | | | | |
| | | | | Anderson P. Williams; A. Anderson P. Williams; A. Anderson | H. Drake H. Drake | 11/1/2017 11/1/2017 | | | ; ; ; | x | | | | |
| | | 15.2 Map CVS eligibility requirements to IngenioRx current eligibility standard format | | Anderson P. Willams; A. Anderson P. Willams; A. Anderson P. Willams; A. Anderson Anderson | H. Drake H. Drake H. Drake; D. | 11/1/2017 11/1/2017 1/16/2018 | 12/15/2017 | | x x x x | | | | Nied to co-ordinate date with Rick Bossman. | |
| Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 | | 15.2 Map CVS eligibility requirements to IngenioRx current eligibility standard format 15.2 Cocument gaps in IngenioRx eligibility layout to CVS eligibility layout | | Anderson P. Williams; A. Anderson P. Williams; A. Anderson P. Williams; A. Anderson P. Williams; A. Anderson | H. Drake H. Drake H. Drake; D. Ingino H. Drake; D. | 11/1/2017 11/1/2017 1/16/2018 1/16/2018 | 12/15/2017 12/15/2017 1/29/2018 1/29/2018 | | x x x x x | | | | Need to coordinate date with Rull Sourness. | |
| Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 Hierarchy & Eligibility 15 | | 13.2 May CVS elgibility requirements to Ingenizing current eligibility standard formet. 13.2 Countered gap in Ingenizing legibility layout to CVS eligibility layout. 13.3 Countere eligibility layout prequirements. 13.3 Contente excentemented layout for your brough data on group the 13.3 Contente excontemented layout for your brough data on group the 13.3 Contente excontemented layout for your brough data on member file | | Anderson P. Williams; A. Anderson P. Williams; A. Anderson P. Williams; A. Anderson P. Williams; A. Anderson | H. Drake H. Drake; D. Ingino H. Drake; D. Inaino H. Drake; D. | 11/1/2017 11/1/2017 1/16/2018 1/16/2018 1/16/2018 | 12/15/2017 12/15/2017 1/29/2018 1/29/2018 1/29/2018 | | x x x x x x x x | x | | | Need to so or disselve date with Risk Browners. | |
| Hierarchy & Elgibility 15 | | 13.2 Mag CPI selptidity responsessits to inguised current eligibility databate format 12.2 Commercing the ingressits eligibility sports to CPI selptidity bytes 13.2 Confirm eligibility responsessit from part of the | | Anderson P. Willams; A. Anderson P. Willams; A. Anderson P. Willams; A. Anderson P. Willams; A. Anderson P. Willams; A. Anderson P. Willams; A. Anderson Anderson Anderson | H. Drake H. Drake; D. Ingino H. Drake; D. Ingino H. Drake; D. Ingino H. Drake; D. | 11/1/2017 11/1/2017 1/16/2018 1/16/2018 1/16/2018 1/16/2018 | 12/15/2017 12/15/2017 1/29/2018 1/29/2018 1/29/2018 1/29/2018 | | x x x x x x x x x x | | | | Need to co-ordinate data with Risk Becomes. | |
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| Memorchy & Elgislate | | 13.2 Mag CS1 deplates requirements in the control of policy for sector format 3.2 Bossensing parts in president deplates plants to CS deplates special 3.2 Bossensing parts in president deplates plants to CS deplates special 3.2 Control original prices of policy parts in the through data or provident 3.2 Bossensing commented separate for through data or provident for parts 3.3 Bossensing commented proport for hyport, fortulate game through 3.3 Bossensing original provident game for the legal parts through 3.3 Bossensing original provident game for the legal parts through 3.2 Bossensing original provident game for the legal parts through 3.2 Bossensing original provident game for the legal parts through 3.2 Bossensing original provident game for the legal parts for the legal provident game for the legal parts and game for the legal provident game for a policy or game for the legal parts and game for the legal game for death of legal g | Eligibility Instituted in Valleding for valuation from variability and largeroids to approve all fields for largeroids to approve all fields for extract registrations of extracting from the present extracting from the present of approximate properties of control largeroids and present approximate control largeroid from the control largeroid from the co | Actions (A. Williams, A. Actions) F. Willmark, A. Actions (A. Actions) Actions (A. Actions) F. Willmark, A. Actions (A. Actions) F. Willmark, | H. Order H. | 11/1/0817 11/1/0817 11/1/0817 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 | 12/13/2013 32/54/2013 32/54/2013 12/52/2013 12/52/2013 12/52/2013 12/52/2013 12/52/2013 12/52/2013 11/50/2013 11/50/2013 11/50/2013 2/52/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 11/50/2013 | | | : : | | x x x | Tool date given us time to hourspoonle healthank before extractable finalization date. • Sign off Major communication dispendencies for mode. | |
| Memorchy & Elighiday Timesochy & Elighiday | | 13.2 May CSI deplotiny requirements in improvision current deploting considered formats 3.3 discourced grain to improvision deploting values of CSI deploting special 3.3 discourced grain to grain the control of the c | Eligibility Instituted in Valleding for valuation from variability and largeroids to approve all fields for largeroids to approve all fields for extract registrations of extracting from the present extracting from the present of approximate properties of control largeroids and present approximate control largeroid from the control largeroid from the co | Acedomora, P. Willmarc, A. Acedomora, P. Williamora, A. Acedomora, P | H. Order H. | 11/1/0817 11/1/0817 11/1/0817 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 11/1/0818 | 12/1-1/487 12/1-1 | | | : : | | x x x | Tool date given us time to hourspoonle healthank before extractable finalization date. • Sign off Major communication dispendencies for mode. | |



| ect Voyag | er: Pr | roject F | Plan Draft Confidential HIERA | RCHY ELIGIBILITY | | | | | |
|-----------------------------------|--------------------------------|-----------------|---|--|-----------------------------|------------------------|----------------------|--------------------------|---|
| odated: | 1/11/ | /2018 | | | | | | | |
| Workstream V | Event / Workstr N eam ID | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (IngenioRs) | Owner (CVS) | Start Date | Due Date | 1 |
| & Digitality | 15 | 15.4.3.0 | Determine mode of orgoing maintenance / identification of fallout for hierarchy | IngenioRx to approve content and cadence of hierarchy fallout rates | P. Willams | H. Drake | 6/5/2018 | 8/1/2018 | |
| & Cligibility | 15 | | Determine cadence for hierarchy documentation maintenance | reporting | P. Williams | M Dealer | e ir ransa | 8/1/2018 | |
| & Eligibility | 15 | | Assign stakeholder for hierarchy document maintenance | | P. Williams; A. Anderson | H. Drake; D | 6/5/2018 | 8/1/2018 | |
| & Eligibility | 15 | 15.4.4.0 | Identify eligibility documentation that needs to be updated | | P. Williams; A. Anderson | H. Drake; D | 12/3/2018 | 12/31/2018 | |
| & Eligibility | 15 | 15.4 | Update identified eligibility documentation (e.g., process flows) | | P. Williams; A. Anderson | H. Drake; D | 1/8/2018 | 9/14/2018 | |
| LENgibility | 15 | 15.4.5.0 | Determine mode of orgoing maintenance / identification of fallout for eligibility | IngenioRx to approve content and cadence of eligibility fallout rates reporting | P. Williams; A. Anderson | H. Drake | 6/5/2018 | 8/1/2018 | |
| Eligibility | 15 | 15.4 | Determine cadence for eligibility documentation maintenance | reporting | P. Williams; A. | H. Drake | 6/5/2018 | 8/1/2018 | |
| Lightly | 15 | 15.4 | Assign stakeholder for eligibility document maintenance | | Anderson P. Williams; A. | H. Drake; D | 6/5/2018 | 8/1/2018 | |
| Eligibility | 15 | 15.4.6.0 | Segin resource training for updated hierarchy maintenance | | Anderson P. Williams; A. | Ingino H. Drake | 7/16/2018 | 7/16/2018 | |
| Eligibility | 15 | 15.4 | Complete resource training for updated hierarchy maintenance | IngenioRx approval of resource | Anderson P. Williams; A. | H. Drake | 7/16/2018 | 10/31/2018 | |
| Eligibility | 15 | 15.4.7.0 | Segin resource training for updated eligibility files | readiness to monitor hierarchy | Anderson P. Williams; A. | H. Drake | 7/16/2018 | 7/16/2018 | |
| | | | | IngenioRx approval of resource | Anderson P. Williams; A. | | | | |
| Eligibility | 15 | 15.4 | Complete resource training for updated eligibility files | readiness to monitor eligibility files | Anderson | | 7/16/2018 | 10/31/2018 | |
| Eligibility | 15 15 | 5.5.0.0 | Assess IngenicRx Eligibility Model Office / BIPV Testing and Parallel Testing Preparedness | | P. Williams; A. Anderson | | 6/25/2018 | 10/31/2019 | · · · · · · · · <u>· ·</u> |
| ligibility | 15 | 15.5.1.0 | Define eligibility testing scenarios and scripts for unit testing | | P. Williams; A. Anderson | H. Drake | 5/15/2018 | 5/31/2018 | |
| Eligibility | 15 | 15.5.2.0 | Validate Hierarchy & Eligibility readiness for Certification Testing | | P. Williams; A. Anderson | H. Drake; D | 17/30/2018 | 8/20/2018 | |
| Eligibility | 15 | 15.5 | Load eligibility for certification testing | | P. Williams; A. Anderson | V. Zupancio | 7/30/2018 | 8/20/2018 | |
| Eligibility | 15 | 15.5 | Load eligibility for certification testing Wave 1 (WGS, CHFS, and GBD Facets), and any other systems that may be ready at this time | | P. Williams; A. Anderson | | 7/26/2018 | 8/8/2018 | |
| Sightley | 15 | 15.5 | Load eligibility for certification testing Waves 2 and 3 (all remaining eligibility platforms) | | P. Williams; A. Anderson | V. Zupancio | 7/30/2018 | 8/20/2018 | |
| Eligibility | 15 | 15.5 | If needed, ad hoc, send current eligibility files to support certification testing | | P. Williams; A. Anderson | | 17/30/2018 | 8/1/2018 | |
| esting | 14 14 | 1.5.25 | Certification Test Execution Wave Start | | C. Shaffer | R. Iyer | 8/15/2018 | 9/7/2018 | |
| Eligibility | 15 | 15.5.3.0 | Validate Model Office / BPV Testing readiness | IngenioRx to approve all member and group full and incremental files are ready for Model Office / BIPV testing | Anderson | | 8/15/2018 | 8/22/2017 | X X X Cate assumes largerials August 20th release date |
| Eligibility | 15 | 15.5 | IngenioRx to send hierarchy to load for Model Office Testing waves | | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 9/14/2018 | · · · · · · · · |
| Eligibility | 15 | 15.5 | All hierarchy loaded into CVS to support Model Office / BIPV Testing | | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 10/1/2018 | |
| ligibility | 15 | 15.5.4.0 | IngenioRx to initiate eligibility load to support Model Office / BIPV testing of historical eliability | | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 9/14/2018 | |
| Eligibility | 15 | | Historical eligibility load into CVS system to support Model Office / BIPV Testing complete | IngenioRx to confirm all files are loaded and ready for testing | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 9/17/2018 | · · · · · · |
| Eligibility | 15 | 13.3.3.0 | IngenioRx to initiate eligibility load to support Model Office / BIFV testing of future state incremental eligibility files | | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 9/14/2018 | |
| Eligibility | 15 | | Future state incremental eligibility load into CVS system to support Model Office / BIPV Testing complete | IngenioRx to confirm all files are loaded and ready for testing | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 10/31/2018 | |
| Eligibility | 15 | 15.5.6.0 | IngenioRx to initiate eligibility load to support Model Office / BIPV testing of future state full eliebility files | | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 9/14/2018 | |
| Eligibility | 15 | 15.5 | Future state full eligibility into CVS system to support Model Office / BIPV Testing complete | IngenioRx to confirm all files are loaded and ready for testing | P. Williams; A. Anderson | H. Drake | 9/14/2018 | 10/31/2018 | |
| Eligibility | 15 | 15.5.7.0 | Request test members attached to group level for Model Office testing | DESIGNATION OF SECURE | P. Williams; A. Anderson | N/A | 9/3/2018 | 9/14/2018 | |
| Eligibility Testing | 15 14 14 | 15.5.8.0 | Custom Map - Confirm Code Deployed Model Office / BIPV Test Execution Wave Start | | N/A C. Shaffer | V. Zupancio R. Iyer | 6/1/2018 4/2/2018 | 8/1/2018 9/14/2018 | |
| esting | 14 14 | 4.4.11 | Execute and Validate Medicare Benefits Wave End Execute and Validate Commercial Benefits Wave End | | C. Shaffer C. Shaffer | R lyer R lyer | 8/5/2018 8/5/2018 | 10/31/2018 10/31/2018 | Y: ::: : : : : : : : : : : : : : : : : |
| esting | 14 14 | 4.4.11 | Execute and Validate Medicald Benefits Wave End Certification Test Execution Wave End | | C.Shaffer C.Shaffer | R. Iyer R. Iyer | 8/5/2018 8/5/2018 | 10/31/2018 12/28/2018 | |
| | | | | IngenioRx to approve testing | | | | | , |
| Eligibility | 15 | | Review testing outcomes | outcomes with ability to re-test files that do not meet ingenioRx approval | P. Willams; A. A. | | | 9/20/2018 | * * * * * |
| Eligibility | 15 | 15.5 | Review and validate Model Office testing outputs (operational readiness and health plans to validate) | | P.Willams; A. | H. Drake; D | 10/15/2018 | 11/1/2018 | x |
| Diribility | 15 | 155100 | to validate! Validate Parallel testing practicess | IngenioRx to approve readiness of all group and member eligibility files for | P. Williams; A. | | 11/7/2018 | 11/9/2018 | |
| | | | | group and member eligibility files for parallel testing | Anderson P. Willams: A. | | | | |
| Eligibility | 15 | | IngenicRx to send historical eligibility files to load for parallel testing ingenicRx to send historical eligibility files to load for parallel testing wave 1 (WGS, CHPS, | | Anderson | N/A | 9/15/2018 | 10/6/2018 | x x x x x x x x x x x x x x x x x x x |
| Eligibility | 15 | 15.5 | GBD Facets, and any other system that is ready) | | Anderson | V. Zupanci | 9/15/2018 | 10/1/2018 | |
| Eligibility | 15 | 15.5 | assterna) | | P. Williams; A. Anderson | V. Zupancio | 10/1/2018 | 10/6/2018 | |
| Eligibility | 15 | 15.5.12.0 | IngenioRx to send eligibility full files to load for parallel testing | | P. Williams; A. Anderson | N/A | 9/15/2018 | 10/6/2018 | |
| Eligibility | 15 | 15.5 | ingenioRx to send eligibility full files to load for parallel testing wave 1 (WGS, CHIPS, GBD Facets, and any other system that is ready) | | P. Williams; A. Anderson | V. Zupancio | 9/15/2018 | 10/1/2018 | 📕 - Programme - P |
| Eligibility | 15 | 15.5 | ingenioRx to send eligibility full files to laod for parallel testing wave 2 (all remaining systems) | , | P. Williams; A. Anderson | V. Zupancio | 10/1/2018 | 10/6/2018 | * ** * ** * * * |
| Eligibility | 15 | 15.5.13.0 | IngenioRx to send incremental eligibility files to load for parallel testing | | P. Williams; A. Anderson | N/A | 9/15/2018 | 10/6/2018 | x x x x x x x x x x x x x x x x x x x |
| Eligibility | 15 | 15.5 | CHIPS, GED Facets, and any other system that is ready) | | P. Williams; A. Anderson | V. Zupancio | 9/15/2018 | 10/1/2018 | |
| Eligibility | 15 | 15.5 | IngenioRx to send incremental eligibility files to lood for parallel testing wave 2 (all remaining systems) | | P. Williams; A. Anderson | V. Zupancio | 10/1/2018 | 10/6/2018 | * * * * * * * * * * |
| Eligibility | 15 | 15.5.14.0 | Load lag files for runout | | P. Williams; A. | V. Zupancio | | 1/5/2019 | · · · · · · |
| Eligibility | 15 | 15.5.15.0 | Confirm eligibility loaded to RxClaim and QU/PS | IngenioRx to approve report and load | Anderson N/A | L. Kapanosi | 9/15/2018 | 10/6/2018 | |
| & Eligibility | 15 | | Provide client load report | success IngenioRx to determine eligibility file | | L. Kapanosi | 9/15/2018 | 10/6/2018 | |
| | 15 | 15.5.17.0 | Confirm eligibility production readiness | readiness for production | Anderson C. Shaffer | Ingino R. Iyer | 9/14/2018 | 12/17/2018 6/28/2019 | X X X X X X X X X X X X X X X X X X X |
| Cligibility Sesting Sesting | 14 14 14 16 | 4.5.55 5.0.0 | Model Office / BIPV Test Execution Wave End Begin Parallel Processing | | C. Shaffer | R. Iyer | 1/1/2019 | 1/1/2019 | x x x x x x x x x x x x x x x x x |



| er 2020: Joint HR - Talent and | Resources | IR. TALENT AND SOU | RCING | | | | | | | | | | | |
|--|---|--|--|------------|-------------|-------------------------|---|-----------------|--------------------------|--------------------|------------------------|--------------------------------|-------------------------|----------|
| ated 01/03/18 | | IR, TALENT AND SOU | RCING | | | | | | | | | | | |
| one/D Minimalitating | Contractive | d Migration Course Missesire Descripted | Owner DOM | Start Date | End Eale | Status N. Complete Reso | oman inhadrudare, Operation name, Architecture English | and Nor Release | Reporting Management Co. | onnectal Special M | Sedan Medicald Service | v lain/Marketh Specialty / Mad | Departmenty Description | Comments |
| Standup IngenioRx Dedicated Support Division | | M. Hayoox | A. Cafaro / D. Burchfield | 12/14/2017 | 10/15/2018 | | | | - Promoninalis | | | | | |
| CVS Resource Ramp-up Plan | | M. Hayox | A. Cafaro / D. Burchfield | 12/14/2017 | 1/1/2020 | | | | | × | | | | |
| Establish CVS resource ramp plan to reach =2,800 full-time en dedicated and designated personnel | employee equivalents of | M. Haycox | A Cafaro / D. Burchfield | 12/14/2017 | 12/22/2017 | | | | | × | | | | |
| view/Refine CVS resource ramp plan with necessary review risstream leads) to reach =2,300 full-time employee equiva | rwers (HR, TMO, leadership, valents of dedicated and | M. Haycos | A Cafaro / D. Burchfield | 12/22/2017 | 1/5/2018 | | × | | | × | | | | |
| designated personnel Finalize CVS resource ramp plan to reach =2,300 full-time em dedicated and designated personnel | mplayee equivalents of | M. Haycos | A Cafaro / D. Burchfield | 1/5/2018 | 1/12/2018 | | | | | × | | | | |
| dedicated and designated personnel Publish proposed Organization for Ingenio support from CVS | | 1 M. Haycon | A. Cafaro / D. Burchfield | 1/5/2018 | 3/1/2018 | | | | | | | | | |
| rplement CVS resource ramp plan to reach =2,300 full-time edicated and designated personnel | | M. Haycox | A Cataro / D. Burchfield | 1/12/2018 | 1/1/2019 | | | | | × | | | | |
| Scated and designated personnel gin monthly CVS Resource Ramp Plan reporting | | M. Haycox | A Cafaro / D. Burchfield | 1/1/2018 | 12/21/2019 | | * | | | × | | | | |
| ublish Jan 2018 Ramp Plan Report (Actual vs. Planned Hiring | ne) | M. Haycox | A. Cafaro / D. Burchfield | 2/1/2018 | 2/1/2018 | | | | | × | | | | |
| ilish Feb 2018 Ramp Plan Report (Actual vs. Planned Hiring | nd . | M. Haycos | A Cafaro / D. Burchfield | 3/1/2018 | 3/1/2018 | | * | | | x | | | | |
| lish March 2018 Ramp Plan Report (Actual vs. Planned Hi | áring) | M. Haycos | A Cafaro / D. Burchfield | 4/1/2018 | 4/1/2018 | | * | | | | | | | |
| ish April 2018 Ramp Plan Report (Actual vs. Planned Hirk | | M. Haycos | A Cafaro / D. Burchfield | | 5/1/2018 | | | | | × . | | | | |
| sh May 2018 Ramp Plan Report (Actual vs. Planned Hirin | | M. Haycos | A Cafaro / D. Burchfield | | 6/1/2018 | | | | | | | | | |
| ish June 2018 Ramp Plan Report (Actual vs. Planned Hirin | | M. Haycos | A Cafaro / D. Burchfield | | 7/1/2018 | | | | | | | | | |
| olish July 2018 Ramp Plan Report (Actual vs. Planned Hirin | | M. Haycos | A Cafaro / D. Burchfield | | 8/1/2018 | | | | | | | | | |
| ish August 2018 Ramp Plan Report (Actual vs. Planned H | | M. Haycos | A Cafaro / D. Burchfield | | 9/1/2018 | | | | | . x | | | | |
| sublish September 2018 Ramp Plan Report (Actual vs. Planne | | M. Haycos | A Cafaro / D. Burchfield | | 10/1/2018 | | | | | | | | | |
| h October 2018 Ramp Plan Report (Actual vs. Planned) | | M. Haycos | A Cafaro / D. Burchfield | 11/1/2018 | 11/1/2018 | | | | | | | | | |
| h November 2018 Ramp Plan Report (Actual vs. Planne | | M. Haycos | A Cafaro / D. Burchfield | 12/1/2018 | 12/1/2018 | | | | | | | | | |
| n November 2018 Ramp Plan Report (Actual vs. Planne h December 2018 Ramp Plan Report (Actual vs. Planne | | M. Haycos | A Cataro / D. Burchfield A Cataro / D. Burchfield | 1/1/2019 | 1/1/2019 | | * | | | | | | | |
| h Jan 2019 Ramp Plan Report (Actual vs. Planned Hiring | | M. Haycos | A Cafaro / D. Burchfield | | 2/1/2019 | | | | | | | | | |
| i Feb 2009 Ramp Plan Report (Actual vs. Planned Hiring | | M. Haycos | A Cafaro / D. Burchfield | 3/1/2019 | 3/1/2019 | | · | | | × . | | | | |
| o Josep Harrig Plan Happort (Actual vs. Planned Hirrig arch 2019 Ramp Plan Report (Actual vs. Planned Hi | | M. Haycos | A Cataro / D. Burchfield | 4/1/2019 | 4/1/2019 | | · | | | × × | | | | |
| 2019 Ramp Plan Report (Actual vs. Planned Hirls | | M. Haycos | A Cafaro / D. Burchfield | 5/1/2019 | 5/1/2019 | | | | | | | | | |
| April 2019 Kamp Plan Report (Actual VI. Planned Hirli May 2019 Ramp Plan Report (Actual VI. Planned Hirli | | M. Haycos | A Cataro / D. Burchfield A Cataro / D. Burchfield | 6/1/2019 | 6/1/2019 | | | | | | | | | |
| ing 2019 Ramp Plan Report (Actual vs. Planned Hiris | | M. Haycos | A Cataro / D. Burchfield | | 7/1/2019 | | | | | × × | | | | |
| ily 2019 Ramp Plan Report (Actual vs. Planned Hirin | | M. Haycos | A Cafaro / D. Burchfield | | 9/1/2019 | | | | | * | | | | |
| ugust 2019 Ramo Plan Report (Actual vs. Planned H | | M. Haycos | A Cataro / D. Burchfield | 9/1/2019 | 9/1/2019 | | | | | × × | | | | |
| September 2009 Ramp Plan Report (Actual vs. Planne | | M. Haycos | A Cataro / D. Burchfield | | 10/1/2019 | | | | | × × | | | | |
| tober 2009 Ramp Plan Report (Actual vs. Planned) | | M. Haycos | A Cataro / D. Burchfield | | 11/1/2019 | | | | | · · | | | | |
| October 2019 Ramp Plan Report (Actual vs. Planned i November 2019 Ramp Plan Report (Actual vs. Planne | | M. Haycos M. Haycos | A Cafaro / D. Burchfield A Cafaro / D. Burchfield | | 12/1/2019 | | | | | * | | | | |
| | | | | | | | | | | | | | | |
| n December 2019 Ramp Plan Report (Actual vs. Plannes ns: CVS Resource plan with necessary reviewers IHR. Th | | M. Haycox | A Cafaro / D. Burchfield | | 1/1/2020 | | | | | × | | | | |
| ess CVS Resource plan with necessary reviewers (HR, TR (and make adjustments based on ingenicRu's growth | | M. Haycos | A Cafaro / D. Burchfield | | 6/8/2018 | | | | | × | | | | |
| updated CVS Resource plan and make adjustments ba ect updated CVS Resource plan and make adjustment | | M. Haycox | A Cafaro / D. Burchfield | | 6/15/2018 | | | | | | | | | |
| ert updated CVs Resource plan and make adjustment s CVS Resource plan with necessary reviewers (HR, Th | | M. Haycos | A. Cafaro / D. Burchfield | | 6/22/2018 | | | | | × | | | | |
| make adjustments based on Ingenioks's growth | | M. Haycos | A Cafaro / D. Burchfield | | 12/7/2018 | | | | | | | | | |
| pdated CVS Resource plan and make adjustments bu | based on Ingenic/fot's growth | M. Haycos | A. Cafaro / D. Burchfield | 12/12/2018 | 12/21/2018 | | * | | | × | | | | |
| idated CVS Resource plan and make adjustment | ts based on ingenioRx's | M. Haycos | A Cafaro / D. Burchfield | | 1/1/2020 | | * | | | × | | | | |
| 1/1/2020 Joint HR strategy and protocol | | M. Haycos | A Cafaro / D. Burchfield | 7/1/2019 | 8/1/2019 | | | | | | | | | |
| HR Strategy/Support Model | | M. Hayoox | A. Cafaro / D. Burchfield | 8/1/2019 | 2/15/2020 | | | | | × | | | | |
| out 1/1/2020 Joint HR strategy and protocol with HF orn leads | IR, TMO, leadership, and | M. Haycos | A Cafaro / D. Burchfield | 8/1/2019 | 9/1/2019 | | | | | | | | | |
| out 1/1/2020 Joint HR strategy and protocol | | M. Haycos | A Cafaro / D. Burchfield | 9/1/2019 | 10/1/2019 | | | | | | | | | |
| ost 1/1/2020 Joint HR strategy and protocol | | M. Haycos | A Cafaro / D. Burchfield | 11/1/2019 | 12/1/2019 | | × | | | | | | | |
| out 1/1/2020 Joint HR strategy and protocol | | M. Haycos | A Cafaro / D. Burchfield | 1/2/2020 | 2/15/2020 | | × | | | | | | | |
| nications (HR Related) | | M. Hayoox | A. Cafaro / D. Burchfield | 1/15/2018 | 2/15/2018 | | | | | | × | | | |
| ear communication guidelines (HR related) and bour if and Designated Personnel | undaries for Dedicated | M. Haycos | A Cataro / D. Burchfield | 1/15/2018 | 2/1/2018 | | | | | | | | | |
| ommunication expectations and limitations for Dedic mbers and providers | icated Personnel working | M. Haycos | A Cataro / D. Burchfield | 2/1/2018 | 2/15/2018 | | * | | | | * | | | |
| Resources and L&D | | M. Hayoox | A. Cafaro / D. Burchfield | 1/8/2018 | 12/31/2019 | | | | | | | | | |
| nnel Skills Plan | | M. Hayoox | A. Cafaro / D. Burchfield | 1/8/2018 | 12/31/2019 | | | | | | | | | |
| sish strategy/review process for job descriptions, requin outes for CVS positions, as needed | ired training, skills, and other Annex S.J. | | A Cataro / D. Burchfield | | 1/12/2018 | | | | | | | | | |
| outes for CVS positions, as needed in personnel skills needed (e.g., CVS job descriptions) for | | M. Haycos | | 1/12/2018 | 2/2/2018 | | | | | | | | | |
| iew and submit feedback on job descriptions, required tra butes for CVS positions (as needed - with HR. TMD, leade | raining, skills, and other | M. Haycos | A Cataro / D. Bucchfield | | 2/16/2018 | | | | | | | | | |
| tributes for CVS positions (as needed - with HR, TMO, leade pdate personnel skills plan/strategy based on feedback | terung, workstysamleads) | M. Haycox | A Cafaro / D. Burchfield | | 2/23/2018 | | | | | | | | | |
| lize ICVS and Internigity collaborate online-ahead persons | nnel skills strategy/plan | M. Haycos | A Cataro / D. Burchfield | | 3/2/2018 | | | | | | | | | |
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| 1.1 Design process the least and model and section processing and requiring Assess \$4\$ M. Margons A. Colon) R. Nacel Section 5. Nacel Section |
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|---|--|---|--|---|---|
| Event / | | IAS | | | |
| Workstream | m Milestone II | D Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | Due Date |
| 1D 17 | 17.1 | Project Management | | Mon 10/30/17 | Fri 12/29/17 |
| 17 | 17.1.1 | Setup Workstream | Jeff Mahan;Di Wang | Mon 10/30/17 | Mon 11/20/17 |
| 17 | 17.1.2 | | Leff Mahana Collins | | Fri 12/15/17 |
| 17 | | Develop Workplan | Jeff Mahan;Di Wang | Mon 11/13/17 | |
| | 17.1.3 | Manage Workstream | Jeff Mahan;Di Wang | Mon 11/6/17 | Fri 12/29/17 |
| 17 | 17.2 | Architecture | | Tue 11/7/17 | Fri 4/20/18 |
| 17 | 17.2.1 | Finalize Integration Architecture Standards & Guidelines | Jeff Mahan;Di Wang | Thu 11/16/17 | Fri 12/29/17 |
| | | Complete updates to security reviews imbedded in Voyager Architecture Reviews in | | | |
| 17 | 17.2.2 | accordance with contract (annex 10) | Chris Pitts;Corey Epps | Thu 11/16/17 | Thu 3/1/18 |
| 17 | 17.2.3 | accordance with contract (annex 10) Integration Architecture Review Board / Governance Setup | Jeff Mahan;Di Wang | Tue 11/7/17 | Fri 12/1/17 |
| 17 | | | Jen mahan;Di Wang | | |
| | 17.2.4 | Review Integration Solution Architecture (Joint) | | Mon 2/12/18 | Fri 4/20/18 |
| 17 | 17.2.4.1 | Workstream: Benefits (Iterative per PI planning) | Jeff Mahan;Di Wang | Thu 2/15/18 | Tue 2/20/18 |
| 17 | 17.2.4.2 | Workstream: Claims | 1 | Fri 2/23/18 | Tue 4/10/18 |
| 17 | 17.2.4.2.1 | Lites + ODS | Jeff Mahan;Di Wang | Fri 2/23/18 | Wed 2/28/18 |
| 17 | 17.2.4.2.1 | Daily Major Medical | Jeff Mahan;Di Wang | Tue 3/6/18 | Sun 3/11/18 |
| 17 | | | | | 3UII 3/11/16 |
| | 17.2.4.2.3 | Legacy Near Real-Time/Batch | Jeff Mahan;Di Wang | Tue 3/6/18 | Sun 3/11/18 |
| 17 | 17.2.4.2.4 | Daily Claims + Billing Claims | Jeff Mahan;Di Wang | Thu 4/5/18 | Tue 4/10/18 |
| 17 | 17.2.4.3 | Workstream: Clinical Programs (day in the life of) | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| | 17.2.4.3 | Workstream: Clinical Programs (day in the life of) | Jett Mahan;Di Wang | Mon 2/12/18 | Inu 2/15/18 |
| 17 | 17.2.4.4 | Workstream: Digital Applications, Portals, and Hubs (iterative per sprint) | Jeff Mahan;Di Wang | Mon 4/16/18 | Fri 4/20/18 |
| 17 | 17.2.4.5 | Workstream: ESI Transition (iterative Strategy review) | Jeff Mahan;Di Wang | Mon 4/2/18 | Fri 4/6/18 |
| 17 | 17.2.4.6 | Workstream: Hierarchy & Eligibility | Jeff Mahan; Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.4.7 | Worksteam. The artify at Capacity | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| | | Event: Finance | Jeff Mahan;Di Wang | | |
| 17 | 17.2.4.8 | Event: Specialty | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.4.9 | Event: Mail | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.4.10 | Workstream: Reporting | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | | Frank Marrhay Consissor | Jeff Mahan;Di Wang | Mon 2/12/18 | |
| | 17.2.4.11 | | Jeff Mahan;Di Wang | | Thu 2/15/18 |
| 17 | 17.2.5 | Review Internal IngenioRx Solution Architecture | | Mon 2/12/18 | Fri 4/20/18 |
| 17 | 17.2.5.1 | Workstream: Benefits (Iterative per PI planning) | Jeff Mahan | Thu 2/15/18 | Tue 2/20/18 |
| 17 | 17.2.5.2 | Workstream: Claims | Jeff Mahan | Fri 2/23/18 | Tue 4/10/18 |
| 17 | 17.2.5.2.1 | | Jeff Mahan | Fri 2/23/18 | Wed 2/28/18 |
| 17 | 17.2.5.2.2 | Daily Major Medical | Jeff Mahan | Tue 3/6/18 | Fri 3/9/18 |
| 17 | 17.2.5.2.2 | | Jeff Mahan | | |
| 17 | | | | Tue 3/6/18 | Fri 3/9/18 |
| | 17.2.5.2.4 | Daily Claims + Billing Claims | Jeff Mahan | Thu 4/5/18 | Tue 4/10/18 |
| 17 | 17.2.5.3 | | | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.5.4 | | | Mon 4/16/18 | Fri 4/20/18 |
| 17 | 17.2.5.5 | Workstream: ESI Transition (Iterative review) | Jeff Mahan | Mon 4/2/18 | Fri 4/6/18 |
| 17 | 17.2.5.6 | Workstream: Hierarchy & Eligibility | Jeff Mahan | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.5.7 | Event: Finance | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.5.7 | Event: Soncialty | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | | | | | |
| | 17.2.5.9 | | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.5.10 | Workstream: Reporting | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.5.11 | Event: Member Experience | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.6 | Review Internal CVS Solution Architecture | | | Fri 4/20/18 |
| | | | 1 | Mon 2/12/18 | |
| 17 | 17.2.6.1 | Workstream: Benefits (Iterative per PI planning) | Di Wang | Thu 2/15/18 | Tue 2/20/18 |
| 17 | 17.2.6.2 | Claims | 1 | Fri 2/23/18 | Tue 4/10/18 |
| 17 | 17.2.6.2.1 | | Di Wang | Fri 2/23/18 | Wed 2/28/18 |
| 17 | 17.2.6.2.1 | | Di Wang | Tue 3/6/18 | Fri 3/9/18 |
| | | | | | |
| 17 | 17.2.6.2.3 | Legacy Near Real-Time/Batch | Di Wang | Tue 3/6/18 | Fri 3/9/18 |
| 17 | 17.2.6.2.4 | Daily Claims + Billing Claims | Di Wang | Thu 4/5/18 | Tue 4/10/18 |
| 17 | 17.2.6.3 | | Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| | | Company (Cally III UNE INE OL) | or welk | mun 2/12/10 | 1110 2/13/10 |
| 17 | 17.2.6.4 | Digital Applications, Portals, and Hubs (iterative per sprint) | Di Wang | Mon 4/16/18 | Fri 4/20/18 |
| 17 | 17.2.6.5 | ESI Transition (Iterative Strategy review) | Di Wang | Mon 4/2/18 | Fri 4/6/18 |
| 17 | 17.266 | Hierarchy & Flielhillty | Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | | | ro stalf | | |
| | 17.2.7 | Develop End to End Architecture Documentation | 1 | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.7.1 | Event: Finance | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17 2 7 2 | Event: Specialty | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | | | Jeff Mahan Di Mana | Mun 2/12/10 | Thur 2/15/16 |
| | 17.2.7.3 | Event: Mail | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.7.4 | Workstream: Reporting | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.2.7.5 | Event: Member Experience | Jeff Mahan;Di Wang | Mon 2/12/18 | Thu 2/15/18 |
| 17 | 17.3 | Infrastructure | | Wed 11/1/17 | Tue 1/14/20 |
| 17 | | Manager Manager Construction Construction | - | The 44 (45 (47 | T 7/2/40 |
| 1/ | 17.3.1 | Networking & Infrastructure Standards | 1 | Thu 11/16/17 | Tue 7/2/19 |
| 17 | 17.3.1.1 | Use monthly meetings create alignment between CVS and IngenioRx Infrastructure | Barry Martin; Mitch Super | Thu 11/16/17 | Tue 7/2/19 |
| 17 | 17.3.1.1 | Standards and Guidelines | barry Martin; Mitch Super | inu 11/16/1/ | rue //2/19 |
| | _ | | - | - | + |
| 17 | 17.3.1.2 | Complete updates to security reviews imbedded in Voyager Infrastructure Reviews in | Chris Pitts:Corey Epps | Thu 11/16/17 | Thu 3/1/18 |
| | | accordance with contract (annex 10) | majourny uppo | | |
| 17 | 17.3.2 | Networking & Infrastructure Requirements | | Fri 12/15/17 | Fri 2/16/18 |
| 17 | | Code Materials Designation | 1 | | |
| | 17.3.2.1 | Gather Networking Requirements | 1 | Fri 12/15/17 | Mon 1/15/18 |
| 17 | 17.3.2.1.1 | Distribute Intake Survey to Workstreams | Barry Martin; Mitch Super | Fri 12/15/17 | Fri 12/15/17 |
| 17 | 17.3.2.1.2 | Collect Intake Surveys | Barry Martin; Mitch Super | Wed 12/20/17 | Fri 12/29/17 |
| 17 | 17.3.2.1.3 | Networking Requirements Workshop | Barry Martin; Mitch Super | | Wed 1/10/18 |
| | 17.3.2.1.5 | receiving or/quirements workshop | war y Marun; witch Super | 1100 A/9/10 | *************************************** |
| 17 | 17.3.2.1.4 | Finalize Networking Requirements | Barry Martin; Mitch Super | | Mon 1/15/18 |
| 17 | 17.3.2.2 | Gather new High Level Infrastructure Requirements | 1 | Fri 12/15/17 | Wed 1/31/18 |
| 17 | 17.3.2.2.1 | Distribute Intake Survey to Workstreams | Barry Martin; Mitch Super | Fri 12/15/17 | Fri 12/15/17 |
| 17 | 17.3.2.2.2 | Collect Intake Surveys | Barry Martin; Mitch Super | Wed 1/31/18 | Wed 1/31/18 |
| | 17.3.2.2 | | , mer on, minor super | | |
| | | Detailed new Infrastructure Requirements Analysis (per Workstream) | | Mon 2/5/18 | Fri 2/16/18 |
| 17 | 17.3.2.3.1 | Workstream Specific Infrastructure Workshop (per Survey) | | Mon 2/5/18 | Fri 2/9/18 |
| 17 17 | 17.3.2.3.2 | Finalize Infrastructure Requirements per Workstream | Barry Martin; Mitch Super | Mon 2/12/18 | Fri 2/16/18 |
| 17 17 | 17.3.3 | Design Networking & Infrastructure | and the second state of th | Mon 2/19/18 | Fri 3/16/18 |
| 17 17 17 | | | | | |
| 17 17 17 17 | 17.3.3.1 | | Barry Martin; Mitch Super | | Fri 3/16/18 |
| 17 17 17 17 17 | 17.3.3.1.1 | Develop Design Specs | Barry Martin; Mitch Super | Mon 2/19/18 | Thu 3/15/18 |
| 17 17 17 17 | 17.3.3.1.2 | Finalize Design Specs | Barry Martin; Mitch Super | Thu 3/15/18 | Fri 3/16/18 |
| 17 17 17 17 17 17 | | r manuse see ango! SPRCS | was y marun;mitus super | | 111 3/10/16 |
| 17 17 17 17 17 17 17 | 17.3.3.2 | IngenioRx Infrastructure Design | | Mon 2/19/18 | Fri 3/16/18 |
| 17 17 17 17 17 17 17 17 | 17.3.3.2.1 | Develop Design Specs | Barry Martin | Mon 2/19/18 | Thu 3/15/18 |
| 17 17 17 17 17 17 17 17 | | | | | |
| 17 17 17 17 17 17 17 17 17 17 | | | Barry Martin | Thu 3/15/18 | Fri 3/16/18 |
| 17 17 17 17 17 17 17 17 17 17 | 17.3.3.2.2 | CVS Infrastructure Design | 1 | Mon 2/19/18 | Fri 3/16/18 |
| 17 17 17 17 17 17 17 17 17 17 | 17.3.3.2.2 | | | Mon 2/19/18 | Thu 3/15/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 | 17.3.3.2.2 17.3.3.3 | | | | |
| 17 17 17 17 17 17 17 17 17 17 17 17 | 17.3.3.2.2 17.3.3.3 17.3.3.1 | Develop Design Specs | Mitch Super | | |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 | 17.3.3.2.2 17.3.3.3 | Develop Design Specs | Mitch Super Mitch Super | Thu 3/15/18 | Fri 3/16/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 | 17.3.3.2.2 17.3.3.3 17.3.3.3.1 17.3.3.3.2 | Develop Design Specs Finalize Design Specs | | Thu 3/15/18 | Fri 3/16/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.3.2.2 17.3.3.3 17.3.3.3.1 17.3.3.3.2 17.3.4 | Develop Dasign Specs Finalize Design Specs Plan Networking & Infrastructure | Mitch Super | Thu 3/15/18 Mon 3/19/18 | Fri 3/16/18 Fri 3/23/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.3.2.2 17.3.3.3 17.3.3.3.1 17.3.3.3.2 17.3.4 17.3.4.1 | Develop Design Specs Finalize Design Specs Plan Networking & Infrastructure Develop Networking Build Plan Develop Networking Build Plan | Mitch Super Barry Martin; Mitch Super | Thu 3/15/18 Mon 3/19/18 Mon 3/19/18 | Fri 3/16/18 Fri 3/23/18 Thu 3/22/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.3.2.2 17.3.3.3 17.3.3.3.1 17.3.3.3.2 17.3.4 | Develop Design Specs Finalize Design Specs Plan Networking & Infrastructure Develop Networking Build Plan Develop Networking Build Plan | Mitch Super | Thu 3/15/18 Mon 3/19/18 Mon 3/19/18 | Fri 3/16/18 Fri 3/23/18 |

| | IAS | | | |
|--|---|---|---|---|
| Event / | | Owner | | |
| Workstream Milestone ID | e ID Milestone/Activity | (IngenioRx; CVS) | Start Date | Due Date |
| 17 17.3.4.4 17 17.3.5 | Finalize Build Plans CVS IT Enhancement Test Environment | Barry Martin; Mitch Super | Thu 3/22/18 Wed 11/1/17 | Fri 3/23/18 Tue 1/14/20 |
| 17 17.3.5.1 | Business Requirements | 1 | Tue 1/2/18 | Wed 1/31/18 |
| 17 17.3.5.2 | Technical Requirements | | Thu 2/1/18 | Wed 2/28/18 |
| 17 17.3.5.3 | Build | | Thu 3/1/18 | Mon 4/30/18 |
| 17 17.3.5.4 | IT Testing | | Tue 5/1/18 | Thu 5/31/18 |
| 17 17.3.5.5 | Complete/Warranty | | Thu 5/31/18 | Thu 5/31/18 |
| 17 17.3.6 | CVS IT Enhancements Environment | | Tue 1/2/18 | Mon 4/30/18 |
| 17 17.3.6.1 17 17.3.6.1 | Connections from CVS to IngenioRx for CVS to call IngenioRx service | | Mon 1/8/18 | Fri 2/9/18 |
| | | Jeff Mahan | Mon 1/8/18 | Mon 1/8/18 |
| 17 17.3.6.1.1 17 17.3.6.1.2 | | Barry Martin:Mitch Super | Tue 1/9/18 Tue 1/2/18 | Fri 2/9/18 Fri 3/30/18 |
| 17 17.3.6.1.2 17 17.3.6.1.3 | | Barry Martin; Mitch Super Barry Martin: Mitch Super | | Fri 4/13/18 |
| 17 17.3.6.1.4 | | Barry Martin:Mitch Super | | Mon 4/30/18 |
| 17 17.3.6.2 | | Chuck Ludwig | Thu 2/1/18 | Thu 2/1/18 |
| 17 17.3.6.3 | Build IngenioRx Infrastructure for May | | Wed 11/1/17 | Wed 5/30/18 |
| 17 17.3.6.3.1 | | Barry Martin | Thu 2/1/18 | Tue 5/1/18 |
| 17 17.3.6.3.2 | | Barry Martin | Tue 5/1/18 | Tue 5/15/18 |
| 17 17.3.6.3.3 | 3 Configure Infrastructure | Barry Martin | Tue 5/15/18 | Wed 5/30/18 |
| 17 17.3.6.3.4 | | | Thu 2/1/18 | Thu 2/1/18 |
| 17 17.3.6.3.5 | | Barry Martin;Mitch Super | Tue 5/15/18 | Wed 5/30/18 |
| 17 17.3.6.4 | | | Thu 2/1/18 | Wed 5/30/18 |
| 17 17.3.6.4.1 17 17.3.6.4.2 | | Mitch Super | Thu 2/1/18 | Tue 5/1/18 |
| 17 17.3.6.4.2 17 17.3.6.4.3 | | Mitch Super | Tue 5/1/18 Tue 5/15/18 | Tue 5/15/18 |
| 17 17.3.6.4.3 17 17.3.6.4.4 | | Mitch Super Barry Martin;Mitch Super | Tue 5/15/18 Tue 5/15/18 | Wed 5/30/18 Wed 5/30/18 |
| 17 17.3.6.4.4 | | Chuck Ludwig | Thu 3/1/18 | Wed 5/30/18 Thu 3/1/18 |
| 17 17.3.6.6 | | | Thu 3/1/18 | Fri 6/29/18 |
| 17 17.3.6.6.1 | 1 Procure Infrastructure | Barry Martin | Thu 3/1/18 | Fri 6/1/18 |
| 17 17.3.6.6.2 | 2 Install Infrastructure | Barry Martin | Fri 6/1/18 | Fri 6/15/18 |
| 17 17.3.6.6.3 | 3 Configure infrastructure | Barry Martin | Fri 6/15/18 | Fri 6/29/18 |
| 17 17.3.6.6.4 | 4 Configure Networking | Barry Martin;Mitch Super | Fri 6/15/18 | Fri 6/29/18 |
| 17 17.3.6.7 | Build CVS Infrastructure for June 1 Procure Infrastructure | Affair Course | Thu 3/1/18 Thu 3/1/18 | Fri 6/29/18 |
| 17 17.3.6.7.1 17 17.3.6.7.2 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Thu 3/1/18 Fri 6/1/18 | Fri 6/1/18 Fri 6/15/18 |
| 17 17.3.6.7.2 17 17.3.6.7.3 | Z Install Intrastructure 3 Configure Infrastructure | Mitch Super Mitch Super | Fri 6/15/18 | Fri 6/29/18 |
| 17 17.3.6.7.4 | 4 Configure Networking | Barry Martin; Mitch Super | Fri 6/15/18 | Fri 6/29/18 |
| 17 17.3.6.8 | IAS monthly infrastructure review | Chuck Ludwig | Fri 3/30/18 | Fri 3/30/18 |
| 17 17.3.6.9 | Build IngenioRx Infrastructure for July | | Mon 4/2/18 | Mon 7/30/18 |
| 17 17.3.6.9.1 | 1 Procure infrastructure | Barry Martin | Mon 4/2/18 | Fri 6/29/18 |
| 17 17.3.6.9.2 | 2 Install Infrastructure | Barry Martin | Mon 7/2/18 | Fri 7/13/18 |
| 17 17.3.6.9.3 | | Barry Martin | Mon 7/16/18 | Mon 7/30/18 |
| 17 17.3.6.9.4 | | Barry Martin; Mitch Super | Mon 7/16/18 | Mon 7/30/18 |
| 17 17.3.6.10 17 17.3.6.10.1 | | Mitch Super | Mon 4/2/18 Mon 4/2/18 | Mon 7/30/18 Fri 6/29/18 |
| 17 17.3.6.10.1 | | Mitch Super Mitch Super | Mon 4/2/18 Mon 7/2/18 | Fri 7/13/18 |
| 17 17.3.6.10.2 | | Mitch Super Mitch Super | Mon 7/2/18 Mon 7/16/18 | Mon 7/30/18 |
| 17 17.3.6.10.4 | | | Mon 7/16/18 | Mon 7/30/18 |
| 17 17.3.6.11 | | Chuck Ludwig | Tue 5/1/18 | Tue 5/1/18 |
| 17 17.3.6.12 | | | Tue 5/1/18 | Thu 8/30/18 |
| 17 17.3.6.12.1 | | Barry Martin | Tue 5/1/18 | Wed 8/1/18 |
| 17 17.3.6.12.2 | 2.2 Install infrastructure | Barry Martin | Wed 8/1/18 | Wed 8/15/18 |
| 17 17.3.6.12.3 | | Barry Martin | Wed 8/15/18 | Thu 8/30/18 |
| 17 17.3.6.12.4 | | Barry Martin; Mitch Super | Thu 8/16/18 | Thu 8/30/18 |
| 17 17.3.6.13 | | | Tue 5/1/18 | Thu 8/30/18 |
| 17 17.3.6.13.1 | | Mitch Super | Tue 5/1/18 | Wed 8/1/18 |
| 17 17.3.6.13.2 | | Mitch Super | Wed 8/1/18 | Wed 8/15/18 |
| 17 17.3.6.13.3 | | Mitch Super | Wed 8/15/18 | Thu 8/30/18 |
| 17 17.3.6.13.4 | | Barry Martin; Mitch Super | Wed 8/15/18 | Thu 8/30/18 |
| 17 17.3.6.14 17 17.3.6.15 | IAS monthly infrastructure review Build IngenioRx Infrastructure for September | Chuck Ludwig | Fri 6/1/18 | Fri 6/1/18 Fri 9/28/18 |
| 17 17.3.6.15 17 17.3.6.15.1 | | Barry Martin | Fri 6/1/18 Fri 6/1/18 | Fri 9/28/18 Fri 8/31/18 |
| 17 17.3.6.15.1 17 17.3.6.15.2 | | Barry Martin | Fri 6/1/18 Mon 9/3/18 | Fri 9/14/18 |
| 17 17.3.6.15.3 | 5.2 install intrastructure 5.3 Configure infrastructure | Barry Martin | Mon 9/3/18 Mon 9/17/18 | Fri 9/28/18 |
| 17 17.3.6.15.4 | | Barry Martin; Mitch Super | Mon 9/17/18 Mon 9/17/18 | Fri 9/28/18 |
| 17 17.3.6.16 | 5 Build CVS Infrastructure for September | barry marun;Mitch Super | Mon 9/1//18 Fri 6/1/18 | Fri 9/28/18 |
| 17 17.3.6.16.1 17 17.3.6.16.1 | 5.1 Procure infrastructure for september | Mitch Super | Fri 6/1/18 | Fri 8/31/18 |
| 17 17.3.6.16.2 | 5.2 Install Infrastructure | Mitch Super | Mon 9/3/18 | Fri 9/14/18 |
| 17 17.3.6.16.3 | 5.3 Configure Infrastructure | Mitch Super | Mon 9/17/18 | Fri 9/28/18 |
| 17 17.3.6.16.4 | 5.4 Configure Networking | Barry Martin; Mitch Super | Mon 9/17/18 | Fri 9/28/18 |
| 17 17.3.6.17 | P IAS monthly infrastructure review | Chuck Ludwig | Fri 6/29/18 | Fri 6/29/18 |
| 17 17.3.6.18 | Build IngenioRx Infrastructure for October | A Lowerty | Mon 7/2/18 | Tue 10/30/18 |
| | | Barry Martin | Mon 7/2/18 | Mon 10/1/18 |
| 17 17.3.6.18.1 | | Barry Martin | Mon 10/1/18 | Mon 10/15/18 |
| 17 17.3.6.18.1 17 17.3.6.18.2 | 3.2 Install Infrastructure | | Mon 10/15/18 | Tue 10/30/18 |
| 17 17.3.6.18.1 17 17.3.6.18.2 17 17.3.6.18.3 | 3.2 Install Infrastructure | Barry Martin | | |
| 17 17.3.6.18.2 17 17.3.6.18.2 17 17.3.6.18.3 17 17.3.6.18.4 | 3.2 Install Infrastructure 3.3 Configure Infrastructure 5.4 Configure Networking | | Tue 10/16/18 | Tue 10/30/18 |
| 17 17.3.6.18.1 17 17.3.6.18.2 17 17.3.6.18.2 17 17.3.6.18.2 17 17.3.6.19 | 8.2 Install Infrastructure 3.3 Configure Infrastructure 8.4 Configure Networking 9 Build CVS Infrastructure for October | Barry Martin; Mitch Super | Mon 7/2/18 | Tue 10/30/18 |
| 17 17.3.6.18.1 17 17.3.6.18.2 17 17.3.6.18.2 17 17.3.6.18.2 17 17.3.6.19.1 17 17.3.6.19.1 | 12 Install Infrastructure 13 Configure Infrastructure 14 Configure Networking 15 Build CVS Infrastructure for October 15 Procure Infrastructure 16 Procure Infrastructure | Barry Martin; Mitch Super Mitch Super | Mon 7/2/18 Mon 7/2/18 | Tue 10/30/18 Mon 10/1/18 |
| 17 17.3.6.18.1 17 17.3.6.18.2 17 17.3.6.18.3 17 17.3.6.18.3 17 17.3.6.19.3 17 17.3.6.19.3 17 17.3.6.19.3 | 12 | Barry Martin; Mitch Super Mitch Super Mitch Super | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/15/18 |
| 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: | 12 install infrastructure 13 Configure Metastructure 14 Configure Networking 15 Prices infrastructure for October 15 Prices infrastructure for October 15 Prices infrastructure 15 Install infrastructure 15 Install infrastructure 16 Install infrastructure 17 Install infrastructure 18 Install infrastructure | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/15/18 Tue 10/30/18 |
| 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.19.1 17 17.3.6.19.1 17 17.3.6.19.1 17 17.3.6.19.1 | 12 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/15/18 Tue 10/30/18 Tue 10/30/18 |
| 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: | 22 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/15/18 Tue 10/30/18 Tue 10/30/18 Tue 10/30/18 Wed 8/1/18 |
| 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.18: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.19: 17 17.3.6.20: 17 17.3.6.20: | 22 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super Chuck Ludwig | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 Wed 8/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/15/18 Tue 10/30/18 Tue 10/30/18 Tue 10/30/18 Fri 11/30/18 |
| 17 17.3.518. 17 17.3.618. 17 17.3.618. 17 17.3.618. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. 17 17.3.619. | 32 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super Chuck Ludwig Barry Martin | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 Wed 8/1/18 Wed 8/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/15/18 Tue 10/30/18 Tue 10/30/18 Wed 3/1/18 Wed 3/1/18 Thu 11/30/18 Thu 11/18/ |
| 17 17.3.6.18; 17 17.3.6.18; 17 17.3.6.18; 17 17.3.6.19; 17 17.3.6.19; 17 17.3.6.19; 17 17.3.6.19; 17 17.3.6.19; 17 17.3.6.19; 17 17.3.6.11; 17 17.3.6.11; 17 17.3.6.11; 17 17.3.6.11; 17 17.3.6.11; 17 17.3.6.11; | | Barry Martin; Mitch Super Chuck tudge Barry Martin Barry Martin | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 Wed 8/1/18 Thu 11/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/1/18 Tue 10/30/18 Tue 10/30/18 Tue 10/30/18 Wed 8/1/18 Fri 11/30/18 Thu 11/1/18 Thu 11/1/18 Thu 11/1/5/18 |
| 17 17.3.618; 17 17.3.618; 17 17.3.618; 17 17.3.618; 17 17.3.618; 17 17.3.619; 17 17.3.619; 17 17.3.619; 17 17.3.619; 17 17.3.619; 17 17.3.620; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; | 3 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super Chuck Ludwig Barry Martin Barry Martin | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 Wed 8/1/18 Thu 11/1/18 Thu 11/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/1/5/8 Tue 10/30/18 Tue 10/30/18 Tue 10/30/18 Fri 11/30/18 The 11/1/18 Thu 11/1/18 |
| 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.18.1 17 17.3.6.19.1 17 17.3.6.19.1 17 17.3.6.19.1 17 17.3.6.19.1 17 17.3.6.19.1 17 17.3.6.21.1 17 17.3.6.21.1 17 17.3.6.21.1 17 17.3.6.21.1 17 17.3.6.21.1 17 17.3.6.21.1 17 17.3.6.21.1 | 32 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 Wed 8/1/18 Wed 8/1/18 Thu 11/15/18 Fri 11/15/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/1/18 Tue 10/30/18 Tue 10/30/18 Wed 26/1/18 Fri 11/30/18 Thu 11/15/18 Fri 11/30/18 |
| 17 17.3.618; 17 17.3.618; 17 17.3.618; 17 17.3.618; 17 17.3.618; 17 17.3.619; 17 17.3.619; 17 17.3.619; 17 17.3.619; 17 17.3.619; 17 17.3.620; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; 17 17.3.621; | 3 | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super Chuck tudwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin | Mon 7/2/18 Mon 7/2/18 Mon 10/1/18 Mon 10/15/18 Mon 10/15/18 Mon 10/15/18 Wed 8/1/18 Wed 8/1/18 Thu 11/1/18 Thu 11/1/18 | Tue 10/30/18 Mon 10/1/18 Mon 10/1/5/8 Tue 10/30/18 Tue 10/30/18 Tue 10/30/18 Fri 11/30/18 The 11/1/18 Thu 11/1/18 |

| Cont. Cont | | | | | |
|--|----------------|---|---|------------------------------|------------------------------|
| Columb C | | IAS | | | |
| Columb C | Event / | | Owner | | |
| D D14.02 D14.02 | ID | Milestone/Activity | (IngenioRx; CVS) | Start Date | |
| D DAMAS D | 17 17.3.6.22.3 | Configure Infrastructure | Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| P PAMP PAM | | Configure Networking IAS monthly infrastructure review | Barry Martin;Mitch Super Chuck Ludwig | Thu 11/15/18 Fri 8/31/18 | Fri 11/30/18 Fri 8/31/18 |
| D D14521 D | 17 17.3.6.24 | Build IngenioRx Infrastructure review | | Mon 9/3/18 | Fri 12/28/18 |
| D D16.24 | 17 17.3.6.24.1 | Procure Infrastructure | Barry Martin | Mon 9/3/18 | Fri 11/30/18 |
| D D15424 D1 D15424 D1 | | Install Infrastructure | | Mon 12/3/18 | Fri 12/14/18 |
| DYSAME D | | Configure Infrastructure | Barry Martin | Mon 12/17/18 Mon 12/17/18 | Fri 12/28/18 Fri 12/28/18 |
| D D14521 D1 D14521 D1 | 17 17.3.6.24.4 | Configure Networking Build CVS Infrastructure for December | | Mon 12/17/18 Mon 9/3/18 | Fri 12/28/18 Fri 12/28/18 |
| D D14.51 | 17 17.3.6.25.1 | Procure Infrastructure | Mitch Super | Mon 9/3/18 | Fri 11/30/18 |
| D DAMAS D | | Install Infrastructure | Mitch Super | Mon 12/3/18 | Fri 12/14/18 |
| P PAME | | Configure Infrastructure | | Mon 12/17/18 | Fri 12/28/18 |
| D PAMP | | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Mon 12/17/18 Mon 10/1/18 | Fri 12/28/18 Mon 10/1/18 |
| P P1457 P1469 | | IAS monthly infrastructure review Build IngenioRx Infrastructure for January | | Mon 10/1/18 Mon 10/1/18 | Mon 10/1/18 Wed 1/30/19 |
| D D14521 D14521 | | Procure Infrastructure | Barry Martin | Mon 10/1/18 | Fri 12/28/18 |
| P 171629 P | 17 17.3.6.27.2 | Install Infrastructure | Barry Martin | Mon 12/31/18 | Mon 1/14/19 |
| D PAME | | Configure Infrastructure | Barry Martin | Tue 1/15/19 | Wed 1/30/19 |
| P | | Configure Networking | | Tue 1/15/19 | Wed 1/30/19 |
| P 17.16.20 | | Build CVS Infrastructure for January | | Mon 10/1/18 | Wed 1/30/19 |
| D DALASA | | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 10/1/18 Mon 12/31/18 | Fri 12/28/18 Mon 1/14/19 |
| D DAMAS D | | Configure Infrastructure | Mitch Super | Tue 1/15/19 | Wed 1/30/19 |
| 17 174.642 17 | | Configure Networking | Barry Martin;Mitch Super | Tue 1/15/19 | Wed 1/30/19 |
| P PASS PAS | 17 17.3.6.29 | IAS monthly infrastructure review | Chuck Ludwig | Thu 11/1/18 | Thu 11/1/18 |
| P1.6.91 P1.6.92 P1.6 | 17 17.3.6.30 | Build IngenioRx Infrastructure for February | | Thu 11/1/18 | Thu 2/28/19 |
| D 171.00 | | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Thu 11/1/18 Wed 1/30/19 | Wed 1/30/19 Thu 2/14/19 |
| D D14584 D | | Install Infrastructure Configure Infrastructure | | Wed 1/30/19 Fri 2/15/19 | Thu 2/14/19 Thu 2/28/19 |
| 7 71.64 7 7 7 7 7 7 7 7 7 | 17 17.3.6.30.4 | Configure Networking | Barry Martin; Mitch Super | Fri 2/15/19 | Thu 2/28/19 |
| D DAMP | 17 17.3.6.31 | Build CVS Infrastructure for February | | Thu 11/1/18 | Thu 2/28/19 |
| D DAMA D | | Procure Infrastructure | | Thu 11/1/18 | Wed 1/30/19 |
| D DAMAS | | Install Infrastructure | | Wed 1/30/19 | Thu 2/14/19 |
| DYAMS DYAM | | Configure Infrastructure Configure Networking | | Fri 2/15/19 Fri 2/15/19 | Thu 2/28/19 Thu 2/28/19 |
| P PASS PAS | 17 17.3.6.32 | IAS monthly infrastructure review | | Fri 11/30/18 | Fri 11/30/18 |
| D DAMAN D | | Build IngenioRx Infrastructure for March | | Mon 12/3/18 | Fri 3/15/19 |
| D DALAN | | Procure Infrastructure | | Mon 12/3/18 | Fri 3/1/19 |
| D DAMA D | | Install Infrastructure | | Fri 3/1/19 | Fri 3/15/19 |
| D DAMM | | Configure Infrastructure Configure Networking | Barry Martin Barry Martin:Mitch Super | Fri 3/1/19 Fri 3/1/19 | Fri 3/1/19 Fri 3/1/19 |
| D 17.16.17 17.16 | 17 17.3.6.34 | Build CVS Infrastructure for March | parry marun;mitch Super | Mon 12/3/18 | Fri 3/1/19 Fri 3/15/19 |
| D D D D D | | Procure Infrastructure | Mitch Super | Mon 12/3/18 | Fri 3/1/19 |
| D D D D D D D D D D | 17 17.3.6.34.2 | install Infrastructure | Mitch Super | Fri 3/1/19 | Fri 3/15/19 |
| P PA458 | | Configure infrastructure | Mitch Super | Fri 3/1/19 | Fri 3/1/19 |
| P1.566 P | | Configure Networking | | Fri 3/1/19 | Fri 3/1/19 |
| P P14.81 | | IAS monthly infrastructure review Build IngenioRx Infrastructure for April | Chuck Ludwig | Tue 1/1/19 Tue 1/1/19 | Tue 1/1/19 Tue 4/16/19 |
| 17 17.16.0.1 | | Procure Infrastructure for April Procure Infrastructure | Barry Martin | Tue 1/1/19 Tue 1/1/19 | Mon 4/1/19 |
| D 17.16.01 17.16 | 17 17.3.6.36.2 | Install Infrastructure | Barry Martin | Mon 4/1/19 | Tue 4/16/19 |
| D DAMP | 17 17.3.6.36.3 | Configure Infrastructure | Barry Martin | Mon 4/1/19 | Mon 4/1/19 |
| 1716.07 1716 | | Configure Networking | Barry Martin; Mitch Super | Mon 4/1/19 | Mon 4/1/19 |
| P PASS PAS | | Build CVS Infrastructure for April | | Tue 1/1/19 | Tue 4/16/19 |
| 17 17.16.71 17.16.72 17.1 | | Procure infrastructure | Mitch Super | Tue 1/1/19 | Mon 4/1/19 |
| 17 17.16.01 17.1 | | Install Infrastructure Configure Infrastructure | Mitch Super Mitch Super | Mon 4/1/19 Mon 4/1/19 | Tue 4/16/19 Mon 4/1/19 |
| D D14.68 | 17 17.3.6.37.4 | Configure Networking | Barry Martin;Mitch Super | Mon 4/1/19 | Mon 4/1/19 |
| 17 17.14.91 17.1 | 17 17.3.6.38 | IAS monthly infrastructure review | Chuck Ludwig | Fri 2/1/19 | Fri 2/1/19 |
| 17 17.16.93 17.1 | 17 17.3.6.39 | Build IngenioRx Infrastructure for May | | Fri 2/1/19 | Fri 5/17/19 |
| 17 173.633 17 17 17 17 17 17 17 | 17 17.3.6.39.1 | Procure Infrastructure | Barry Martin | Fri 2/1/19 | Thu 5/2/19 |
| 17 173.6.99.4 17 173.6.90.4 17 173.6.90.4 17 173.6.90.1 17 173.6.90.1 17 173.6.90.2 17 173.6.90.2 17 173.6.90.4 17 17 173.6.90.4 17 17 17 17 17 17 17 1 | | install infrastructure | Barry Martin | Thu 5/2/19 | Fri 5/17/19 |
| 17 173.640; 17 17 17 17 17 17 17 1 | | Configure Infrastructure Configure Networking | Barry Martin Barry Martin;Mitch Super | Wed 5/1/19 Wed 5/1/19 | Wed 5/1/19 Wed 5/1/19 |
| 17 173.6-01 17 173.6-02 17 173.6-03 17 17 17 17 17 17 17 1 | | Configure Networking Build CVS Infrastructure for May | parry marun;mitch Super | Wed 5/1/19 Fri 2/1/19 | Wed 5/1/19 Fri 5/17/19 |
| 17 173.6403 17 173.6403 17 173.6404 17 173.6404 17 173.6404 17 173.6403 17 173.6403 17 173.6403 17 173.6403 17 173.6403 17 173.6403 17 173.6403 17 173.6404 17 173.6404 | | Procure infrastructure | | Fri 2/1/19 | Thu 5/2/19 |
| 17 273.640.4 17 173.640.4 17 173.640.4 17 173.640.4 17 173.640.4 17 173.640.2 17 173.640.2 17 173.640.4 17 173.640.3 17 173.640.4 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17 17.3.6.40.2 | Install Infrastructure | | Thu 5/2/19 | Fri 5/17/19 |
| 17 173.642 17 173.642 17 173.642 17 173.642 17 173.642 17 173.643 17 173.643 | 17 17.3.6.40.3 | Configure Infrastructure | Mitch Super | Wed 5/1/19 | Wed 5/1/19 |
| 17 173.642 17 173.642 17 173.642 17 173.642 17 173.642 17 173.643 17 173.643 17 173.643 17 173.643 17 173.643 17 173.643 17 173.643 17 173.643 17 173.643 17 173.645 17 17 17 17 17 17 17 1 | | Configure Networking | | Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.6.42.1 17 17.3.6.42.2 17 17.3.6.42.3 17 17.3.6.42.3 17 17.3.6.42.4 17 17.3.6.43.1 17 17.3.6.43.1 17 17.3.6.43.1 17 17.3.6.43.4 17 17.3.6.43.4 17 17.3.6.45.1 17 17.3.6.45.1 | | IAS monthly infrastructure review | | Fri 3/1/19 | Fri 3/1/19 |
| 17 17.8.64.2 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.3 17 17.8.64.5 17 17.8.64.5 17 17.8.64.5 17 17.8.64.5 17 17.8.64.5 17 17.8.64.5 | | Build IngenioRx Infrastructure for June | | Fri 3/1/19 | Fri 6/14/19 |
| 17 17.3.6.42.3 17 17.3.6.42.4 17 17.3.6.42.1 17 17.3.6.43.1 17 17.3.6.43.3 17 17.3.6.43.3 17 17.3.6.43.3 17 17.3.6.43 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 | | Procure Infrastructure Install Infrastructure | | Fri 3/1/19 Thu 5/30/19 | Thu 5/30/19 Fri 6/14/19 |
| 17 17.3.6.42.4 17 17.3.6.43.1 17 17.3.6.43.1 17 17.3.6.43.1 17 17.3.6.43.3 17 17.3.6.43.3 17 17.3.6.44.1 17 17.3.6.44 17 17.3.6.45.1 17 17.3.6.45.1 17 17.3.6.45.1 | | Install Infrastructure Configure Infrastructure | Barry Martin Barry Martin | Thu 5/30/19 Fri 5/31/19 | Fri 6/14/19 Fri 5/31/19 |
| 17 17.3.6.43 17 17.3.6.43.1 17 17.3.6.43.2 17 17.3.6.43.3 17 17.3.6.43.4 17 17.3.6.44 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45 | 17 17.3.6.42.4 | Configure Networking | | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.6.43.2 17 17.3.6.43.3 17 17.3.6.43.4 17 17.3.6.44 17 17.3.6.45 17 17.3.6.45.1 17 17.3.6.45.1 17 17.3.6.45.1 | 17 17.3.6.43 | Build CVS Infrastructure for June | man y man anyon and display | Fri 3/1/19 | Fri 6/14/19 |
| 17 17.3.6.43.3 17 17.3.6.43.4 17 17.3.6.44 17 17.3.6.45 17 17.3.6.45.1 17 17.3.6.45.2 17 17.3.6.45.2 | | Procure Infrastructure | Mitch Super | Fri 3/1/19 | Thu 5/30/19 |
| 17 17.3.6.43.4 17 17.3.6.44 17 17.3.6.45 17 17.3.6.45.1 17 17.3.6.45.2 17 17.3.6.45.2 | | Install Infrastructure | Mitch Super | Thu 5/30/19 | Fri 6/14/19 |
| 17 17.3.6.44 17 17.3.6.45 17 17.3.6.45 17 17.3.6.45.1 17 17.3.6.45.2 17 17.3.6.45.3 | | Configure Infrastructure | | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.6.45 17 17.3.6.45.1 17 17.3.6.45.2 17 17.3.6.45.2 | | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Churk Ludwig | Fri 5/31/19 Mon 4/1/19 | Fri 5/31/19 Mon 4/1/19 |
| 17 17.3.6.45.1 17 17.3.6.45.2 17 17.3.6.45.3 | | IAS monthly infrastructure review Build IngenioRx Infrastructure for July | | Mon 4/1/19 Mon 4/1/19 | Mon 4/1/19 Mon 7/15/19 |
| 17 17.3.6.45.2 17 17.3.6.45.3 | | Build IngenioRx Infrastructure for July Procure Infrastructure | Barry Martin | Mon 4/1/19 Mon 4/1/19 | Mon 7/15/19 Fri 6/28/19 |
| 17 17.3.6.45.3 | | Install Infrastructure | Barry Martin | Mon 7/1/19 Mon 7/1/19 | Mon 7/15/19 |
| 17 17.3.6.45.4 | 17 17.3.6.45.3 | Configure Infrastructure | Barry Martin | Mon 7/1/19 | Mon 7/1/19 |
| | | Configure Networking | Barry Martin; Mitch Super | Mon 7/1/19 | Mon 7/1/19 |
| 17 17.3.6.46 | | Build CVS Infrastructure for July | | Mon 4/1/19 | Mon 7/15/19 |
| 17 17.3.6.46.1 | 17 17.3.6.46.1 | Procure Infrastructure | Mitch Super | Mon 4/1/19 | Fri 6/28/19 |
| 17 17.3.6.46.2 17 17.3.6.46.3 | | Install Infrastructure | Mitch Super | Mon 7/1/19 | Mon 7/15/19 |
| 17 17.3.6.46.3 17 17.3.6.46.4 | | Configure Infrastructure Configure Networking | Mitch Super Barry Martin;Mitch Super | Mon 7/1/19 Mon 7/1/19 | Mon 7/1/19 Mon 7/1/19 |

| | | IAS | | | |
|--|--|--|--|---|--|
| Event / | | | | | |
| Workstream ID | Milestone ID | | Owner (IngenioRx; CVS) | | |
| | 17.3.6.47 | | Chuck Ludwig | Wed 5/1/19 | Wed 5/1/19 |
| | 17.3.6.48 | Build IngenioRx Infrastructure for August Procure Infrastructure | Barry Martin | Wed 5/1/19 Wed 5/1/19 | Wed 8/14/19 Tue 7/30/19 |
| | 17.3.6.48.1 | | Barry Martin Barry Martin | Wed 5/1/19 Tue 7/30/19 | Tue 7/30/19 Wed 8/14/19 |
| 17 | 17.3.6.48.3 | Configure Infrastructure | Barry Martin | Thu 8/1/19 | Thu 8/1/19 |
| | 17.3.6.48.4 | | Barry Martin; Mitch Super | Thu 8/1/19 | Thu 8/1/19 |
| | 17.3.6.49 | Build CVS Infrastructure for August | | Wed 5/1/19 | Wed 8/14/19 |
| | 17.3.6.49.1 | | Mitch Super | Wed 5/1/19 | Tue 7/30/19 |
| | 17.3.6.49.2 | | Mitch Super Mitch Super | Tue 7/30/19 Thu 8/1/19 | Wed 8/14/19 Thu 8/1/19 |
| | 17.3.6.49.4 | | Barry Martin;Mitch Super | Thu 8/1/19 | Thu 8/1/19 |
| 17 | 17.3.6.50 | IAS monthly infrastructure review | Chuck Ludwig | Fri 5/31/19 | Fri 5/31/19 |
| | 17.3.6.51 | Build IngenioRx Infrastructure for September | | Mon 6/3/19 | Fri 9/13/19 |
| | 17.3.6.51.1 | Procure Infrastructure | Barry Martin | Mon 6/3/19 | Fri 8/30/19 |
| | 17.3.6.51.2 | Install Infrastructure | Barry Martin | Fri 8/30/19 | Fri 9/13/19 |
| 17 | 17.3.6.51.3 17.3.6.51.4 | Configure Infrastructure Configure Networking | Barry Martin Barry Martin; Mitch Super | Fri 8/30/19 Fri 8/30/19 | Fri 8/30/19 Fri 8/30/19 |
| | 17.3.6.52 | Build CVS Infrastructure for September | barry marun;mitch super | Mon 6/3/19 | Fri 9/13/19 |
| | 17.3.6.52.1 | Procure Infrastructure | Mitch Super | Mon 6/3/19 | Fri 8/30/19 |
| 17 | 17.3.6.52.2 | Install Infrastructure | Mitch Super | Fri 8/30/19 | Fri 9/13/19 |
| 17 | 17.3.6.52.3 | Configure Infrastructure | Mitch Super | Fri 8/30/19 | Fri 8/30/19 |
| | 17.3.6.52.4 | Configure Networking | Barry Martin; Mitch Super | Fri 8/30/19 | Fri 8/30/19 |
| 17 17 | 17.3.6.53 17.3.6.54 | IAS monthly infrastructure review Build IngenioRx Infrastructure for October | Chuck Ludwig | Mon 7/1/19 Mon 7/1/19 | Mon 7/1/19 Mon 10/14/19 |
| 17 | 17.3.6.54.1 | Procure Infrastructure Procure Infrastructure | Barry Martin | Mon 7/1/19 | Fri 9/27/19 |
| 17 | 17.3.6.54.2 | Install Infrastructure | Barry Martin | Mon 9/30/19 | Mon 10/14/19 |
| 17 | 17.3.6.54.3 | Configure Infrastructure | Barry Martin | Tue 10/1/19 | Tue 10/1/19 |
| 17 | 17.3.6.54.4 | Configure Networking | Barry Martin; Mitch Super | Tue 10/1/19 | Tue 10/1/19 |
| | 17.3.6.56 | Build CVS Infrastructure for October | | Mon 7/1/19 | Mon 10/14/19 |
| 17 | 17.3.6.56.1 | Procure Infrastructure | Mitch Super | Mon 7/1/19 | Fri 9/27/19 |
| | 17.3.6.56.2 17.3.6.56.3 | Install Infrastructure Configure Infrastructure | Mitch Super Mitch Super | Mon 9/30/19 Tue 10/1/19 | Mon 10/14/19 Tue 10/1/19 |
| 17 | 17.3.6.56.4 | Configure Intrastructure Configure Networking | Mitch Super Barry Martin: Mitch Super | Tue 10/1/19 | Tue 10/1/19 |
| 17 | 17.3.6.57 | IAS monthly infrastructure review | Chuck Ludwig | Thu 8/1/19 | Thu 8/1/19 |
| 17 | 17.3.6.58 | Build IngenioRx Infrastructure for November | | Thu 8/1/19 | Thu 11/14/19 |
| 17 | 17.3.6.58.1 | Procure Infrastructure | Barry Martin | Thu 8/1/19 | Wed 10/30/19 |
| | 17.3.6.58.2 | Install Infrastructure | Barry Martin | Wed 10/30/19 | Thu 11/14/19 |
| | 17.3.6.58.3 | Configure Infrastructure | Barry Martin | Fri 11/1/19 | Fri 11/1/19 |
| | 17.3.6.58.4 17.3.6.59 | Configure Networking Build CVS Infrastructure for November | Barry Martin;Mitch Super | Fri 11/1/19 Thu 8/1/19 | Fri 11/1/19 Thu 11/14/19 |
| | 17.3.6.59 | | Mitch Super | Thu 8/1/19 | Wed 10/30/19 |
| 17 | 17.3.6.59.2 | Install Infrastructure | Mitch Super | Wed 10/30/19 | Thu 11/14/19 |
| | 17.3.6.59.3 | Configure infrastructure | Mitch Super | Fri 11/1/19 | Fri 11/1/19 |
| 17 | 17.3.6.59.4 | | Barry Martin; Mitch Super | Fri 11/1/19 | Fri 11/1/19 |
| | 17.3.6.60 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/30/19 | Fri 8/30/19 |
| | 17.3.6.61 | Build IngenioRx Infrastructure for December Procure Infrastructure | Barry Martin | Mon 9/2/19 Mon 9/2/19 | Fri 12/13/19 Fri 11/29/19 |
| | 17.3.6.61.1 | install infrastructure | Barry Martin | Mon 9/2/19 Mon 12/2/19 | Fri 12/13/19 |
| 17 | 17.3.6.61.3 | | Barry Martin | Fri 11/29/19 | Fri 11/29/19 |
| 17 | 17.3.6.61.4 | Configure Networking | Barry Martin; Mitch Super | Fri 11/29/19 | Fri 11/29/19 |
| | 17.3.6.62 | Build CVS Infrastructure for December | | Mon 9/2/19 | Fri 12/13/19 |
| | 17.3.6.62.1 | Procure Infrastructure | Mitch Super | Mon 9/2/19 | Fri 11/29/19 |
| | 17.3.6.62.2 | | Mitch Super | Mon 12/2/19 | Fri 12/13/19 |
| | 17.3.6.62.3 | | Mitch Super | Fri 11/29/19 | Fri 11/29/19 |
| | 17.3.6.62.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Fri 11/29/19 Tue 10/1/19 | Fri 11/29/19 Tue 10/1/19 |
| | 17.3.6.66 | Build IngenioRx Infrastructure for January release | | Tue 10/1/19 | Tue 1/14/20 |
| 17 | 17.3.6.66.1 | Procure Infrastructure | Barry Martin | Tue 10/1/19 | Mon 12/30/19 |
| | 17.3.6.66.2 | install infrastructure | Barry Martin | Mon 12/30/19 | Tue 1/14/20 |
| | 17.3.6.66.3 | | Barry Martin | Wed 1/1/20 | Wed 1/1/20 |
| | 17.3.6.66.4 | | Barry Martin; Mitch Super | Wed 1/1/20 | Wed 1/1/20 |
| | 17.3.6.67 | Build CVS Infrastructure for January release Procure Infrastructure | Mitch Suner | Tue 10/1/19 Tue 10/1/19 | Tue 1/14/20 Mon 12/30/19 |
| | 17.3.6.67.1 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Tue 10/1/19 Mon 12/30/19 | Mon 12/30/19 Tue 1/14/20 |
| | 17.3.6.67.2 | | Mitch Super Mitch Super | Mon 12/30/19 Wed 1/1/20 | Tue 1/14/20 Wed 1/1/20 |
| | 17.3.6.67.4 | | Barry Martin; Mitch Super | Wed 1/1/20 Wed 1/1/20 | Wed 1/1/20 Wed 1/1/20 |
| | 17.3.6.67.4 | CVS Model Office/BIPV Test Environment | Barry Martin;Mitch Super | Mon 1/8/18 | Tue 1/14/20 |
| | 17.3.7.1.1 | Analysis and decision for new environment buildout | Deb | Mon 1/8/18 | Tue 5/1/18 |
| | | 7 | | | |
| 17 | 17.3.7.1.2 | IngenioRx: Confirm SIT/UAT (IMSN,IMSW, FACXQ, AIMSYS1, and corresponding downstream systems) environment(s) will be used and is sufficient for testing needs | TBD | Tue 5/1/18 | Tue 5/1/18 |
| | | nownsuream systems) environment(s) will be used and is sufficient for testing needs | | | |
| 17 | 17.3.7.1.3 | CVS: Confirm CTE environment(s) will be used and is sufficient for testing needs | TBD | Mon 1/8/18 | Fri 1/19/18 |
| | | 1 | | | |
| | 17.3.7.1 | Build Networking for Model Office/BIPV Procure Networking | Barry Martin; Mitch Super Barry Martin; Mitch Super | Mon 6/11/18 | Mon 9/10/18 Fri 8/10/18 |
| 17 | 17.3.7.1.2 | Install Networking | Barry Martin; Mitch Super Barry Martin; Mitch Super | Fri 8/10/18 | Mon 9/10/18 |
| | 17.3.7.1.2 | Configure Networking | Barry Martin; Mitch Super | Fri 8/10/18 | Mon 9/10/18 |
| 17 | 17.3.7.2 | IAS monthly infrastructure review | Chuck Ludwig | Tue 5/1/18 | Tue 5/1/18 |
| | 17.3.7.3 | Build IngenioRx Infrastructure for Model Office – Build for kick off | | Tue 5/1/18 | Thu 8/30/18 |
| 17 | 17.3.7.3.1 | Procure Infrastructure | Barry Martin | Tue 5/1/18 | Mon 7/30/18 |
| 17 | | Install Infrastructure | Barry Martin | Mon 7/30/18 | Tue 8/14/18 |
| 17 17 | 17.3.7.3.2 | | Barry Martin | Wed 8/15/18 | Thu 8/30/18 |
| 17 17 17 | 17.3.7.3.3 | Configure Infrastructure | | Wed 8/15/18 | Thu 8/30/18 |
| 17 17 17 17 | 17.3.7.3.3 17.3.7.3.4 | Configure Networking | Barry Martin; Mitch Super | | |
| 17 17 17 17 | 17.3.7.3.3 17.3.7.3.4 17.3.7.4 | Configure Networking Build CVS Infrastructure for Model Office – Build for kick off | | Tue 5/1/18 | Thu 8/30/18 |
| 17 17 17 17 17 17 | 17.3.7.3.4 17.3.7.4 17.3.7.4 | Configure Networking Build CVS Infrastructure for Model Office – Build for kick off Procure Infrastructure | Mitch Super | Tue 5/1/18 | Mon 7/30/18 |
| 17 17 17 17 17 17 17 | 17.3.7.3.4 17.3.7.4 17.3.7.4.1 17.3.7.4.2 | Configure Networking Baild CVS Infrastructure for Model Office – Build for kick off Procure Infrastructure install Infrastructure | Mitch Super Mitch Super | Tue 5/1/18 Mon 7/30/18 | Mon 7/30/18 Tue 8/14/18 |
| 17 17 17 17 17 17 17 17 | 17.3.7.3.4 17.3.7.4 17.3.7.4.1 17.3.7.4.2 17.3.7.4.3 | Configure Networking Baild CVS Infrastructure for Model Office – Build for Mck off Procure Infrastructure Install Infrastructure Configure Infrastructure | Mitch Super Mitch Super Mitch Super | Tue 5/1/18 Mon 7/30/18 Wed 8/15/18 | Mon 7/30/18 Tue 8/14/18 Thu 8/30/18 |
| 17 17 17 17 17 17 17 17 17 | 17.3.7.3.4 17.3.7.4 17.3.7.4.1 17.3.7.4.2 17.3.7.4.2 17.3.7.4.3 | Configure Networking Balld CVS Infestructure for Model Office — Build for Mick off Procure Infestructure Install Infestructure Configure Infestructure Configure Networking Configure Networking | Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super | Tue 5/1/18 Mon 7/30/18 Wed 8/15/18 Wed 8/15/18 | Mon 7/30/18 Tue 8/14/18 Thu 8/30/18 Thu 8/30/18 |
| 17 17 17 17 17 17 17 17 17 17 | 17.3.7.3.4 17.3.7.4 17.3.7.4.1 17.3.7.4.2 17.3.7.4.3 | Configure Networking Baild CVS Infrastructure for Model Office – Build for Mck off Procure Infrastructure Install Infrastructure Configure Infrastructure | Mitch Super Mitch Super Mitch Super | Tue 5/1/18 Mon 7/30/18 Wed 8/15/18 | Mon 7/30/18 Tue 8/14/18 Thu 8/30/18 |

| 0 | | | | | |
|--|---------------------------------------|--|---|------------------------------|------------------------------|
| 0 | | IAS | | | |
| 0 | | | | | |
| P | Milestone ID | Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | |
| D | 17.3.7.6.1 | Procure Infrastructure | Barry Martin | Fri 6/1/18 | Thu 8/30/18 |
| D | 17.3.7.6.2 | Install Infrastructure | Barry Martin | Thu 8/30/18 | Fri 9/14/18 |
| P PARP P P P P P P P P P | | Configure Infrastructure | | Mon 9/17/18 | Fri 9/28/18 |
| P 03231.0 P 0323 | | Configure Networking Build CVS Infrastructure for September | | Mon 9/17/18 Fri 6/1/18 | Fri 9/28/18 Fri 9/28/18 |
| P 13.12 P 13.13 P | | Build CVS Infrastructure for September Procure Infrastructure | Mitch Super | Fri 6/1/18 Fri 6/1/18 | Fri 9/28/18 Thu 8/30/18 |
| D | 17.3.7.7.2 | Install Infrastructure | Mitch Super | Thu 8/30/18 | Fri 9/14/18 |
| P 124 124 125 | | Configure infrastructure | | Mon 9/17/18 | Fri 9/28/18 |
| P 13.23 13.24 | 17.3.7.7.4 | Configure Networking | Barry Martin; Mitch Super | | Fri 9/28/18 |
| P 93334 P 93344 P P P 93344 P P 93344 P P P P 93344 P P | | IAS monthly infrastructure review | Chuck Ludwig | Fri 6/29/18 | Fri 6/29/18 |
| D | | Build IngenioRx Infrastructure for October Procure Infrastructure | Barry Martin | Mon 7/2/18 Mon 7/2/18 | Tue 10/30/18 Fri 9/28/18 |
| | 17.3.7.9.2 | Install Infrastructure | Barry Martin | Mon 10/1/18 | Fri 10/12/18 |
| D | | Configure Infrastructure | Barry Martin | Mon 10/15/18 | Tue 10/30/18 |
| D | | Configure Networking | | Mon 10/15/18 | Tue 10/30/18 |
| P 033-86-86-86-86-86-86-86-86-86-86-86-86-86- | 17.3.7.10 | Build CVS Infrastructure for October | | Mon 7/2/18 | Tue 10/30/18 |
| Description | | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 7/2/18 Mon 10/1/18 | Fri 9/28/18 Fri 10/12/18 |
| December | | Configure Infrastructure | Mitch Super Mitch Super | Mon 10/1/18 Mon 10/15/18 | Tue 10/30/18 |
| P 93.14 1 1 1 1 1 1 1 1 1 | 17.3.7.10.3 | | Barry Martin; Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| D DALES D DALES D DALES D DALES D DALES D DALES D | | IAS monthly infrastructure review | Chuck Ludwig | Wed 8/1/18 | Wed 8/1/18 |
| D 13.715.10 P 13.7 | | Build IngenioRx Infrastructure for November | | Wed 8/1/18 | Fri 11/30/18 |
| D | 17.3.7.12.1 | Procure Infrastructure | Barry Martin | Wed 8/1/18 | Tue 10/30/18 |
| P 0321361 P 0321 | | Install Infrastructure | Barry Martin | Tue 10/30/18 | Wed 11/14/18 |
| DATE PROPERTY PR | 17 2 7 12 4 | Configure Infrastructure Configure Networking | Barry Martin Barry Martin; Mitch Super | Thu 11/15/18 Thu 11/15/18 | Fri 11/30/18 Fri 11/30/18 |
| D | 17.3.7.12.4 | Build CVS Infrastructure for November | barry marun;mitch Super | Wed 8/1/18 | Fri 11/30/18 |
| P 037101101 P 037101101 P 037101101 P 037101101 P 037101101 P 037101 P | 17.3.7.13.1 | Procure Infrastructure | | Wed 8/1/18 | Tue 10/30/18 |
| P 03214619 P 03214619 P 03224619 | 17.3.7.13.2 | Install Infrastructure | Mitch Super | Tue 10/30/18 | Wed 11/14/18 |
| D D D D D D D D D D | 17.3.7.13.3 | Configure infrastructure | Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| P 12326 P 1232 | 17.3.7.13.4 | Configure Networking | | Thu 11/15/18 | Fri 11/30/18 |
| D | | IAS monthly infrastructure review Build IngenioRx Infrastructure for December | Chuck Ludwig | Fri 8/31/18 Mon 9/3/18 | Fri 8/31/18 Fri 12/28/18 |
| P 0.3116.1 | | Procure Infrastructure Procure Infrastructure | | Mon 9/3/18 Mon 9/3/18 | Fri 12/28/18 Fri 11/30/18 |
| D 321514 1 | 17.3.7.15.2 | Install Infrastructure | Barry Martin | Fri 11/30/18 | Thu 12/13/18 |
| D DALMA D DALMA D DALMA D DALMA D DALMA D DALMA D | 17.3.7.15.3 | Configure Infrastructure | Barry Martin | Mon 12/17/18 | Fri 12/28/18 |
| P 13716147 | 17.3.7.15.4 | Configure Networking | | Mon 12/17/18 | Fri 12/28/18 |
| D | 17.3.7.16 | Build CVS Infrastructure for December | | Mon 9/3/18 | Fri 12/28/18 |
| D | | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 9/3/18 Fri 11/30/18 | Fri 11/30/18 Fri 12/14/18 |
| P 937164 P 93716 P P P 93716 P P P 93716 | 17.3.7.16.2 | | | Fri 11/30/18 Mon 12/17/18 | Fri 12/14/18 |
| D | 17.3.7.16.4 | | Barry Martin;Mitch Super | | Fri 12/28/18 |
| D 0.32 Mar. | 17.3.7.17 | IAS monthly infrastructure review | Chuck Ludwig | Mon 10/1/18 | Mon 10/1/18 |
| | | Build IngenioRx Infrastructure for January | | Mon 10/1/18 | Wed 1/30/19 |
| D | 17.3.7.18.1 | Procure Infrastructure | Barry Martin | Mon 10/1/18 | Fri 12/28/18 |
| D | | | Barry Martin | Mon 12/31/18 | Mon 1/14/19 |
| 17 17.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | | | Barry Martin | Tue 1/15/19 Tue 1/15/19 | Wed 1/30/19 Wed 1/30/19 |
| 17 13.1,19.1 17 17 17 17 17 17 17 | | Build CVS Infrastructure for January | Barry Martin; Mitch Super | Mon 10/1/18 | Wed 1/30/19 Wed 1/30/19 |
| 17 172,749,24 17 172,749,24 17 172,747,24 17 | 17.3.7.19 | Procure Infrastructure | Mitch Super | Thu 11/1/18 | Wed 1/30/19 Wed 1/30/19 |
| 17 13.3.7.384 | 17.3.7.19.2 | Install Infrastructure | Mitch Super | Mon 12/31/18 | Mon 1/14/19 |
| 17 13.3.3.6 17 13.3.3.6 18 17.3.3.7 19 17.3.7 19 17.3.7 19 17.3.7 10 17 | 17.3.7.19.3 | | Mitch Super | Tue 1/15/19 | Wed 1/30/19 |
| 17 193.79 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | 17.3.7.19.4 | Configure Networking | Barry Martin; Mitch Super | Tue 1/15/19 | Wed 1/30/19 |
| 17 (3.2.3) 17 (3.2.3) 18 (3.2.3) 19 (3.2.3) | 17.3.7.20 | IAS monthly infrastructure review | Chuck Ludwig | Thu 11/1/18 | Thu 11/1/18 |
| 17 (2), 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, | 17.3.7.21 | Build IngenioRx Infrastructure for February | Denni Mantin | Thu 11/1/18 | Thu 2/28/19 |
| 17 17.2.7.2.1 17 17.2.7.2.1 17 17.2.7.2.1 17 17.2.7.2.1 17 17.2.7.2.1 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.7.2.2 17 17.2.2 17 17.2. | 17.3.7.21.1 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Thu 11/1/18 Wed 1/30/19 | Wed 1/30/19 Thu 2/14/19 |
| 17 133,734 17 133,734 17 133,732 17 133,732 17 133,732 17 133,732 17 133,732 17 133,734 17 133,734 | | Configure Infrastructure | Barry Martin | Fri 2/15/19 | Thu 2/28/19 |
| 17 173.7.22 17 173.7.22 17 173.7.22 17 173.7.22 17 173.7.22 17 173.7.22 17 173.7.24 17 173.7.25 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.7.21.4 | Configure Networking | Barry Martin; Mitch Super | Fri 2/15/19 | Thu 2/28/19 |
| 17 173.7.221 | 17.3.7.22 | Build CVS Infrastructure for February | | Thu 11/1/18 | Thu 2/28/19 |
| 17 17.1.7.2.2.2.1.17 17.1.7.2.2.2.17 17.1.7.2.2.2.17 17.1.7.2.2.2.17 17.1.7.2.2.2.17 17.1.7.2.2.2.17 17.1.7.2.2.2.17 17.1.7.2.2.2.2.17 17.1.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | 17.3.7.22.1 | Procure Infrastructure | Mitch Super | Fri 11/30/18 | Thu 2/28/19 |
| 17 13.3.7.224 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.24 17 13.3.7.25 | 17.3.7.22.2 | Install Infrastructure | | Wed 1/30/19 | Thu 2/14/19 |
| 17 17.3.728 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.725 17 17.3.725 | 17.3.7.22.3 | Configure Infrastructure | Mitch Super | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.724 17 17.3.725 17 17.3.725 | 17.3.7.22.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Fri 2/15/19 Fri 11/30/18 | Thu 2/28/19 Fri 11/30/18 |
| 17 17.3.724.1 17 17.3.724.1 17 17.3.724.1 17 17.3.724.1 17 17.3.724.1 17 17.3.724.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.725.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 17 17.3.727.1 | | IAS monthly infrastructure review Build IngenioRx Infrastructure for March | | Fri 11/30/18 Mon 12/3/18 | Fri 11/30/18 Fri 3/29/19 |
| 17 17.3.724.2 17 17.3.724.3 17 17.3.724.4 17 17.3.725.4 17 17.3.725.4 17 17.3.725.3 17 17.3.725.3 17 17.3.725.3 17 17.3.725.4 17 17.3.727.2 17 17.3.727.2 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 17 17.3.727.3 | | Procure Infrastructure Procure Infrastructure | | Mon 12/3/18 Mon 12/3/18 | Fri 3/1/19 |
| 17 17.3.7.24 17 17.3.7.24 17 17.3.7.25 17 17.3.7.25 17 17.3.7.25 17 17.3.7.25 17 17.3.7.25 17 17.3.7.25 17 17.3.7.25 17 17.3.7.25 17 17.3.7.27 17 17.3.7.27 | 17.3.7.24.1 | Install Infrastructure | | Fri 3/1/19 | Fri 3/15/19 |
| 17 173.725 17 173.725 17 173.725 17 173.725 17 173.725 17 173.725 17 173.726 17 173.727 17 173.727 17 173.727 17 173.727 17 173.727 17 173.727 17 173.727 17 173.727 | 17.3.7.24.3 | Configure Infrastructure | Barry Martin | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.7.25.1 17 17.3.7.25.2 17 17.3.7.25.3 17 17.3.7.25.3 17 17.3.7.25.4 17 17.3.7.26 17 17.3.7.26 17 17.3.7.27.1 17 17.3.7.27.3 17 17.3.7.27.3 17 17.3.7.27.3 17 17.3.7.27.3 17 17.3.7.27.3 | 17.3.7.24.4 | Configure Networking | | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.7.25.2 17 17.3.7.25.3 17 17.3.7.25.4 17 17.3.7.25.4 17 17.3.7.27.4 17 17.3.7.27.2 17 17.3.7.27.2 17 17.3.7.27.2 17 17.3.7.27.3 17 17.3.7.27.4 17 17.3.7.27.4 | 17.3.7.25 | Build CVS Infrastructure for March | | Mon 12/3/18 | Fri 3/29/19 |
| 17 17.3.7.25.3 17 17.3.7.25.4 17 17.3.7.26 17 17.3.7.27 17 17.3.7.27 17 17.3.7.27 17 17.3.7.27 17 17.3.7.27.3 17 17.3.7.27.4 17 17.3.7.27.4 | 17.3.7.25.1 | | | Tue 1/1/19 | Fri 3/29/19 |
| 17 17.3.7.25.4 17 17.3.7.26 17 17.3.7.27 17 17.3.7.27 17 17.3.7.27.2 17 17.3.7.27.3 17 17.3.7.27.3 17 17.3.7.27.3 17 17.3.7.27.3 | | Install Infrastructure | Mitch Super | Fri 3/1/19 Mon 3/18/19 | Fri 3/15/19 Fri 3/29/19 |
| 17 17.3.7.26 17 17.3.7.27 17 17.3.7.27.2 17 17.3.7.27.2 17 17.3.7.27.2 17 17.3.7.27.3 17 17.3.7.27.4 17 17.3.7.27.4 | | | Mitch Super Barry Martin:Mitch Super | | Fri 3/29/19 Fri 3/29/19 |
| 17 17.3.7.27 17 17.3.7.27.1 17 17.3.7.27.2 17 17.3.7.27.3 17 17.3.7.27.4 17 17.3.7.27.4 | | IAS monthly infrastructure review | Chuck Ludwig | Mon 3/18/19 Tue 1/1/19 | Fri 3/29/19 Tue 1/1/19 |
| 17 17.3.7.27.1 17 17.3.7.27.2 17 17.3.7.27.3 17 17.3.7.27.4 17 17.3.7.27.4 | 17.3.7.26 | Build IngenioRx Infrastructure for April | Chuck Luowig | Tue 1/1/19 | Tue 4/16/19 |
| 17 17.3.7.27.2 17 17.3.7.27.3 17 17.3.7.27.4 17 17.3.7.28 | 17.3.7.27.1 | Procure infrastructure | Barry Martin | Tue 1/1/19 | Mon 4/1/19 |
| 17 17.3.7.27.4 17 17.3.7.28 | 17.3.7.27.2 | Install Infrastructure | Barry Martin | Mon 4/1/19 | Tue 4/16/19 |
| 17 17.3.7.28 | 17.3.7.27.3 | Configure infrastructure | | Mon 4/1/19 | Mon 4/1/19 |
| | 17.3.7.27.4 | Configure Networking | | Mon 4/1/19 | Mon 4/1/19 |
| | 17.3.7.28 | Build CVS Infrastructure for April | | Tue 1/1/19 | Tue 4/16/19 |
| | 17.3.7.28.1 | Procure Infrastructure | Mitch Super | Tue 1/1/19 | Mon 4/1/19 |
| | 17.3.7.28.2 | Install Infrastructure Configure Infrastructure | | Mon 4/1/19 | Tue 4/16/19 Mon 4/1/19 |
| | | | Mitch Super | Mon 4/1/19 | |
| 17 17.3.7.28.4 17 17.3.7.29 | 17.3.7.28.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Mon 4/1/19 Fri 2/1/19 | Mon 4/1/19 Fri 2/1/19 |
| | | IAS monthly infrastructure review Build IngenioRx Infrastructure for May | Chuck Ludwig | Fri 2/1/19 Wed 5/1/19 | Fri 2/1/19 Fri 5/17/19 |
| | | | | | Fri 5/17/19 Fri 5/17/19 |
| 17 17.3.7.30.2 | 17.3.7.29 17.3.7.30 17.3.7.30.1 | Procure Infrastructure | Barry Martin | Wed 5/1/19 | |

| | IAS | | | |
|--|---|--|---|---|
| Sunt / | ins | | | |
| Event / Workstream Milestone ID | Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | |
| 17 17.3.7.30.3 | Configure Infrastructure | Barry Martin | Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.7.30.4 | Configure Networking | Barry Martin;Mitch Super | Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.7.31 17 17.3.7.31.1 | Build CVS Infrastructure for May | | Fri 2/1/19 | Fri 5/17/19 |
| 17 17.3.7.31.1 17 17.3.7.31.2 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Fri 2/1/19 Thu 5/2/19 | Thu 5/2/19 Fri 5/17/19 |
| 17 17.3.7.31.3 | Configure Infrastructure | Mitch Super | Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.7.31.4 | Configure Networking | Barry Martin; Mitch Super | Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.7.32 17 17.3.7.33 | IAS monthly infrastructure review | Chuck Ludwig | Fri 3/1/19 Fri 3/1/19 | Fri 3/1/19 Fri 6/14/19 |
| 17 17.3.7.33 17 17.3.7.33.1 | Build IngenioRx Infrastructure for June Procure Infrastructure | Barry Martin | Fri 3/1/19 Fri 3/1/19 | Fri 6/14/19 Thu 5/30/19 |
| 17 17.3.7.33.2 | Install Infrastructure | Barry Martin | Thu 5/30/19 | Fri 6/14/19 |
| 17 17.3.7.33.3 | Configure Infrastructure | Barry Martin | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.7.33.4 | Configure Networking | Barry Martin;Mitch Super | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.7.34 17 17.3.7.34.1 | Build CVS Infrastructure for June Procure Infrastructure | Mitch Super | Fri 3/1/19 Fri 3/1/19 | Fri 6/14/19 Thu 5/30/19 |
| 17 17.3.7.34.1 | | Mitch Super Mitch Super | Fri 3/1/19 Thu 5/30/19 | Thu 5/30/19 Fri 6/14/19 |
| 17 17.3.7.34.2 | | | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.7.34.4 | | | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.7.35 | IAS monthly infrastructure review | Chuck Ludwig | Mon 4/1/19 | Mon 4/1/19 |
| 17 17.3.7.36 | Build IngenioRx Infrastructure for July | | Mon 4/1/19 | Mon 7/15/19 |
| 17 17.3.7.36.1 17 17.3.7.36.2 | Procure Infrastructure | Barry Martin | Mon 4/1/19 | Fri 6/28/19 |
| 17 17.3.7.36.2 17 17.3.7.36.3 | | Barry Martin Rarry Martin | Mon 7/1/19 Mon 7/1/19 | Mon 7/15/19 Mon 7/1/19 |
| 17 17.3.7.36.4 | | | Mon 7/1/19 | Mon 7/1/19 |
| 17 17.3.7.37 | Build CVS Infrastructure for July | | Mon 4/1/19 | Mon 7/15/19 |
| 17 17.3.7.37.1 | Procure Infrastructure | Mitch Super | Mon 4/1/19 | Fri 6/28/19 |
| 17 17.3.7.37.2 | Install Infrastructure | Mitch Super | Mon 7/1/19 | Mon 7/15/19 |
| 17 17.3.7.37.3 17 17.3.7.37.4 | Configure Infrastructure Configure Networking | Mitch Super Barry Martin;Mitch Super | Mon 7/1/19 Mon 7/1/19 | Mon 7/1/19 Mon 7/1/19 |
| 17 17.3.7.37.4 17 17.3.7.38 | IAS monthly infrastructure review | Chuck Ludwig | Mon //1/19 Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.7.39 | Build IngenioRx Infrastructure for August | | Wed 5/1/19 | Wed 8/14/19 |
| 17 17.3.7.39.1 | Procure Infrastructure | Barry Martin | Wed 5/1/19 | Tue 7/30/19 |
| 17 17.3.7.39.2 | Install Infrastructure Configure Infrastructure | Barry Martin Barry Martin | Tue 7/30/19 Thu 8/1/19 | Wed 8/14/19 |
| 17 17.3.7.39.3 17 17.3.7.39.4 | Configure Intrastructure Configure Networking | Barry Martin;Mitch Super | Thu 8/1/19 | Thu 8/1/19 Thu 8/1/19 |
| 17 17.3.7.40 | Build CVS Infrastructure for August | | Wed 5/1/19 | Wed 8/14/19 |
| 17 17.3.7.40.1 | Procure Infrastructure | Mitch Super | Wed 5/1/19 | Tue 7/30/19 |
| 17 17.3.7.40.2 | install infrastructure | Mitch Super | Tue 7/30/19 | Wed 8/14/19 |
| 17 17.3.7.40.3 | Configure Infrastructure | Mitch Super | Thu 8/1/19 | Thu 8/1/19 |
| 17 17.3.7.40.4 17 17.3.7.41 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Thu 8/1/19 Fri 5/31/19 | Thu 8/1/19 Fri 5/31/19 |
| 17 17.3.7.41 | Build IngenioRx Infrastructure review | | Mon 6/3/19 | Fri 5/51/19 Fri 9/13/19 |
| 17 17.3.7.42.1 | Procure Infrastructure | Barry Martin | Mon 6/3/19 | Fri 8/30/19 |
| 17 17.3.7.42.2 | Install Infrastructure | Barry Martin | Fri 8/30/19 | Fri 9/13/19 |
| 17 17.3.7.42.3 17 17.3.7.42.4 | Configure Infrastructure Configure Networking | Barry Martin | Fri 8/30/19 | Fri 8/30/19 |
| 17 17.3.7.42.4 17 17.3.7.43 | Configure Networking Build CVS Infrastructure for September | | Fri 8/30/19 Mon 6/3/19 | Fri 8/30/19 Fri 9/13/19 |
| 17 17.3.7.43.1 | Procure Infrastructure | | Mon 6/3/19 | Fri 8/30/19 |
| 17 17.3.7.43.2 | | Mitch Super | Fri 8/30/19 | Fri 9/13/19 |
| 17 17.3.7.43.3 | | Mitch Super | Fri 8/30/19 | Fri 8/30/19 |
| 17 17.3.7.43.4 | Configure Networking | Barry Martin; Mitch Super | Fri 8/30/19 | Fri 8/30/19 |
| 17 17.3.7.44 | IAS monthly infrastructure review | Chuck Ludwig | Mon 7/1/19 | Mon 7/1/19 |
| 17 17.3.7.45 17 17.3.7.45.1 | Build IngenioRx Infrastructure for October Procure Infrastructure | Barry Martin | Mon 7/1/19 Mon 7/1/19 | Mon 10/14/19 Fri 9/27/19 |
| 17 17.3.7.45.1 | | Barry Martin Barry Martin | Mon 7/1/19 Mon 9/30/19 | Fri 9/27/19 Mon 10/14/19 |
| 17 17.3.7.45.2 | Configure Infrastructure | Barry Martin | Tue 10/1/19 | Tue 10/1/19 |
| 17 17.3.7.45.4 | Configure Networking | Barry Martin; Mitch Super | Tue 10/1/19 | Tue 10/1/19 |
| 17 17.3.7.46 | Build CVS Infrastructure for October | | Mon 7/1/19 | Mon 10/14/19 |
| 17 17.3.7.46.1 | | Mitch Super | Mon 7/1/19 | Fri 9/27/19 |
| 17 17.3.7.46.2 17 17.3.7.46.3 | Install Infrastructure Configure Infrastructure | Mitch Super | Mon 9/30/19 Tue 10/1/19 | Mon 10/14/19 Tue 10/1/19 |
| 17 17.3.7.46.3 17 17.3.7.46.4 | Configure Infrastructure Configure Networking | | Tue 10/1/19 Tue 10/1/19 | Tue 10/1/19 Tue 10/1/19 |
| 17 17.3.7.47 | IAS monthly infrastructure review | Chuck Ludwig | Thu 8/1/19 | Thu 8/1/19 |
| 17 17.3.7.48 | Build IngenioRx Infrastructure for November | | Thu 8/1/19 | Thu 11/14/19 |
| 17 17.3.7.48.1 | Procure Infrastructure | Barry Martin | Thu 8/1/19 | Wed 10/30/19 |
| 17 17.3.7.48.2 | install infrastructure | Barry Martin | Wed 10/30/19 | Thu 11/14/19 |
| 17 17.3.7.48.3 | Configure Infrastructure | Barry Martin | Fri 11/1/19 | Fri 11/1/19 |
| 17 17.3.7.48.4 17 17.3.7.49 | Configure Networking Build CVS Infrastructure for November | Barry Martin; Mitch Super | Fri 11/1/19 Thu 8/1/19 | Fri 11/1/19 Thu 11/14/19 |
| 17 17.3.7.49 17 17.3.7.49.1 | Build CVS Infrastructure for November Procure Infrastructure | Mitch Super | Thu 8/1/19 Thu 8/1/19 | Thu 11/14/19 Wed 10/30/19 |
| 17 17.3.7.49.1 17 17.3.7.49.2 | Install infrastructure | Mitch Super Mitch Super | Wed 10/30/19 | Wed 10/30/19 Thu 11/14/19 |
| 17 17.3.7.49.3 | Configure Infrastructure | Mitch Super | Fri 11/1/19 | Fri 11/1/19 |
| 17 17.3.7.49.4 | Configure Networking | Barry Martin; Mitch Super | Fri 11/1/19 | Fri 11/1/19 |
| 17 17.3.7.50 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/30/19 | Fri 8/30/19 |
| 17 17.3.7.51 17 17.3.7.51.1 | Build IngenioRx Infrastructure for December | | Mon 9/2/19 | Fri 12/13/19 |
| 17 17.3.7.51.1 17 17.3.7.51.2 | Procure Infrastructure Install Infrastructure | | Mon 9/2/19 Mon 12/2/19 | Fri 11/29/19 Fri 12/13/19 |
| | Configure Infrastructure | | Mon 12/2/19 Fri 11/29/19 | Fri 12/13/19 Fri 11/29/19 |
| | Configure Intrastructure Configure Networking | | Fri 11/29/19 Fri 11/29/19 | Fri 11/29/19 |
| 17 17.3.7.51.3 17 17.3.7.51.4 | Build CVS Infrastructure for December | | Mon 9/2/19 | Fri 12/13/19 |
| 17 17.3.7.51.4 17 17.3.7.52 | | Mitch Super | Mon 9/2/19 | Fri 11/29/19 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 | Procure Infrastructure | | Mon 12/2/19 | Fri 12/13/19 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.52.2 | Install Infrastructure | Mitch Super | | |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.52.1 17 17.3.7.52.2 17 17.3.7.52.3 | Install Infrastructure Configure Infrastructure | Mitch Super | Fri 11/29/19 | Fri 11/29/19 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.52.2 17 17.3.7.52.3 17 17.3.7.52.4 | Install Infrastructure Configure Infrastructure Configure Networking | Mitch Super Barry Martin; Mitch Super | Fri 11/29/19 | Fri 11/29/19 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.52.2 17 17.3.7.52.3 17 17.3.7.52.4 17 17.3.7.53 | Install Infrastructure Configure Infrastructure Configure Networking IAS monthly infrastructure review | Mitch Super | Fri 11/29/19 Tue 10/1/19 | Fri 11/29/19 Tue 10/1/19 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.52.2 17 17.3.7.52.3 17 17.3.7.52.4 17 17.3.7.53.4 17 17.3.7.53 | Install Infrastructure Configure Infrastructure Configure Networking IAS monthly infrastructure review Build Ingenicks Infrastructure for January | Mitch Super Barry Martin;Mitch Super Chuck Ludwig | Fri 11/29/19 Tue 10/1/19 Tue 10/1/19 | Fri 11/29/19 Tue 10/1/19 Tue 1/14/20 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.52.2 17 17.3.7.52.3 17 17.3.7.52.4 17 17.3.7.53 | install infrastructure Configure Infrastructure Configure Networking IAS monthly infrastructure review Build ingenioRx infrastructure for January Procure Infrastructure | Mitch Super Barry Martin; Mitch Super Chuck Ludwig Barry Martin | Fri 11/29/19 Tue 10/1/19 Tue 10/1/19 Tue 10/1/19 | Fri 11/29/19 Tue 10/1/19 Tue 1/14/20 Mon 12/30/19 |
| 17 17.3.7.51.4 17 17.3.7.52 17 17.3.7.52.1 17 17.3.7.5.2.1 17 17.3.7.5.2.2 17 17.3.7.5.2.4 17 17.3.7.5.2.4 17 17.3.7.5.4 17 17.3.7.5.4 | Install Infrastructure Configure Infrastructure Configure Networking IAS monthly Infrastructure review Build Ingenitor Infrastructure for January Procure Infrastructure Install Infrastructure Install Infrastructure Install Infrastructure | Mitch Super Barry Martin; Mitch Super Chuck Ludwig Barry Martin Barry Martin | Fri 11/29/19 Tue 10/1/19 Tue 10/1/19 | Fri 11/29/19 Tue 10/1/19 Tue 1/14/20 |

| | | IAS | | | |
|---|---|--|--|--|---|
| Event / | | | | | |
| Workstream | Milestone ID | Milestone/Activity | Owner (IngenioRx; CVS) | | |
| ID 17 | 17.3.7.56 | Build CVS Infrastructure for January | | Tue 10/1/19 | Tue 1/14/20 |
| 17 | 17.3.7.56.1 | Procure Infrastructure | Mitch Super | Tue 10/1/19 | Mon 12/30/19 |
| 17 | 17.3.7.56.2 | | Mitch Super | Mon 12/30/19 | Tue 1/14/20 |
| 17 | 17.3.7.56.3 | Configure Networking | Mitch Super Barry Martin;Mitch Super | Wed 1/1/20 Wed 1/1/20 | Wed 1/1/20 Wed 1/1/20 |
| 17 | 17.3.8 | Certification Testing Environment Setup | Barry Martin; Mitch Super | Mon 1/8/18 | Mon 12/30/19 |
| 17 | 17.3.8.1 | | Barry Martin; Mitch Super | | Thu 9/20/18 |
| 17 | 17.3.8.1.1 | Analysis and decision for new environment buildout | Deb | Mon 1/8/18 | Tue 5/1/18 |
| 17 | 17.3.8.1.2 | IngenioRx: Confirm SIT/UAT (IMSN,IMSW, FACXQ, AIMSYS1, and corresponding | TBD | Tue 5/1/18 | Tue 5/1/18 |
| | | downstream systems) environment(s) will be used and is sufficient for testing needs | | | |
| 17 | 17.3.8.1.3 | CVS: Confirm CTE environment(s) will be used and is sufficient for testing needs | TBD | Mon 1/8/18 | Fri 1/19/18 |
| 17 | 17.3.8.1.4 | Procure Networking | Barry Martin; Mitch Super | Monday, April 23, 2018 | Monday, July 23, 201 |
| 17 | 17.3.8.1.5 | Install Networking | Barry Martin; Mitch Super | Tuesday, July 24, 2018 | Wednesday, August 15, 201 |
| 17 | 17.3.8.1.6 | Configure Networking | Barry Martin; Mitch Super | Tuesday, July 24, 2018 | Wednesday, August 15, 201 |
| 17 | 17.3.8.2 | IAS monthly infrastructure review | Chuck Ludwig | Tue 5/1/18 | Tue 5/1/18 |
| 17 | 17.3.8.2.1 | IngenioRx: Confirm that no IngenioRx environment is required for testing needs | | Tue 5/1/18 | Tue 5/1/18 |
| 17 | 17.3.8.3 | Build IngenioRx Infrastructure for Certification Testing – Build for kick off | | Tue 5/1/18 | Thu 8/30/18 |
| 17 | 17.3.8.3.1 | Procure Infrastructure Procure Infrastructure | Barry Martin | Monday, April 02, 2018 | Friday, June 29, 201 |
| 17 | 17.3.8.3.2 | Install Infrastructure | Barry Martin | Friday, June 29, 2018 | Friday, July 13, 201 |
| 17 | 17.3.8.3.3 | Configure infrastructure | Barry Martin | Friday, July 13, 2018 | Monday, August 13, 201 |
| 17 | 17.3.8.3.4 | Configure Networking | Barry Martin; Mitch Super | Friday, July 13, 2018 | Monday, August 13, 201 |
| 17 | 17.3.8.3.5 | CVS: Confirm that new build for 4 CE environments CE3-6, is required. Need to have | | Tue 5/1/18 | Tue 5/1/18 |
| 17 | 17.3.8.4 | 3 Active environments and 1 cool Build CVS Infrastructure for Certification Testing – Build for kick off | | Tue 5/1/18 | Thu 8/30/18 |
| 17 | 17.3.8.4.1 | Procure infrastructure | Mitch Super | Tue 5/1/18 | Mon 7/30/18 |
| 17 | 17.3.8.4.2 | Install infrastructure | Mitch Super | Mon 7/30/18 | Tue 8/14/18 |
| 17 | 17.3.8.4.3 | Configure infrastructure | Mitch Super | Wed 8/15/18 | Thu 8/30/18 |
| 17 | 17.3.8.4.4 | Configure Networking | Barry Martin; Mitch Super | Wed 8/15/18 | Thu 8/30/18 |
| 17 17 | 17.3.8.5 | IAS monthly infrastructure review Build IngenioRx Infrastructure for September | Chuck Ludwig | Fri 6/1/18 Fri 6/1/18 | Fri 6/1/18 Mon 10/1/18 |
| 17 | 17.3.8.6.1 | | Barry Martin | Fri 6/1/18 | Thu 8/30/18 |
| 17 | 17.3.8.6.2 | Install infrastructure | Barry Martin | Thu 8/30/18 | Fri 9/14/18 |
| 17 | 17.3.8.6.3 | Configure infrastructure | Barry Martin | Mon 9/17/18 | Mon 10/1/18 |
| 17 | 17.3.8.6.4 | Configure Networking | Barry Martin; Mitch Super | Mon 9/17/18 | Mon 10/1/18 |
| 17 | 17.3.8.7 | Build CVS Infrastructure for September | Mitch Super | Fri 6/1/18 | Fri 9/28/18 |
| 17 | 17.3.8.7.1 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Fri 6/1/18 Thu 8/30/18 | Thu 8/30/18 Fri 9/14/18 |
| 17 | 17.3.8.7.2 | | Mitch Super | Mon 9/17/18 | Fri 9/28/18 |
| 17 | 17.3.8.7.4 | | Barry Martin; Mitch Super | | Fri 9/28/18 |
| 17 | 17.3.8.8 | IAS monthly infrastructure review | Chuck Ludwig | Fri 6/29/18 | Fri 6/29/18 |
| 17 | 17.3.8.9 | Build IngenioRx Infrastructure for October | | Mon 7/2/18 | Tue 10/30/18 |
| 17 17 | 17.3.8.9.1 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Mon 7/2/18 Mon 10/1/18 | Fri 9/28/18 Fri 10/12/18 |
| 17 | 17.3.8.9.2 | | Barry Martin | Mon 10/1/18 Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.8.9.3 | Configure Intrastructure Configure Networking | Barry Martin; Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.8.10 | Build CVS Infrastructure for October | | Mon 7/2/18 | Tue 10/30/18 |
| 17 | 17.3.8.10.1 | Procure Infrastructure | Mitch Super | Mon 7/2/18 | Fri 9/28/18 |
| 17 | 17.3.8.10.2 | | Mitch Super | Mon 10/1/18 | Fri 10/12/18 |
| 17 | 17.3.8.10.3 | | Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.8.10.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Mon 10/15/18 Wed 8/1/18 | Tue 10/30/18 Wed 8/1/18 |
| 17 | 17.3.8.12 | Build IngenioRx Infrastructure for November | Chidox Eddwig | Wed 8/1/18 | Fri 11/30/18 |
| 17 | 17.3.8.12.1 | | Barry Martin | Wed 8/1/18 | Tue 10/30/18 |
| 17 | 17.3.8.12.2 | | Barry Martin | Tue 10/30/18 | Wed 11/14/18 |
| 17 | 17.3.8.12.3 | | Barry Martin | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.8.12.4 | Configure Networking | Barry Martin; Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.8.13 17.3.8.13.1 | Build CVS Infrastructure for November Procure Infrastructure | Mitch Super | Wed 8/1/18 Wed 8/1/18 | Fri 11/30/18 Tue 10/30/18 |
| 17 | 17.3.8.13.2 | | Mitch Super | Tue 10/30/18 | Wed 11/14/18 |
| 17 | 17.3.8.13.3 | Configure infrastructure | Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.8.13.4 | Configure Networking | Barry Martin; Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.8.14 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/31/18 | Fri 8/31/18 |
| 17 | 17.3.8.15 | Build IngenioRx Infrastructure for December | Danie Mantin | Mon 9/3/18 | Fri 12/28/18 |
| 17 | 17.3.8.15.1 | Procure Infrastructure | Barry Martin | Mon 9/3/18 | Fri 11/30/18 |
| 17 | 17.3.8.15.2 | Install Infrastructure Configure Infrastructure | Barry Martin Barry Martin | Fri 11/30/18 Mon 12/17/18 | Fri 12/14/18 Fri 12/28/18 |
| 17 | 17.3.8.15.4 | Configure Networking | Barry Martin; Mitch Super | Mon 12/17/18 | Fri 12/28/18 |
| 17 | 17.3.8.16 | Build CVS Infrastructure for December | | Mon 9/3/18 | Fri 12/28/18 |
| 17 | 17.3.8.16.1 | Procure Infrastructure | Mitch Super | Mon 9/3/18 | Fri 11/30/18 |
| 17 | 17.3.8.16.2 | Install Infrastructure | Mitch Super | Fri 11/30/18 | Fri 12/14/18 |
| 17 | 17.3.8.16.3 | | Mitch Super | Mon 12/17/18 | Fri 12/28/18 |
| | 17.3.8.16.4 | Configure Networking | | Mon 12/17/18 | Fri 12/28/18 |
| 17 | | IAS monthly infrastructure review | Chuck Ludwig | Mon 10/1/18 Mon 10/1/18 | Tue 10/30/18 Wed 1/30/19 |
| 17 | | | | Mon 10/1/18 Mon 10/1/18 | Wed 1/50/19 Fri 12/28/18 |
| | 17.3.8.18 | Build IngenioRx Infrastructure for January Procure Infrastructure | | | |
| 17 17 17 17 | 17.3.8.18 17.3.8.18.1 | Procure Infrastructure | Barry Martin Barry Martin | Mon 12/31/18 | Mon 1/14/19 |
| 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Mon 12/31/18 Tue 1/15/19 | Mon 1/14/19 Wed 1/30/19 |
| 17 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 | Procure infrastructure Install infrastructure Configure Infrastructure Configure Networking | Barry Martin | Tue 1/15/19 Tue 1/15/19 | Wed 1/30/19 Wed 1/30/19 |
| 17 17 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19 | Procure infrastructure install infrastructure Configure Infrastructure Configure Networking Build CVS infrastructure Configure Networking | Barry Martin Barry Martin Barry Martin; Mitch Super | Tue 1/15/19 Tue 1/15/19 Mon 10/1/18 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 |
| 17 17 17 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19 17.3.8.19.1 | Procure Infrastructure Install Infrastructure Configure Infrastructure Configure Networking Build CVS Infrastructure for January Procure Infrastructure for January Procure Infrastructure Procure Infrastructure Procure Infrastructure | Barry Martin Barry Martin Barry Martin; Mitch Super Mitch Super | Tue 1/15/19 Tue 1/15/19 Mon 10/1/18 Mon 10/1/18 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 Fri 12/28/18 |
| 17 17 17 17 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19.1 17.3.8.19.1 17.3.8.19.2 | Process inflatinisture Install inflatinisture Configure Inflatinisture Configure Inflatinisture Configure Inflatinisture English Configure Inflatinisture English Configure Inflatinisture English Configure English English Configure English E | Barry Martin Barry Martin Barry Martin; Mitch Super Mitch Super Mitch Super | Tue 1/15/19 Tue 1/15/19 Mon 10/1/18 Mon 10/1/18 Mon 12/31/18 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 Fri 12/28/18 Mon 1/14/19 |
| 17 17 17 17 17 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19 17.3.8.19.1 17.3.8.19.2 17.3.8.19.3 | Process Inflastructure Install Inflastructure Configure Inflastructure Configure Inflastructure Configure Inflastructure Build Cost Infrastructure Install Inflastructure Install Inflastructure Install Inflastructure Configure Inflastructure | Barry Martin Barry Martin Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super | Tue 1/15/19 Tue 1/15/19 Mon 10/1/18 Mon 10/1/18 Mon 12/31/18 Tue 1/15/19 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 Fri 12/28/18 Mon 1/14/19 Wed 1/30/19 |
| 17 17 17 17 17 17 17 17 17 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19.1 17.3.8.19.1 17.3.8.19.2 | Process inflatinisture Install inflatinisture Configure Inflatinisture Configure Inflatinisture Configure Inflatinisture English Configure Inflatinisture English Configure Inflatinisture English Configure English English Configure English E | Barry Martin Barry Martin Barry Martin; Mitch Super Mitch Super Mitch Super | Tue 1/15/19 Tue 1/15/19 Mon 10/1/18 Mon 10/1/18 Mon 12/31/18 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 Fri 12/28/18 Mon 1/14/19 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19.1 17.3.8.19.1 17.3.8.19.2 17.3.8.19.3 17.3.8.19.4 | Process Meditarious install inflamentarious install inflamentarious Configure Networking Badd Crit Meditarious for Install Process Meditarious Process Meditarious Configure Nationalist Configure Nat | Barry Martin Barry Martin Barry Martin, Mitch Super Chuck Ludwig | Tue 1/15/19 Tue 1/15/19 Men 10/1/18 Men 10/1/18 Men 10/1/18 Tue 1/15/19 Tue 1/15/19 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 Fri 12/28/18 Mon 1/14/19 Wed 1/30/19 Wed 1/30/19 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.8.18 17.3.8.18.1 17.3.8.18.2 17.3.8.18.3 17.3.8.18.4 17.3.8.19.1 17.3.8.19.1 17.3.8.19.2 17.3.8.19.3 17.3.8.19.4 17.3.8.20 | Process indexinctuses install inflamatures Configure indexinctuses Configure indexinctuses Configure indexinctuses Configure indexinctuses Indexinctuses Indexinctuses Indexinctuses Indexinctuses Indexinctuses Configure indexinctuses Configure indexinctuses Configure indexinctuses I | Barry Martin Barry Martin Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super | Tue 1/15/19 Tue 1/15/19 Tue 1/15/19 Mon 10/1/18 Mon 10/1/18 Mon 12/31/18 Tue 1/15/19 Tue 1/15/19 Tue 1/15/19 The 11/1/18 The 11/1/18 The 11/1/18 | Wed 1/30/19 Wed 1/30/19 Wed 1/30/19 Fri 12/28/18 Mon 1/14/19 Wed 1/30/19 Wed 1/30/19 Thu 11/1/18 |

| | IAS | | | |
|--|---|--|--|---|
| | | | _ | |
| Event / Workstream Milestone ID | D Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | |
| 17 17.3.8.21.3 | | Barry Martin | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.8.21.4 17 17.3.8.22 | | Barry Martin; Mitch Super | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.8.22 | Build CVS Infrastructure for February Procure Infrastructure | Mitch Super | Thu 11/1/18 Thu 11/1/18 | Thu 2/28/19 Wed 1/30/19 |
| 17 17.3.8.22.2 | Install Infrastructure | Mitch Super | Wed 1/30/19 | Thu 2/14/19 |
| 17 17.3.8.22.3 | Configure Infrastructure | Mitch Super | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.8.22.4 17 17.3.8.23 | | | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.8.23 17 17.3.8.24 | IAS monthly infrastructure review Build IngenioRx Infrastructure for March | Chuck Ludwig | Fri 11/30/18 Mon 12/3/18 | Fri 11/30/18 Fri 3/29/19 |
| 17 17.3.8.24.1 | Procure Infrastructure | Barry Martin | Mon 12/3/18 | Fri 3/1/19 |
| 17 17.3.8.24.2 | Install Infrastructure | Barry Martin | Fri 3/1/19 | Fri 3/15/19 |
| 17 17.3.8.24.3 | Configure Infrastructure | Barry Martin | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.8.24.4 17 17.3.8.25 | | Barry Martin; Mitch Super | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.8.25 17 17.3.8.25.1 | Build CVS Infrastructure for March Procure Infrastructure | Mitch Super | Mon 12/3/18 Mon 12/3/18 | Fri 3/29/19 Fri 3/1/19 |
| 17 17.3.8.25.2 | Install Infrastructure | Mitch Super | Fri 3/1/19 | Fri 3/15/19 |
| 17 17.3.8.25.3 | Configure Infrastructure | Mitch Super | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.8.25.4 | | | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.8.26 | IAS monthly infrastructure review | Chuck Ludwig | Tue 1/1/19 | Tue 1/1/19 |
| 17 17.3.8.27 | Build IngenioRx Infrastructure for April | | Tue 1/1/19 | Tue 4/30/19 |
| 17 17.3.8.27.1 17 17.3.8.27.2 | Procure Infrastructure | Barry Martin | Tue 1/1/19 | Mon 4/1/19 |
| 17 17.3.8.27.2 17 17.3.8.27.3 | | Barry Martin Barry Martin | Mon 4/1/19 Wed 4/17/19 | Tue 4/16/19 Tue 4/30/19 |
| 17 17.3.8.27.4 | | Barry Martin:Mitch Super | | Tue 4/30/19 |
| 17 17.3.8.28 | | | Tue 1/1/19 | Tue 4/30/19 |
| 17 17.3.8.28.1 | Procure Infrastructure | Mitch Super | Tue 1/1/19 | Mon 4/1/19 |
| 17 17.3.8.28.2 | | Mitch Super | Mon 4/1/19 | Tue 4/16/19 |
| 17 17.3.8.28.3 17 17.3.8.28.4 | | Mitch Super | Wed 4/17/19 Wed 4/17/19 | Tue 4/30/19 Tue 4/30/19 |
| 17 17.3.8.28.4 | IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Wed 4/1//19 Fri 2/1/19 | Thu 5/30/19 |
| 17 17.3.8.29 | Build IngenioRx Infrastructure for May | Chuck toowig | Fri 2/1/19 | Thu 5/30/19 Thu 5/30/19 |
| 17 17.3.8.30.1 | Procure infrastructure | Barry Martin | Fri 2/1/19 | Thu 5/2/19 |
| 17 17.3.8.30.2 | Install Infrastructure | Barry Martin | Thu 5/2/19 | Fri 5/17/19 |
| 17 17.3.8.30.3 | Configure Infrastructure | Barry Martin | Mon 5/20/19 | Thu 5/30/19 |
| 17 17.3.8.30.4 17 17.3.8.31 | Configure Networking | Barry Martin; Mitch Super | Mon 5/20/19 | Thu 5/30/19 |
| 17 17.3.8.31 17 17.3.8.31.1 | Build CVS Infrastructure for May Procure Infrastructure | Mitch Super | Fri 2/1/19 Fri 2/1/19 | Thu 5/30/19 Thu 5/2/19 |
| 17 17.3.8.31.2 | Install Infrastructure | Mitch Super | Thu 5/2/19 | Fri 5/17/19 |
| 17 17.3.8.31.3 | Configure Infrastructure | Mitch Super | Mon 5/20/19 | Thu 5/30/19 |
| 17 17.3.8.31.4 | Configure Networking | Barry Martin; Mitch Super | Mon 5/20/19 | Thu 5/30/19 |
| 17 17.3.8.32 | IAS monthly infrastructure review | Chuck Ludwig | Fri 3/1/19 | Fri 3/1/19 |
| 17 17.3.8.33 17 17.3.8.33.1 | Build IngenioRx Infrastructure for June | Daniel Markin | Fri 3/1/19 | Fri 6/28/19 |
| 17 17.3.8.33.1 17 17.3.8.33.2 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Fri 3/1/19 Thu 5/30/19 | Thu 5/30/19 Fri 6/14/19 |
| 17 17.3.8.33.2 17 17.3.8.33.3 | | Barry Martin | Mon 6/17/19 | Fri 6/28/19 |
| 17 17.3.8.33.4 | | | Mon 6/17/19 | Fri 6/28/19 |
| 17 17.3.8.34 | Build CVS Infrastructure for June | | Fri 3/1/19 | Fri 6/28/19 |
| 17 17.3.8.34.1 | Procure Infrastructure | Mitch Super | Fri 3/1/19 | Thu 5/30/19 |
| 17 17.3.8.34.2 | | Mitch Super | Thu 5/30/19 | Fri 6/14/19 |
| 17 17.3.8.34.3 17 17.3.8.34.4 | | Mitch Super Barry Martin Mitch Super | Mon 6/17/19 Mon 6/17/19 | Fri 6/28/19 Fri 6/28/19 |
| 17 17.3.8.34.4 | Configure Networking I&S monthly infrastructure review | Barry Martin; Mitch Super | Mon 6/17/19 Mon 4/1/19 | Fri 6/28/19 Tue 7/30/19 |
| 17 17.3.8.35 | Build IngenioRx Infrastructure for July | Check make | Mon 4/1/19 Mon 4/1/19 | Tue 7/30/19 Tue 7/30/19 |
| 17 17.3.8.36.1 | Procure Infrastructure | Barry Martin | Mon 4/1/19 | Fri 6/28/19 |
| 17 17.3.8.36.2 | Install Infrastructure | Barry Martin | Mon 7/1/19 | Mon 7/15/19 |
| 17 17.3.8.36.3 | Configure Infrastructure | Barry Martin | Tue 7/16/19 | Tue 7/30/19 |
| 17 17.3.8.36.4 | Configure Networking | Barry Martin; Mitch Super | Tue 7/16/19 | Tue 7/30/19 |
| 17 17.3.8.37 | Build CVS Infrastructure for July | Affair Course | Mon 4/1/19 | Tue 7/30/19 |
| 17 17.3.8.37.1 17 17.3.8.37.2 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 4/1/19 Mon 7/1/19 | Fri 6/28/19 Mon 7/15/19 |
| 17 17.3.8.37.2 | Configure Infrastructure | Mitch Super Mitch Super | Mon //1/19 Tue 7/16/19 | Mon 7/15/19 Tue 7/30/19 |
| 17 17.3.8.37.4 | Configure Networking | Barry Martin; Mitch Super | Tue 7/16/19 | Tue 7/30/19 |
| 17 17.3.8.38 | IAS monthly infrastructure review | Chuck Ludwig | Wed 5/1/19 | Wed 5/1/19 |
| 17 17.3.8.39 | Build IngenioRx Infrastructure for August | | Wed 5/1/19 | Fri 8/30/19 |
| 17 17.3.8.39.1 | Procure Infrastructure | Barry Martin | Wed 5/1/19 | Tue 7/30/19 |
| 17 17.3.8.39.2 | | Barry Martin | Tue 7/30/19 | Wed 8/14/19 |
| 17 17.3.8.39.3 | | Barry Martin | Thu 8/15/19 | Fri 8/30/19 |
| 17 17.3.8.39.4 17 17.3.8.40 | Configure Networking Build CVS Infrastructure for August | Barry Martin;Mitch Super | Thu 8/15/19 Wed 5/1/19 | Fri 8/30/19 Fri 8/30/19 |
| 17 17.3.8.40 17 17.3.8.40.1 | | Mitch Super | Wed 5/1/19 Wed 5/1/19 | Fri 8/30/19 Tue 7/30/19 |
| 17 17.3.8.40.2 | | Mitch Super | Tue 7/30/19 | Wed 8/14/19 |
| 17 17.3.8.40.3 | | Mitch Super | Thu 8/15/19 | Fri 8/30/19 |
| 17 17.3.8.40.4 | Configure Networking | Barry Martin; Mitch Super | Thu 8/15/19 | Fri 8/30/19 |
| 17 17.3.8.41 17 17.3.8.42 | IAS monthly infrastructure review | Chuck Ludwig | Fri 5/31/19 | Fri 5/31/19 |
| 17 17.3.8.42 17 17.3.8.42.1 | Build IngenioRx Infrastructure for September | Barry Martin | Mon 6/3/19 | Mon 9/30/19 Fri 8/30/19 |
| 17 17.3.8.42.1 17 17.3.8.42.2 | | Barry Martin Barry Martin | Mon 6/3/19 Fri 8/30/19 | Fri 8/30/19 Fri 9/13/19 |
| 17 17.3.8.42.2 | Configure Infrastructure | Barry Martin Barry Martin | Mon 9/16/19 | Mon 9/30/19 |
| 17 17.3.8.42.4 | | Barry Martin;Mitch Super | Mon 9/16/19 | Mon 9/30/19 |
| | Build CVS Infrastructure for September | | Mon 6/3/19 | Mon 9/30/19 |
| | Procure Infrastructure | Mitch Super | Mon 6/3/19 | Fri 8/30/19 |
| 17 17.3.8.43 17 17.3.8.43.1 | Install Infrastructure | Mitch Super | Fri 8/30/19 | Fri 9/13/19 |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 | | Mitch Super | Mon 9/16/19 | Mon 9/30/19 |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 17 17.3.8.43.3 | Configure Infrastructure | | | |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 17 17.3.8.43.3 17 17.3.8.43.4 | Configure Infrastructure Configure Networking | Barry Martin; Mitch Super | Mon 9/16/19 | Mon 9/30/19 |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 17 17.3.8.43.3 17 17.3.8.43.4 17 17.3.8.44.4 | Configure Infrastructure Configure Networking IAS monthly infrastructure review | Barry Martin;Mitch Super Chuck Ludwig | Mon 7/1/19 | Wed 10/30/19 |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 17 17.3.8.43.3 17 17.3.8.43.4 17 17.3.8.44 17 17.3.8.45 | Configure Infrastructure Configure Networking IAS monthly infrastructure review Build IngenioRx Infrastructure for October | Barry Martin; Mitch Super Chuck Ludwig | Mon 7/1/19 Mon 7/1/19 | Wed 10/30/19 Wed 10/30/19 |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 17 17.3.8.43.2 17 17.3.8.43.4 17 17.3.8.44 17 17.3.8.45 17 17.3.8.45 | Configure Infrastructure Configure Networking IAS monthly infrastructure review Build Ingenición Infrastructure for October Procure Infrastructure | Barry Martin;Mitch Super Chuck Ludwig Barry Martin | Mon 7/1/19 Mon 7/1/19 Mon 7/1/19 | Wed 10/30/19 Wed 10/30/19 Fri 9/27/19 |
| 17 17.3.8.43 17 17.3.8.43.1 17 17.3.8.43.2 17 17.3.8.43.3 17 17.3.8.43.4 17 17.3.8.44 17 17.3.8.45 | Configure Infractructure Configure Networking IAs monthly infrastructure review Build Ingenricks Infrastructure for October Procure Infrastructure install Infrastructure | Barry Martin; Mitch Super Chuck Ludwig | Mon 7/1/19 Mon 7/1/19 | Wed 10/30/19 Wed 10/30/19 |

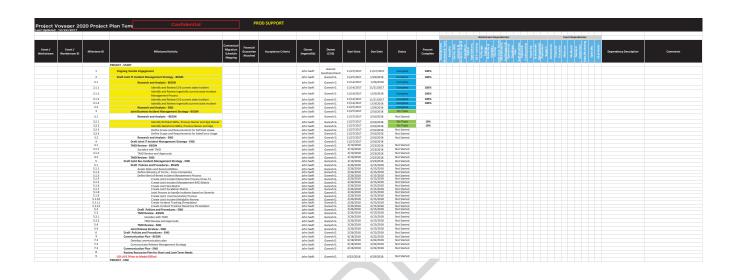
| | <u>IAS</u> | | | |
|--|---|--|---|--|
| Swet / | | | | |
| Event / Workstream Milestone ID | Milestone/Activity | Owner (IngenioRx; CVS) | | |
| 17 17.3.8.46 | Build CVS Infrastructure for October | | Mon 7/1/19 | Wed 10/30/19 |
| 17 17.3.8.46.1 | | Mitch Super | Mon 7/1/19 | Fri 9/27/19 |
| 17 17.3.8.46.2 17 17.3.8.46.3 | | Mitch Super Mitch Super | Mon 9/30/19 Tue 10/15/19 | Mon 10/14/19 Wed 10/30/19 |
| 17 17.3.8.46.3 17 17.3.8.46.4 | | | Tue 10/15/19 Tue 10/15/19 | Wed 10/30/19 Wed 10/30/19 |
| 17 17.3.8.47 | IAS monthly infrastructure review | Chuck Ludwig | Thu 8/1/19 | Thu 8/1/19 |
| 17 17.3.8.48 | Build IngenioRx Infrastructure for November | | Thu 8/1/19 | Fri 11/29/19 |
| 17 17.3.8.48.1 17 17.3.8.48.2 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Thu 8/1/19 Wed 10/30/19 | Wed 10/30/19 Thu 11/14/19 |
| 17 17.3.8.48.3 | Configure Infrastructure | Barry Martin | Fri 11/15/19 | Fri 11/29/19 |
| 17 17.3.8.48.4 | Configure Networking | Barry Martin; Mitch Super | Fri 11/15/19 | Fri 11/29/19 |
| 17 17.3.8.49 | Build CVS Infrastructure for November | | Thu 8/1/19 | Fri 11/29/19 |
| 17 17.3.8.49.1 17 17.3.8.49.2 | Procure Infrastructure | Mitch Super | Thu 8/1/19 | Wed 10/30/19 |
| 17 17.3.8.49.2 17 17.3.8.49.3 | Install Infrastructure Configure Infrastructure | Mitch Super Mitch Super | Wed 10/30/19 Fri 11/15/19 | Thu 11/14/19 Fri 11/29/19 |
| 17 17.3.8.49.4 | Configure Networking | Barry Martin:Mitch Super | Fri 11/15/19 | Fri 11/29/19 |
| 17 17.3.8.50 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/30/19 | Fri 8/30/19 |
| 17 17.3.8.51 | Build IngenioRx Infrastructure for December | | Mon 9/2/19 | Mon 12/30/19 |
| 17 17.3.8.51.1 | Procure Infrastructure | Barry Martin | Mon 9/2/19 | Fri 11/29/19 |
| 17 17.3.8.51.2 17 17.3.8.51.3 | Install Infrastructure | Barry Martin | Mon 12/2/19 | Fri 12/13/19 |
| 17 17.3.8.51.3 17 17.3.8.51.4 | Configure Infrastructure Configure Networking | Barry Martin Barry Martin:Mitch Super | Mon 12/16/19 Mon 12/16/19 | Mon 12/30/19 Mon 12/30/19 |
| 17 17.3.8.52 | Build CVS Infrastructure for December | barry maron; mitch Super | Mon 9/2/19 | Mon 12/30/19 |
| 17 17.3.8.52.1 | Procure Infrastructure | Mitch Super | Mon 9/2/19 | Fri 11/29/19 |
| 17 17.3.8.52.2 | Install Infrastructure | Mitch Super | Mon 12/2/19 | Fri 12/13/19 |
| 17 17.3.8.52.3 17 17.3.8.52.4 | | Mitch Super | Mon 12/16/19 | Mon 12/30/19 |
| 17 17.3.8.52.4 17 17.3.9 | Configure Networking CVS Parallel processing Environment | Barry Martin; Mitch Super Barry Martin; Mitch Super | Mon 12/16/19 | Mon 12/30/19 Mon 12/30/19 |
| 17 17.3.9 | Build Networking for Parallel Environment | Barry Martin; Mitch Super Barry Martin; Mitch Super | Mon 5/21/18 | Mon 12/30/19 Thu 9/20/18 |
| 17 17.3.9.1.1 | Procure Networking | Barry Martin; Mitch Super | Mon 5/21/18 | Mon 8/20/18 |
| 17 17.3.9.1.2 | Install Networking | Barry Martin; Mitch Super | Mon 8/20/18 | Thu 9/20/18 |
| 17 17.3.9.1.3 | Configure Networking | Barry Martin; Mitch Super | Mon 8/20/18 | Thu 9/20/18 |
| 17 17.3.9.2 17 17.3.9.2.1 | IAS monthly infrastructure review IngenioRx: Confirm new build is required for testing needs | Chuck Ludwig | Fri 6/1/18 Fri 6/1/18 | Fri 6/1/18 Fri 6/1/18 |
| 17 17.3.9.3 | Build IngenioRx Infrastructure for Parallel Processing – Build for kick off | _ | Fri 6/1/18 | Fri 9/28/18 |
| 17 17.3.9.3.1 | Procure Infrastructure | Barry Martin | Fri 6/1/18 | Thu 8/30/18 |
| 17 17.3.9.3.2 | Install Infrastructure | Barry Martin | Thu 8/30/18 | Fri 9/14/18 |
| 17 17.3.9.3.3 17 17.3.9.3.4 | Configure Infrastructure | Barry Martin | Mon 9/17/18 | Fri 9/28/18 |
| 17 17.3.9.3.4 17 17.3.9.3.5 | Configure Networking CVS: Confirm new build is required for testing needs | Barry Martin;Mitch Super | Mon 9/17/18 Fri 6/1/18 | Fri 9/28/18 Fri 6/1/18 |
| 17 17.3.9.4 | Build CVS Infrastructure for Parallel Processing – Build for kick off | _ | Fri 6/1/18 | Fri 9/28/18 |
| 17 17.3.9.4.1 | Procure Infrastructure | Mitch Super | Fri 6/1/18 | Thu 8/30/18 |
| 17 17.3.9.4.2 | install infrastructure | Mitch Super | Thu 8/30/18 | Fri 9/14/18 |
| 17 17.3.9.4.3 | Configure infrastructure | Mitch Super | Mon 9/17/18 | Fri 9/28/18 |
| 17 17.3.9.4.4 17 17.3.9.5 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Mon 9/17/18 Fri 6/29/18 | Fri 9/28/18 Fri 6/29/18 |
| 17 17.3.9.5 | Build IngenioRx Infrastructure for October | Chuck Ludwig | Mon 7/2/18 | Tue 10/30/18 |
| 17 17.3.9.6.1 | Procure Infrastructure | Barry Martin | Mon 7/2/18 | Fri 9/28/18 |
| 17 17.3.9.6.2 | Install Infrastructure | Barry Martin | Mon 10/1/18 | Fri 10/12/18 |
| 17 17.3.9.6.3 | Configure infrastructure | Barry Martin | Mon 10/15/18 | Tue 10/30/18 |
| 17 17.3.9.6.4 | Configure Networking | Barry Martin; Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 17.3.9.7 17 17.3.9.7.1 | Build CVS Infrastructure for October | Mitch Super | Mon 7/2/18 | Tue 10/30/18 |
| 17 17.3.9.7.1 17 17.3.9.7.2 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 7/2/18 Mon 10/1/18 | Fri 9/28/18 Fri 10/12/18 |
| 17 17.3.9.7.2 | Configure Infrastructure | Mitch Super Mitch Super | Mon 10/1/18 Mon 10/15/18 | Tue 10/30/18 |
| 17 17.3.9.7.4 | Configure Networking | Barry Martin; Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 17.3.9.8 | IAS monthly infrastructure review | Chuck Ludwig | Wed 8/1/18 | Wed 8/1/18 |
| 17 17.3.9.9 | Build IngenioRx Infrastructure for November | | Wed 8/1/18 | Fri 11/30/18 |
| 17 17.3.9.9.1 17 17.3.9.9.2 | Procure Infrastructure | Barry Martin | Wed 8/1/18 | Tue 10/30/18 |
| 17 17.3.9.9.2 17 17.3.9.9.3 | Install Infrastructure Configure Infrastructure | Barry Martin Barry Martin | Tue 10/30/18 Thu 11/15/18 | Wed 11/14/18 Fri 11/30/18 |
| 17 17.3.9.9.3 17 17.3.9.9.4 | Configure Infrastructure Configure Networking | Barry Martin Barry Martin; Mitch Super | Thu 11/15/18 Thu 11/15/18 | Fri 11/30/18 Fri 11/30/18 |
| 17 17.3.9.10 | Build CVS Infrastructure for November | . , | Wed 8/1/18 | Fri 11/30/18 |
| 17 17.3.9.10.1 | Procure Infrastructure | Mitch Super | Wed 8/1/18 | Tue 10/30/18 |
| 17 17.3.9.10.2 | Install Infrastructure | Mitch Super | Tue 10/30/18 | Wed 11/14/18 |
| 17 17.3.9.10.3 | Configure Infrastructure | Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 17.3.9.10.4 | Configure Networking | Barry Martin; Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 17.3.9.11 17 17.3.9.12 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/31/18 | Fri 8/31/18 |
| 17 17.3.9.12 17 17.3.9.12.1 | Build IngenioRx Infrastructure for December Procure Infrastructure | Barry Martin | Mon 9/3/18 Mon 9/3/18 | Fri 12/28/18 Fri 11/30/18 |
| 17 17.3.9.12.1 | Install infrastructure | Barry Martin | Fri 11/30/18 | Fri 12/14/18 |
| 17 17.3.9.12.3 | | Barry Martin | Mon 12/17/18 | Fri 12/28/18 |
| 17 17.3.9.12.4 | Configure Networking | Barry Martin; Mitch Super | Mon 12/17/18 | Fri 12/28/18 |
| 17 17.3.9.13 17 17.3.9.13.1 | Build CVS Infrastructure for December | | Mon 9/3/18 | Fri 12/28/18 |
| 17 17.3.9.13.1 17 17.3.9.13.2 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 9/3/18 Fri 11/30/18 | Fri 11/30/18 Fri 12/14/18 |
| 17 17.3.9.13.2 | Configure Infrastructure | Mitch Super Mitch Super | Mon 12/17/18 | Fri 12/14/18 Fri 12/28/18 |
| 17 17.3.9.13.4 | Configure Networking | Barry Martin:Mitch Super | Mon 12/17/18 | Fri 12/28/18 |
| 17 17.3.9.14 | IAS monthly infrastructure review | Chuck Ludwig | Mon 10/1/18 | Mon 10/1/18 |
| 17 17.3.9.15 | Build Anthen Infrastructure for January | | Mon 10/1/18 | Wed 1/30/19 |
| | Procure Infrastructure | Barry Martin | Mon 10/1/18 | Fri 12/28/18 |
| 17 17.3.9.15.1 | Install Infrastructure | Barry Martin | Mon 12/31/18 | Mon 1/14/19 |
| 17 17.3.9.15.1 17 17.3.9.15.2 | | Barry Martin | Tue 1/15/19 | Wed 1/30/19 |
| 17 17.3.9.15.1 17 17.3.9.15.2 17 17.3.9.15.3 | Configure Infrastructure | Dairy March | | |
| 17 17.3.9.15.1 17 17.3.9.15.2 17 17.3.9.15.3 17 17.3.9.15.4 | Configure Networking | Barry Martin;Mitch Super | Tue 1/15/19 | Wed 1/30/19 |
| 17 17.3.9.15.1 17 17.3.9.15.2 17 17.3.9.15.3 17 17.3.9.15.4 17 17.3.9.16 | Configure Networking Build CVS Infrastructure for January | Barry Martin;Mitch Super | Mon 10/1/18 | Wed 1/30/19 |
| 17 17.3.9.15.1 17 17.3.9.15.2 17 17.3.9.15.3 17 17.3.9.15.4 17 17.3.9.16.1 | Configure Networking | Barry Martin;Mitch Super Mitch Super | | |
| 17 17.3.9.15.1 17 17.3.9.15.2 17 17.3.9.15.3 17 17.3.9.15.4 17 17.3.9.16.1 17 17.3.9.16.1 17 17.3.9.16.2 17 17.3.9.16.2 | Configure Networking Build CVS Infrastructure for January Procure Infrastructure | Barry Martin;Mitch Super | Mon 10/1/18 Mon 10/1/18 | Wed 1/30/19 Fri 12/28/18 |
| 17 17.3.9.15.1 17 17.3.9.15.2 17 17.3.9.15.3 17 17.3.9.15.4 17 17.3.9.16.1 17 17.3.9.16.1 17 17.3.9.16.2 | Configure Networking Build CVS Infrastructure for January Procure Infrastructure Install Infrastructure Configure Infrastructure Configure Networking Extrastructure Configure Networking | Barry Martin;Mitch Super Mitch Super Mitch Super | Mon 10/1/18 Mon 10/1/18 Mon 12/31/18 Tue 1/15/19 | Wed 1/30/19 Fri 12/28/18 Mon 1/14/19 |

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|-----------------------|--------------------------|---|---|-----------------------------|-----------------------------|
| | | IAS | | | |
| Event / Workstream | n Milestone ID | D Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | Due Date |
| ID 17 | 17 3 9 18 | Build IngenioRx Infrastructure for February | (IngenioRx; CVS) | Thu 11/1/18 | Thu 2/28/19 |
| 17 | 17.3.9.18.1 | | Barry Martin | Thu 11/1/18 | Wed 1/30/19 |
| 17 | 17.3.9.18.2 | | Barry Martin | Wed 1/30/19 | Thu 2/14/19 |
| 17 | 17.3.9.18.3 | | Barry Martin | Fri 2/15/19 | Thu 2/28/19 |
| | 17.3.9.18.4 | Configure Networking Build CVS Infrastructure for February | Barry Martin;Mitch Super | Fri 2/15/19 Thu 11/1/18 | Thu 2/28/19 Thu 2/28/19 |
| 17 | 17.3.9.19.1 | Procure Infrastructure | Mitch Super | Thu 11/1/18 | Wed 1/30/19 |
| 17 | 17.3.9.19.2 | Install Infrastructure | Mitch Super | Wed 1/30/19 | Thu 2/14/19 |
| 17 | 17.3.9.19.3 | Configure Infrastructure | Mitch Super | Fri 2/15/19 | Thu 2/28/19 |
| 17 | 17.3.9.19.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super | Fri 2/15/19 Fri 11/30/18 | Thu 2/28/19 Fri 11/30/18 |
| | 17.3.9.20 | IAS monthly infrastructure review Build IngenioRx Infrastructure for March | Chuck Ludwig | Fri 11/30/18 Mon 12/3/18 | Fri 11/30/18 Fri 3/29/19 |
| 17 | 17.3.9.21.1 | Procure Infrastructure | Barry Martin | Mon 12/3/18 | Fri 3/1/19 |
| 17 | 17.3.9.21.2 | Install Infrastructure | Barry Martin | Fri 3/1/19 | Fri 3/15/19 |
| 17 | 17.3.9.21.3 | | Barry Martin | Mon 3/18/19 | Fri 3/29/19 |
| 17 | 17.3.9.21.4 | | Barry Martin;Mitch Super | Mon 3/18/19 | Fri 3/29/19 Fri 3/29/19 |
| 17 | 17.3.9.22 | Procure Infrastructure Procure Infrastructure | Mitch Super | Mon 12/3/18 Mon 12/3/18 | Fri 3/29/19 |
| 17 | 17.3.9.22.2 | | Mitch Super | Fri 3/1/19 | Fri 3/15/19 |
| | 17.3.9.22.3 | | Mitch Super | Mon 3/18/19 | Fri 3/29/19 |
| 17 | 17.3.9.22.4 | | | Mon 3/18/19 | Fri 3/29/19 |
| | 17.3.9.23 | IAS monthly infrastructure review | Chuck Ludwig | Tue 1/1/19 | Tue 1/1/19 |
| 17 | 17.3.9.24 | Build IngenioRx Infrastructure for April Procure Infrastructure | Barry Martin | Tue 1/1/19 Tue 1/1/19 | Tue 4/30/19 Mon 4/1/19 |
| 17 | 17.3.9.24.1 | | Barry Martin | Mon 4/1/19 | Mon 4/1/19 Tue 4/16/19 |
| 17 | 17.3.9.24.3 | | Barry Martin | Wed 4/17/19 | Tue 4/30/19 |
| 17 | 17.3.9.24.4 | Configure Networking | Barry Martin; Mitch Super | Wed 4/17/19 | Tue 4/30/19 |
| 17 | 17.3.9.25 | Build CVS Infrastructure for April | | Tue 1/1/19 | Tue 4/30/19 |
| 17 | 17.3.9.25.1 | Procure Infrastructure | Mitch Super | Tue 1/1/19 | Mon 4/1/19 |
| 17 | 17.3.9.25.2 | Install Infrastructure Configure Infrastructure | Mitch Super Mitch Super | Mon 4/1/19 Wed 4/17/19 | Tue 4/16/19 Tue 4/30/19 |
| 17 | 17.3.9.25.4 | | Barry Martin;Mitch Super | Wed 4/17/19 Wed 4/17/19 | Tue 4/30/19 |
| 17 | 17.3.9.26 | IAS monthly infrastructure review | Chuck Ludwig | Fri 2/1/19 | Fri 2/1/19 |
| 17 | 17.3.9.27 | Build IngenioRx Infrastructure for May | | Fri 2/1/19 | Thu 5/30/19 |
| 17 17 | 17.3.9.27.1 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Fri 2/1/19 Thu 5/2/19 | Thu 5/2/19 Fri 5/17/19 |
| 17 | 17.3.9.27.2 | | Barry Martin Barry Martin | Thu 5/2/19 Mon 5/20/19 | Fri 5/17/19 Thu 5/30/19 |
| 17 | 17.3.9.27.4 | | | Mon 5/20/19 | Thu 5/30/19 |
| 17 | 17.3.9.28 | Build CVS Infrastructure for May | and a second supplies | Fri 2/1/19 | Thu 5/30/19 |
| 17 | 17.3.9.28.1 | Procure Infrastructure | Mitch Super | Fri 2/1/19 | Thu 5/2/19 |
| 17 | 17.3.9.28.2 | | Mitch Super | Thu 5/2/19 | Fri 5/17/19 |
| 17 | 17.3.9.28.3 | | Mitch Super | Mon 5/20/19 | Thu 5/30/19 |
| 17 | 17.3.9.28.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Mon 5/20/19 Fri 3/1/19 | Thu 5/30/19 Fri 3/1/19 |
| | 17.3.9.29 | Build IngenioRx Infrastructure review | Chick Loowig | Fri 3/1/19 | Fri 6/28/19 |
| 17 | 17.3.9.30.1 | Procure Infrastructure | Barry Martin | Fri 3/1/19 | Thu 5/30/19 |
| 17 | 17.3.9.30.2 | | Barry Martin | Thu 5/30/19 | Fri 6/14/19 |
| 17 | 17.3.9.30.3 | | Barry Martin | Mon 6/17/19 | Fri 6/28/19 |
| 17 | 17.3.9.30.4 | Configure Networking | Barry Martin; Mitch Super | Mon 6/17/19 | Fri 6/28/19 |
| 17 | 17.3.9.31 17.3.9.31.1 | Build CVS Infrastructure for June Procure Infrastructure | Mitch Super | Fri 3/1/19 Fri 3/1/19 | Fri 6/28/19 Thu 5/30/19 |
| 17 | 17.3.9.31.1 | | Mitch Super | Thu 5/30/19 | Fri 6/14/19 |
| 17 | 17.3.9.31.2 | Configure infrastructure | Mitch Super | Mon 6/17/19 | Fri 6/28/19 |
| 17 | 17.3.9.31.4 | Configure Networking | Barry Martin; Mitch Super | Mon 6/17/19 | Fri 6/28/19 |
| 17 | 17.3.9.32 | IAS monthly infrastructure review | Chuck Ludwig | Mon 4/1/19 | Mon 4/1/19 |
| 17 | 17.3.9.33 | Build IngenioRx Infrastructure for July | Description of the second | Mon 4/1/19 | Tue 7/30/19 |
| 17 | 17.3.9.33.1 | Procure Infrastructure Install Infrastructure | Barry Martin Barry Martin | Mon 4/1/19 Mon 7/1/19 | Fri 6/28/19 Mon 7/15/19 |
| 17 | 17.3.9.33.2 | | Barry Martin | Mon //1/19 Tue 7/16/19 | Mon 7/15/19 Tue 7/30/19 |
| 17 | 17.3.9.33.4 | | | Tue 7/16/19 | Tue 7/30/19 |
| 17 | 17.3.9.34 | Build CVS Infrastructure for July | | Mon 4/1/19 | Tue 7/30/19 |
| 17 | 17.3.9.34.1 | | Mitch Super | Mon 4/1/19 | Fri 6/28/19 |
| 17 | 17.3.9.34.2 | | Mitch Super | Mon 7/1/19 | Mon 7/15/19 |
| 17 | 17.3.9.34.3 | | Mitch Super | Tue 7/16/19 | Tue 7/30/19 |
| | 17.3.9.34.4 | Configure Networking IAS monthly infrastructure review | Barry Martin; Mitch Super Chuck Ludwig | Tue 7/16/19 Wed 5/1/19 | Tue 7/30/19 Wed 5/1/19 |
| 17 | 17.3.9.35 | Build IngenioRx Infrastructure for August | Chuck Luowig | Wed 8/1/19 Wed 8/1/18 | Wed 5/1/19 Fri 11/30/18 |
| 17 | 17.3.9.36.1 | Procure Infrastructure | Barry Martin | Wed 8/1/18 | Thu 11/1/18 |
| 17 | 17.3.9.36.2 | | Barry Martin | Thu 11/1/18 | Thu 11/15/18 |
| 17 | 17.3.9.36.3 | | Barry Martin | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.9.36.4 | | Barry Martin; Mitch Super | Fri 11/16/18 | Fri 11/30/18 |
| 17 | 17.3.9.37 17.3.9.37.1 | Build CVS Infrastructure for August | Mitch Super | Wed 8/1/18 Wed 8/1/18 | Fri 11/30/18 |
| 17 | 17.3.9.37.1 | | Mitch Super Mitch Super | Wed 8/1/18 Thu 11/1/18 | Thu 11/1/18 Thu 11/15/18 |
| 17 | 17.3.9.37.2 | Configure infrastructure | Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.9.37.4 | | Barry Martin;Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 | 17.3.9.38 | IAS monthly infrastructure review | Chuck Ludwig | Fri 5/31/19 | Fri 5/31/19 |
| 17 | 17.3.9.39 | Build IngenioRx Infrastructure for September | | Mon 6/3/19 | Mon 9/30/19 |
| 17 | 17.3.9.39.1 | Procure Infrastructure | Barry Martin | Mon 6/3/19 | Fri 8/30/19 |
| 17 | 17.3.9.39.2 | Install Infrastructure Configure Infrastructure | Barry Martin Barry Martin | Fri 8/30/19 Mon 9/16/19 | Fri 9/13/19 Mon 9/30/19 |
| 17 | 17.3.9.39.3 | | Barry Martin:Mitch Super | Mon 9/16/19 Mon 9/16/19 | Mon 9/30/19 Mon 9/30/19 |
| 17 | 17.3.9.40 | Build CVS Infrastructure for September | Daniy manunymuch Super | Mon 6/3/19 | Mon 9/30/19 |
| 17 | 17.3.9.40.1 | Procure Infrastructure | Mitch Super | Mon 6/3/19 | Fri 8/30/19 |
| 17 | 17.3.9.40.2 | Install Infrastructure | Mitch Super | Fri 8/30/19 | Fri 9/13/19 |
| 17 | 17.3.9.40.3 | | Mitch Super | Mon 9/16/19 | Mon 9/30/19 |
| | 17.3.9.40.4 | | | Mon 9/16/19 | Mon 9/30/19 |
| | 17.3.9.41 | IAS monthly infrastructure review | Chuck Ludwig | Mon 7/1/19 | Mon 7/1/19 |
| | | Build IngenioRx Infrastructure for October | | Mon 7/1/19 | Wed 10/30/19 |
| 17 | 17.3.9.42.1 | Procure Infrastructure | Barry Martin | Mon 7/1/19 | Fri 9/27/19 |

| | | IAS | | | |
|---|--|--|--|--|---|
| Event / | | | Owner | _ | |
| Event / Workstream ID | n Milestone ID | D Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | |
| 17 | 17.3.9.42.2 | Install Infrastructure | Barry Martin | Mon 9/30/19 | Mon 10/14/19 |
| 17 | 17.3.9.42.3 | Configure Infrastructure | Barry Martin | Tue 10/15/19 | Wed 10/30/19 |
| 17 | 17.3.9.42.4 | | Barry Martin; Mitch Super | Tue 10/15/19 | Wed 10/30/19 |
| 17 | 17.3.9.43 17.3.9.43.1 | Build CVS Infrastructure for October Procure Infrastructure | Mitch Super | Mon 7/1/19 Mon 7/1/19 | Wed 10/30/19 Fri 9/27/19 |
| 17 | 17.3.9.43.1 | | Mitch Super Mitch Super | Mon 7/1/19 Mon 9/30/19 | Fri 9/27/19 Mon 10/14/19 |
| 17 | 17.3.9.43.3 | Configure Infrastructure | Mitch Super | Tue 10/15/19 | Wed 10/30/19 |
| 17 | 17.3.9.43.4 | | | Tue 10/15/19 | Wed 10/30/19 |
| 17 | 17.3.9.44 | IAS monthly infrastructure review | Chuck Ludwig | Thu 8/1/19 | Thu 8/1/19 |
| 17 | 17.3.9.45 | Build IngenioRx Infrastructure for November Procure Infrastructure | Barry Martin | Thu 8/1/19 Thu 8/1/19 | Fri 11/29/19 Wed 10/30/19 |
| 17 | 17.3.9.45.1 | | Barry Martin | Wed 10/30/19 | Wed 10/30/19 Thu 11/14/19 |
| 17 | 17.3.9.45.3 | Configure Infrastructure | Barry Martin | Fri 11/15/19 | Fri 11/29/19 |
| 17 | 17.3.9.45.4 | | Barry Martin; Mitch Super | Fri 11/15/19 | Fri 11/29/19 |
| 17 | 17.3.9.46 | Build CVS Infrastructure for November | | Thu 8/1/19 | Fri 11/29/19 |
| 17 | 17.3.9.46.1 | Procure Infrastructure | Mitch Super | Thu 8/1/19 | Wed 10/30/19 |
| 17 | 17.3.9.46.2 | | Mitch Super Mitch Super | Wed 10/30/19 Fri 11/15/19 | Thu 11/14/19 Fri 11/29/19 |
| 17 | 17.3.9.46.4 | | Barry Martin; Mitch Super | Fri 11/15/19 | Fri 11/29/19 |
| 17 | 17.3.9.47 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/30/19 | Fri 8/30/19 |
| 17 | 17.3.9.48 | Build IngenioRx Infrastructure for December | | Mon 9/2/19 | Mon 12/30/19 |
| 17 | 17.3.9.48.1 | Procure infrastructure | Barry Martin | Mon 9/2/19 | Fri 11/29/19 |
| 17 | 17.3.9.48.2 | | Barry Martin | Mon 12/2/19 | Fri 12/13/19 |
| 17 | 17.3.9.48.3 | Configure infrastructure Configure Networking | Barry Martin Barry Martin; Mitch Super | Mon 12/16/19 Mon 12/16/19 | Mon 12/30/19 Mon 12/30/19 |
| 17 | 17.3.9.48.4 | Build CVS Infrastructure for December | werty marun;mitch Super | Mon 9/2/19 Mon 9/2/19 | Mon 12/30/19 Mon 12/30/19 |
| 17 | 17.3.9.49.1 | Procure Infrastructure | Mitch Super | Mon 9/2/19 | Fri 11/29/19 |
| 17 | 17.3.9.49.2 | Install Infrastructure | Mitch Super | Mon 12/2/19 | Fri 12/13/19 |
| 17 | 17.3.9.49.3 | Configure Infrastructure | Mitch Super | Mon 12/16/19 | Mon 12/30/19 |
| 17 | 17.3.9.49.4 | Configure Networking Production Environment Setup | Barry Martin; Mitch Super Barry Martin; Mitch Super | Mon 12/16/19 | Mon 12/30/19 Mon 12/30/19 |
| 17 | 17.3.10.1 | Build Networking for Production Environment | Barry Martin;Mitch Super Barry Martin:Mitch Super | | Mon 12/30/19 Thu 9/20/18 |
| 17 | 17.3.10.1.1 | Procure Networking | Barry Martin; Mitch Super | Mon 5/21/18 | Mon 8/20/18 |
| 17 | 17.3.10.1.2 | | Barry Martin; Mitch Super | Mon 8/20/18 | Thu 9/20/18 |
| 17 17 | 17.3.10.1.3 | | Barry Martin; Mitch Super | | Thu 9/20/18 |
| 17 | 17.3.10.2 17.3.10.2.1 | IAS monthly infrastructure review IngenioRx: Determine Production Environment | Chuck Ludwig | Fri 6/1/18 Fri 6/1/18 | Fri 6/1/18 Fri 6/1/18 |
| 17 | 17.3.10.2.1 | Build IngenioRx Infrastructure for Production – Initial Build for Go Live | 1 | Fri 6/1/18 | Fri 9/28/18 |
| 17 | 17.3.10.3.1 | Procure Infrastructure | Barry Martin | Fri 6/1/18 | Thu 8/30/18 |
| 17 | 17.3.10.3.2 | Install Infrastructure | Barry Martin | Thu 8/30/18 | Fri 9/14/18 |
| 17 | 17.3.10.3.3 | | Barry Martin | Mon 9/17/18 | Fri 9/28/18 |
| | 17.3.10.3.4 | Configure Networking CVS: Confirm Dedicated Environment (logical separation) will be used and is | Barry Martin;Mitch Super | | Fri 9/28/18 |
| 17 | 17.3.10.3.5 | CVS: Confirm Dedicated Environment (logical separation) will be used and is sufficient for testing needs (Dedicated Claim Engines, Co-mingled Database) | | Fri 6/1/18 | Fri 6/1/18 |
| 17 | 17.3.10.4 | Build CVS Infrastructure for Production – Initial Build for Go Live | _ | Fri 6/1/18 | Fri 9/28/18 |
| 17 | 17.3.10.4.1 | Procure Infrastructure | Mitch Super | Fri 6/1/18 | Thu 8/30/18 |
| 17 | 17.3.10.4.2 | | Mitch Super | Thu 8/30/18 | Fri 9/14/18 |
| 17 | 17.3.10.4.3 | | Mitch Super | Mon 9/17/18 | Fri 9/28/18 |
| 17 | 17.3.10.4.4 | | Barry Martin; Mitch Super | Mon 9/17/18 | Fri 9/28/18 |
| 17 | 17.3.10.5 17.3.10.6 | IAS monthly infrastructure review Build IngenioRx Infrastructure for October | Chuck Ludwig | Fri 6/29/18 Mon 7/2/18 | Fri 6/29/18 Tue 10/30/18 |
| 17 | 17.3.10.6.1 | Procure infrastructure | Barry Martin | Mon 7/2/18 | Fri 9/28/18 |
| 17 | 17.3.10.6.2 | Install Infrastructure | Barry Martin | Mon 10/1/18 | Fri 10/12/18 |
| 17 | 17.3.10.6.3 | Configure Infrastructure | Barry Martin | Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.10.6.4 | Configure Networking | Barry Martin; Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.10.7 17.3.10.7.1 | Build CVS Infrastructure for October Procure Infrastructure | Mint Comme | Mon 7/2/18 Mon 7/2/18 | Tue 10/30/18 Fri 9/28/18 |
| 17 | 17.3.10.7.1 | Procure Infrastructure Install Infrastructure | Mitch Super Mitch Super | Mon 7/2/18 Mon 10/1/18 | Fri 9/28/18 Fri 10/12/18 |
| 17 | 17.3.10.7.2 | Configure Infrastructure | Mitch Super Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.10.7.4 | Configure Networking | Barry Martin; Mitch Super | Mon 10/15/18 | Tue 10/30/18 |
| 17 | 17.3.10.8 | IAS monthly infrastructure review | Chuck Ludwig | Wed 8/1/18 | Wed 8/1/18 |
| 17 | 17.3.10.9 | Build IngenioRx Infrastructure for November | | Wed 8/1/18 | Fri 11/30/18 |
| 17 | 17.3.10.9.1 | Procure Infrastructure | Barry Martin | Wed 8/1/18 | Tue 10/30/18 |
| 17 | 17.3.10.9.2 | Install Infrastructure Configure Infrastructure | Barry Martin Barry Martin | Tue 10/30/18 Thu 11/15/18 | Wed 11/14/18 Fri 11/30/18 |
| 17 | 17.3.10.9.3 | Configure Infrastructure Configure Networking | Barry Martin Barry Martin: Mitch Super | Thu 11/15/18 Thu 11/15/18 | Fri 11/30/18 Fri 11/30/18 |
| 17 | 17.3.10.9.4 | | seety marun; witch Super | Wed 8/1/18 | Fri 11/30/18 |
| | 17.3.10.10.1 | | Mitch Super | Wed 8/1/18 | Tue 10/30/18 |
| 17 | 17.3.10.10.2 | 2 Install Infrastructure | Mitch Super | Tue 10/30/18 | Wed 11/14/18 |
| 17 | 17.3.10.10.3 | Configure Infrastructure | Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 17 | | | Barry Martin:Mitch Super | Thu 11/15/18 | Fri 11/30/18 |
| 17 17 17 | 17.3.10.10.4 | | | Fri 8/31/18 | Fri 8/31/18 |
| 17 17 17 17 | 17.3.10.10.4 17.3.10.11 | IAS monthly infrastructure review | Chuck Ludwig | Mon 9/2/19 | |
| 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 | IAS monthly infrastructure review Build IngenioRx Infrastructure for December | Chuck Ludwig | Mon 9/3/18 Mon 9/3/18 | Fri 12/28/18 Fri 11/30/18 |
| 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 | IAS monthly infrastructure review Build IngenioRx Infrastructure for December I Procure Infrastructure | | Mon 9/3/18 Mon 9/3/18 Fri 11/30/18 | Fri 12/28/18 Fri 11/30/18 Fri 12/14/18 |
| 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 | IAS monthly infrastructure review Build ingenioRx infrastructure for December Procure infrastructure install infrastructure Configure infrastructure | Chuck Ludwig Barry Martin Barry Martin Barry Martin | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/28/18 |
| 17 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.12.3 | IAS monthly infrastructure review Build Ingenitis Infrastructure for December Procure Infrastructure Install Infrastructure Install Infrastructure Configure Infrastructure Configure Networking | Chuck Ludwig Barry Martin Barry Martin | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/28/18 Fri 12/28/18 |
| 17 17 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.12.4 17.3.10.12.4 | IAS monthly infrastructure review Build tegenitels infrastructure Procure infrastructure Install infrastructure Install infrastructure Configure infrastructure Configure infrastructure Configure Networking Build CVS infrastructure for December | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin; Mitch Super | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/28/18 Fri 12/28/18 Fri 12/28/18 |
| 17 17 17 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.12.4 17.3.10.13.1 17.3.10.13.1 | IAS monthly infrastructure reviews Build Ingenicke infrastructure for December Procure Infrastructure Install Infrastructure Lossifique Infrastructure Lossifique Infrastructure Confique Infrastructure Confique Infrastructure Build CVS Infrastructure for December Procure Infrastructure for December Procure Infrastructure for December Procure Infrastructure | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin; Barry Martin; Mitch Super Mitch Super | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Mon 9/3/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/28/18 Fri 12/28/18 Fri 12/28/18 Fri 11/28/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12.1 17.3.10.12.2 17.3.10.12.2 17.3.10.12.3 17.3.10.12.3 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 | List smoothly infrastructure review Build Ingenicke Infrastructure for Docember Procure Infrastructure for Docember Install Indextructure Lossingue Infrastructure Configure Infrastructure Configure Infrastructure Configure Infrastructure Infrastructure Procure Infrastructure Infrastructure Infrastructure Infrastructure Install Infrastructure Install Infrastructure | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Mitch Super Mitch Super | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Mon 9/3/18 Fri 11/30/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/18/18 Fri 12/18/18 Fri 12/18/18 Fri 11/30/18 Fri 11/30/18 Fri 12/14/18 |
| 17 17 17 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.13.4 17.3.10.13.1 17.3.10.13.1 17.3.10.13.2 17.3.10.13.3 | Min monthly influence review Bank legislands in instructure review Annual process in instructure for Documber Annual process instructure for Documber Annual process instructure Configure instructure Instituti instructure Configure instructure Configure instructure | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin, Mitch Super Mitch Super Mitch Super Mitch Super | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/28/18 Fri 12/28/18 Fri 12/28/18 Fri 11/30/18 Fri 12/14/18 Fri 12/14/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 | Mits monthly inflation claim review Mail inguished instructure for December Mail inguished instructure for December Mail inguished instructure Under the Configuration of Mail instructure Underlying the Configuration of Mail instructure Underlying the Configuration of Mail instructure Mail instructure Mail instructure Mail instructure Mail instructure Mail instructure Underlying the Mail instructure Underlying t | Chack Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin, Mitch Super | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/18/18 Fri 12/18/18 Fri 12/18/18 Fri 11/30/18 Fri 11/30/18 Fri 12/14/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.10.10.A 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.2 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.4 17.3.10.13.4 17.3.10.13.4 17.3.10.13.4 | Mis monthly infractioner review Mis dependent institutions for December Indicates institutions for December Indicates institutions Configure Configure institutions Configure Conf | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin, Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Chuck Ludwig | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 10/1/18 Mon 10/1/18 Mon 10/1/18 | Fri 11/30/18 Fri 12/14/18 Fri 12/14/18 Fri 12/28/18 Mon 10/1/18 Mod 1/30/19 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.13.3 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 | Miss monthly entractive review Make ingenitor historicative review Make ingenitor historicative for December Interest of the Conference of the Conference Interest of the Conference of the Conference Conference interesticative Conference interesticative Conference interesticative Missistericative Missisterica | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin, Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin, Mitch Super Barry Martin, Mitch Super Barry Martin, Mitch Super Barry Martin | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Fri 11/30/18 Fri 11/30/18 Mon 12/17/18 Mon 10/1/18 Mon 10/1/18 | Fri 11/20/18 Fri 12/14/18 Fri 12/14/18 Fri 12/14/18 Fri 12/18/18 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.13.3 17.3.10.13.4 17.3.10.13.1 17.3.10.13.4 17.3.10.13.4 17.3.10.13.4 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 | July monthly infractionare review Bankle ligensity infrastructure for December Process infrastructure Process infrastructure Process infrastructure Process infrastructure Configure infrastructure Configure infrastructure Configure infrastructure Configure infrastructure Process infrastructure Process infrastructure Process infrastructure Configure infrastructure Config | Chuck Ludwig Barry Martin Mitch Super Mitch Sup | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 10/1/18 Mon 10/1/18 Mon 10/1/18 | Fri 11/30/18 Fri 12/28/18 Mon 10/1/18 Mon 15/4/19 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 17.3.10.13.4 17.3.10.13.4 17.3.10.15.1 17.3.10.15.1 17.3.10.15.1 17.3.10.15.1 | Mill monthly inflationative review Mill signative historicative review Mill signative historicative for December The signature of the signatur | Chuck Ludwig Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin Mitch Super Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 12/17/18 Mon 10/1/18 Mon 10/1/18 Mon 10/1/18 Mon 10/1/18 | FF11,70/18 MOD 10/1/18 MOD 10/1/18 MOD 10/1/18 MOD 10/1/18 MOD 10/1/18 MOD 11/4/19 MOD 11/4/19 MOD 11/4/19 |
| 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | 17.3.10.10.4 17.3.10.11 17.3.10.12 17.3.10.12.1 17.3.10.12.2 17.3.10.12.3 17.3.10.13.3 17.3.10.13.4 17.3.10.13.1 17.3.10.13.4 17.3.10.13.4 17.3.10.13.4 17.3.10.13.1 17.3.10.13.1 17.3.10.13.1 | Mill monthly inflationative review Mill signative historicative review Mill signative historicative for December The signature of the signatur | Chuck Ludwig Barry Martin Mitch Super Mitch Sup | Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 12/17/18 Mon 9/3/18 Fri 11/30/18 Mon 12/17/18 Mon 12/17/18 Mon 10/1/18 Mon 10/1/18 Mon 10/1/18 | Fri 11/30/18 Fri 12/28/18 Mon 10/1/18 Mon 15/4/19 |

| | IAS | | | |
|--|--|--|--|--|
| | IAS | | | |
| Event / Workstream Milestone ID | ID Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | Due Date |
| 17 17.3.10.16.2 | | (IngenioRx; CVS) Mitch Super | Mon 12/31/18 | Mon 1/14/19 |
| 17 17.3.10.16.3 | 2 Install Intrastructure 3 Configure Infrastructure | Mitch Super Mitch Super | Mon 12/31/18 Tue 1/15/19 | Mon 1/14/19 Wed 1/30/19 |
| 17 17.3.10.16.4 | 4 Configure Networking | Barry Martin; Mitch Super | Tue 1/15/19 | Wed 1/30/19 |
| 17 17.3.10.17 | IAS monthly infrastructure review | Chuck Ludwig | Thu 11/1/18 | Thu 11/1/18 |
| 17 17.3.10.18 17 17.3.10.18.1 | | Barry Martin | Thu 11/1/18 | Thu 2/28/19 |
| 17 17.3.10.18.1 17 17.3.10.18.2 | | Barry Martin Barry Martin | Thu 11/1/18 Wed 1/30/19 | Wed 1/30/19 Thu 2/14/19 |
| 17 17.3.10.18.3 | 3 Configure Infrastructure | Barry Martin | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.10.18.4 | | | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.10.19 | | | Thu 11/1/18 | Thu 2/28/19 |
| 17 17.3.10.19.1 17 17.3.10.19.2 | | Mitch Super | Thu 11/1/18 | Wed 1/30/19 |
| 17 17.3.10.19.2 17 17.3.10.19.3 | | Mitch Super Mitch Super | Wed 1/30/19 Fri 2/15/19 | Thu 2/14/19 Thu 2/28/19 |
| 17 17.3.10.19.4 | | | Fri 2/15/19 | Thu 2/28/19 |
| 17 17.3.10.20 | | Chuck Ludwig | Fri 11/30/18 | Fri 11/30/18 |
| 17 17.3.10.21 | | | Mon 12/3/18 | Fri 3/29/19 |
| 17 17.3.10.21.1 | | Barry Martin | Mon 12/3/18 | Fri 3/1/19 |
| 17 17.3.10.21.2 17 17.3.10.21.3 | | Barry Martin | Fri 3/1/19 | Fri 3/15/19 |
| 17 17.3.10.21.3 17 17.3.10.21.4 | | Barry Martin Barry Martin; Mitch Super | Mon 3/18/19 Mon 3/18/19 | Fri 3/29/19 Fri 3/29/19 |
| 17 17.3.10.22 | | Barry Martin, Mitch Super | Mon 12/3/18 | Fri 3/29/19 |
| 17 17.3.10.22.1 | | Mitch Super | Mon 12/3/18 | Fri 3/1/19 |
| 17 17.3.10.22.2 | 2 Install Infrastructure | Mitch Super | Fri 3/1/19 | Fri 3/15/19 |
| 17 17.3.10.22.3 | | Mitch Super | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.10.22.4 | 4 Configure Networking | Barry Martin; Mitch Super | Mon 3/18/19 | Fri 3/29/19 |
| 17 17.3.10.23 | | Chuck Ludwig | Tue 1/1/19 | Tue 1/1/19 |
| 17 17.3.10.24 17 17.3.10.24.1 | Build IngenioRx Infrastructure for April Procure Infrastructure | Barry Martin | Tue 1/1/19 Tue 1/1/19 | Tue 4/30/19 Mon 4/1/19 |
| 17 17.3.10.24.1 17 17.3.10.24.2 | 1 Procure Intrastructure 2 Install Infrastructure | Barry Martin | Mon 4/1/19 | Mon 4/1/19 Tue 4/16/19 |
| 17 17.3.10.24.3 | 3 Configure Infrastructure | Barry Martin | Wed 4/17/19 | Tue 4/30/19 |
| 17 17.3.10.24.4 | 4 Configure Networking | Barry Martin; Mitch Super | Wed 4/17/19 | Tue 4/30/19 |
| 17 17.3.10.25 17 17.3.10.25.1 | | | Tue 1/1/19 | Tue 4/30/19 |
| 17 17.3.10.25.1 17 17.3.10.25.2 | 1 Procure Infrastructure 2 Install Infrastructure | Mitch Super Mitch Super | Tue 1/1/19 Mon 4/1/19 | Mon 4/1/19 Tue 4/16/19 |
| 17 17.3.10.25.2 | 2 Install Illinastructure 3 Configure Infrastructure | Mitch Super | Wed 4/17/19 | Tue 4/30/19 |
| 17 17.3.10.25.4 | 4 Configure Networking | Barry Martin; Mitch Super | Wed 4/17/19 | Tue 4/30/19 |
| 17 17.3.10.26 | IAS monthly infrastructure review | Chuck Ludwig | Fri 2/1/19 | Fri 2/1/19 |
| 17 17.3.10.27 | Build IngenioRx Infrastructure for May | | Fri 2/1/19 | Thu 5/30/19 |
| 17 17.3.10.27.1 | | Barry Martin | Fri 2/1/19 | Thu 5/2/19 |
| 17 17.3.10.27.2 17 17.3.10.27.3 | | Barry Martin Barry Martin | Thu 5/2/19 Mon 5/20/19 | Fri 5/17/19 Thu 5/30/19 |
| 17 17.3.10.27.3 17 17.3.10.27.4 | | | Mon 5/20/19 Mon 5/20/19 | Thu 5/30/19 Thu 5/30/19 |
| 17 17.3.10.28 | | | Fri 2/1/19 | Thu 5/30/19 |
| 17 17.3.10.28.1 | | Mitch Super | Fri 2/1/19 | Thu 5/2/19 |
| 17 17.3.10.28.2 | | Mitch Super | Thu 5/2/19 | Fri 5/17/19 |
| 17 17.3.10.28.3 | | Mitch Super | Mon 5/20/19 | Thu 5/30/19 |
| 17 17.3.10.28.4 17 17.3.10.29 | | Barry Martin; Mitch Super | | Thu 5/30/19 |
| 17 17.3.10.29 17 17.3.10.30 | | Chuck Ludwig | Fri 3/1/19 Fri 3/1/19 | Fri 3/1/19 Fri 6/28/19 |
| 17 17.3.10.30 | | Barry Martin | Fri 3/1/19 | Thu 5/30/19 |
| 17 17.3.10.30.1 | | Barry Martin | Thu 5/30/19 | Fri 6/14/19 |
| 17 17.3.10.30.3 | | Barry Martin | Mon 6/17/19 | Fri 6/28/19 |
| 17 17.3.10.30.4 | | Barry Martin; Mitch Super | Mon 6/17/19 | Fri 6/28/19 |
| 17 17.3.10.31 | | | Fri 3/1/19 | Fri 6/28/19 |
| 17 17.3.10.31.1 17 17.3.10.31.2 | | Mitch Super | Fri 3/1/19 | Thu 5/30/19 |
| 17 17.3.10.31.2 17 17.3.10.31.3 | | Mitch Super Mitch Super | Thu 5/30/19 Mon 6/17/19 | Fri 6/14/19 Fri 6/28/19 |
| 17 17.3.10.31.4 | 4 Configure Networking | Barry Martin;Mitch Super | | Fri 6/28/19 |
| 17 17.3.10.32 | IAS monthly infrastructure review | Chuck Ludwig | Mon 4/1/19 | Mon 4/1/19 |
| 17 17.3.10.33 | Build IngenioRx Infrastructure for July | | Mon 4/1/19 | Tue 7/30/19 |
| 17 17.3.10.33.1 | 1 Procure Infrastructure | Barry Martin | Mon 4/1/19 | Fri 6/28/19 |
| | | Barry Martin | Mon 7/1/19 | Mon 7/15/19 |
| 17 17.3.10.33.2 | 3 Configure Infrastructure | Barry Martin | Tue 7/16/19 Tue 7/16/19 | Tue 7/30/19 |
| 17 17.3.10.33.3 | Configuration | | | |
| 17 17.3.10.33.3 17 17.3.10.33.4 | 4 Configure Networking | Barry Martin; Mitch Super | | Tue 7/30/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34 | 4 Configure Networking Build CVS Infrastructure for July | Barry Martin; Mitch Super | Mon 4/1/19 | Tue 7/30/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34 17 17.3.10.34.1 | 4 Configure Networking Build CVS Infrastructure for July 1 Procure Infrastructure | Barry Martin; Mitch Super Mitch Super | Mon 4/1/19 Mon 4/1/19 | Tue 7/30/19 Fri 6/28/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34 | 4 Configure Networking Build CVS Infrastructure for July 1 Procure Infrastructure 2 Install Infrastructure | Barry Martin; Mitch Super Mitch Super Mitch Super | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.3 17 17.3.10.34.3 | 4 Configure Networking Build CVS Infrastructure for July 1 Procure Infrastructure 2 install Infrastructure 3 Configure Infrastructure | Barry Martin; Mitch Super Mitch Super | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34 17 17.3.10.34.1 17 17.3.10.34.2 17 17.3.10.34.3 17 17.3.10.34.3 17 17.3.10.34.3 | 4 Configure Networking Baild CVS Infrastructure for Judy 1 Procure Infrastructure 2 Install Infrastructure infrastructure 4 Configure Networking 1 AS monthly infrastructure review | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Wed 5/1/19 |
| 17 17.3.10.33.3 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.2 17 17.3.10.34.3 17 17.3.10.34.3 17 17.3.10.35.3 17 17.3.10.35 | 4 Configure Networking Bald CVS Harbarchure for July 1 Procure Infrastructure 2 Install Infrastructure 3 Configure Infrastructure 3 Configure Infrastructure 4 Configure Infrastructure Uniform Infrastructure Uniform Infrastructure review Build Ingendisk Infrastructure review Build Ingendisk Infrastructure for August | Barry Martin; Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin; Mitch Super Chuck Ludwig | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.2 17 17.3.10.34.3 17 17.3.10.34.3 17 17.3.10.35.1 17 17.3.10.35 17 17.3.10.36 | 4 Configure Networking Build CO's Resistance for July 1 Process Infrastructure 2 Install Infrastructure 3 Install Infrastructure 3 Install Infrastructure 4 Install Infrastructure 5 Install Infrastructure 5 Install Infrastructure review 6 Build Ingenofile Infrastructure review 6 Build Ingenofile Infrastructure for August 6 Process Infrastructure 6 Infrastructure | Barry Martin; Mitch Super Chack Lodwig Barry Martin Barry Martin | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 Tue 7/30/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34.1 17 17.3.10.34.2 17 17.3.10.34.2 17 17.3.10.34.2 17 17.3.10.34.3 17 17.3.10.35.1 17 17.3.10.35.1 17 17.3.10.35.1 17 17.3.10.35.1 | Configure Networking Subdict CV Informations for July Procure Information Procure Information Procure Information Configure Networking Configure Networking Configure Networking Subdict Informations review Subdict Informations Review Information Information Information Information Information Information | Barry Martin, Mitch Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin, Mitch Super Chock Ludwing Barry Martin Barry Martin Barry Martin | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 Tue 7/30/19 Tue 7/30/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Tue 7/30/19 Fri 8/30/19 Tue 7/30/19 Fri 8/30/19 Tue 7/30/19 Wod 3/14/19 |
| 17 17.3.10.33.3 17 17.3.10.33.4 17 17.3.10.34.1 17 17.3.10.34.2 17 17.3.10.34.2 17 17.3.10.34.3 17 17.3.10.34.3 17 17.3.10.35.1 17 17.3.10.35.1 17 17.3.10.35.1 17 17.3.10.35.2 17 17.3.10.35.2 | 4 Configure Interesting Build CS Interesture for July Proport Informations In Proport Informations Interesture Int | Barry Martin (Mitch Super Mitch Super Martin Barry Martin Barry Matrin | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Tue 7/30/19 The 8/15/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 Tue 7/30/19 Wed 8/14/19 Fri 8/30/19 |
| 17 17.10.33.1 17 17.310.34.1 17 17.310.34.1 17 17.310.34.1 17 17.310.34.1 17 17.310.34.3 17 17.310.34.3 17 17.310.35.1 17 17.310.35.1 17 17.310.36.1 17 17.310.36.3 17 17.310.36.3 | Configure Interesting Build CS inferrice for July Process Inferrice and Applications Configure Inferrice and Applications Build Improvide Applications Process Inferrice Applications Configure Inferrice Applications | Barry Martin (Mitch Super Mitch Super Martin Barry Martin Barry Matrin | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Tue 7/30/19 Tue 7/30/19 Thu 8/15/19 Thu 8/15/19 | Tue 738/19 Fri 6/28/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 Wed 8/14/19 Fri 8/30/19 Fri 8/30/19 Fri 8/30/19 |
| 17 17.3.10.3.1 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.4 17 17.3.10.3.6 17 17.3.10.3.6 17 17.3.10.3.6 17 17.3.10.3.6 17 17.3.10.3.6 17 17.3.10.3.6 17 17.3.10.3.6 | Configure Interacting Bank CS Interactives for John Bank CS Interactives for John Bank CS Interactives for John Bank CS Interactives Bank CS Interactives Configure Interactives Configure Interactives Bank CS Interactives Propose Interactives Propose Interactives Propose Interactives Propose Interactives Bank CS Interactives Bank CS Interactives Bank CS Interactives for August | Barry Martin (Mitch Super Mitch Super Martin Barry Martin Barry Matrin | Mon 4/1/19 Mon 4/1/19 Mon 7/1/19 Tue 7/16/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Tue 7/30/19 The 8/15/19 | Tue 7/30/19 Fri 6/28/19 Mon 7/15/19 Tue 7/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 Tue 7/30/19 Wed 5/1/19 Fri 8/30/19 Tue 7/30/19 Wed 8/14/19 Fri 8/30/19 |
| 17 17.310.33.4 17 17.310.33.4 17 17.310.34.1 17 17.310.34.1 17 17.310.34.1 17 17.310.34.1 17 17.310.34.1 17 17.310.34.1 17 17.310.36.1 17 17.310.36.1 17 17.310.36.1 17 17.310.36.1 17 17.310.36.1 17 17.310.36.1 17 17.310.36.1 17 17.310.36.1 | Configure Interacting Ball CCV Ministruction for July Ball CCV Ministruction for July Ball CCV Ministruction for July See and Configure Interactions Configure Interactions See and See a | Barry Martin, Mitch Super Check Lideling Barry Martin, Mitch Super Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin | Mon 4/1/19 Mon 4/1/19 Mon 4/1/19 Mon 2/1/19 Tue 7/16/19 Tue 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Tue 7/30/19 Tue 7/30/19 Tue 8/15/19 Thu 8/15/19 | Two 739/19 Fri 6/28/19 Mon 7/15/19 Two 7/30/19 Two 7/30/19 Two 7/30/19 Wed 5/1/19 Fri 8/30/19 Two 7/30/19 Fri 8/30/19 Fri 8/30/19 Fri 8/30/19 Fri 8/30/19 Fri 8/30/19 |
| 17 17.3.10.33.4 17 17.3.10.34.4 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.35.1 17 17.3.10.35.1 | Configure Interesting Bank CSV Interesture for July Bank CSV Interesture for July Bank CSV Interesture for July Bank CSV Interesture Configure Interesture Configure Interesture Configure Interesting Configure Interesting Bank CSV Interesture For July Bank CSV Interesture For July Configure Interesting Configure Interesture Configure Interesture Configure Interesture Configure Interesture Configure Interesting Configure Interesture Configure Interesture Configure Interesture Configure Interesting Configure Interesting Configure Interesting Configure Interesting | Barry Martin Mitol Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin Mitch Super Chick Louding Barry Martin Barry Mart | Mon 4/1/19 Mon 7/1/19 Mon 7/1/19 Toe 7/16/19 Toe 7/16/19 Toe 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Toe 7/30/19 Toe 8/15/19 Wed 5/1/19 Toe 8/15/19 | Two 730/19 Fris 728/19 Mon 71/5/19 Two 770/19 Two 770/19 Two 770/19 Two 770/19 Two 770/19 Fris 720/19 Fris 720/19 Fris 720/19 Fris 720/19 Fris 720/19 Fris 720/19 Wed ST44/19 Fris 720/19 Wed ST44/19 Fris 720/19 Wed ST44/19 Fris 720/19 |
| 17 97.310.33.4 17 97.310.33.4 17 97.310.34. 17 97.310.34. 17 97.310.34. 17 97.310.34. 17 97.310.34. 17 97.310.35. 17 97.310.37. 17 97.310.37. 17 97.310.37. | Configure Interacting Ball CCV Interactions for July Ball CCV Interactions for July Ball CCV Interactions for July Ball CCV Interactions Configure Interactions Security Interactions Security Interactions Description of Interactions for July Description Interactions for July Description Interactions Configure Interactions Configure Interactions Configure Interactions Description Interaction | Barry Martin Millio Signer Millio Signer Millio Signer Millio Signer Barry Martin Barry Martin Barry Martin Barry Martin Barry Martin Millio Signer Millio Signer Millio Signer Millio Signer Barry Martin Millio Signer Millio Signer Millio Signer Barry Martin Millio Signer Millio Signer Barry Martin Millio Signer Millio Signer Barry Martin Millio Signer | Mon 4/1/19 Mon 7/1/19 Mon 7/1/19 Toe 7/16/19 Toe 7/16/19 Toe 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 The 8/15/19 Wed 5/1/19 The 8/15/19 | Two 7730/19 FFI 6/28/19 Mon 7/15/19 FFI 6/28/19 Mon 7/15/19 Fro 7/30/19 Two 7/30/19 Two 7/30/19 Word 7/1/19 FFI 8/30/19 Word 8/14/19 FFI 8/30/19 Two 7/30/19 Word 8/14/19 FFI 8/30/19 FFI 8/30/19 FFI 8/30/19 FFI 8/30/19 FFI 8/30/19 |
| 17 17.3.10.33.4 17 17.3.10.34.4 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.1 17 17.3.10.34.3 17 17.3.10.34.3 17 17.3.10.34.3 17 17.3.10.35.3 17 17.3.10.37.3 | Configure Interacting Bailt CS Interactions for May Procurs Interactions for May Procurs Interactions Configure Interactions Configure Interactions Configure Interactions Configure Interactions Configure Interactions Procurs Interactions Procurs Interactions Procurs Interactions Configure In | Barry Martin Mitol Super Mitch Super Mitch Super Mitch Super Mitch Super Barry Martin Mitch Super Chick Louding Barry Martin Barry Mart | Mon 4/1/19 Mon 7/1/19 Mon 7/1/19 Mon 7/1/19 Twe 7/16/19 Twe 7/16/19 Twe 7/16/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Wed 5/1/19 Twe 7/30/19 Twe 8/15/19 | Two 7/30/19 Fin 7/30/19 Mon 7/15/19 Mon 7/15/19 Mon 7/15/19 Fro 7/30/19 Trou 7/30/19 Trou 7/30/19 Fro 7/30/19 Wood 5/1/39 Fri 3/30/19 |
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| 17 17.11.03.14 17.11.03. | Configure Interacting Bank CS Interactive for July Configure Interactive Configure Interactive Configure Interactive Configure Interactive Bank Interactive Interactive Bank Interactive Interactive Interactive Bank Interactive Interactive Interactive Bank Interactive Interactive Interactive Bank Interactive Interactive Bank Interactive Ban | Berry Martin-Mohin Soper Mitth Mitth Mitth Soper Mitth Mitth Mitth Soper Mitth Mitth Mitth Soper Mitth Mitth Soper Mitth Soper Mitth Soper Mitth Soper Mitth Soper Mitth Mitth Mitth Soper Mitth Mitth Mitth Mitth Soper Mitth Mitth Mitth Mitth Mitth Mitth Soper Mitth | Mon 4/179 Mon 74/179 Mon 74/179 True 77/16/179 True 77/16/179 True 77/16/179 True 77/16/179 Wed 57/179 Wed 57/179 True 77/16/179 True 77/16/179 True 77/16/179 True 77/16/179 True 77/16/179 True 77/16/179 True 47/16/179 True 47/16/179 Mon 56/179 Mon 56/1 | Two 730/19 Fin 5/23/19 Mon 71/5/19 Mon 71/5/19 Two 730/19 |
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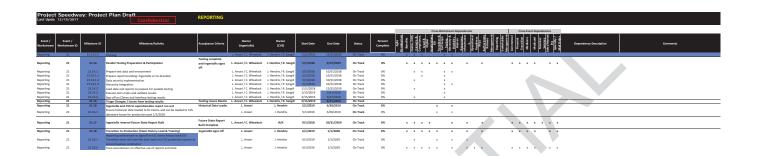
| | IAS | | | | | | | Workstream Dependencies | Event Dependencies |
|-----------------------------------|---|---------------------------|--------------|--------------|----------|--------|---------------------|--|--|
| Event / orkstream Milestone ID | Milestone/Activity | Owner (IngenioRx; CVS) | Start Date | Due Date | Comments | Status | Percent Complete | A part of the part | comments retail Transcta Wedicat Medicat Medic |
| 17 17.3.10.40.4 | Configure Networking | Barry Martin: Mitch Super | Mon 9/16/19 | Mon 9/30/19 | | | 0% | | |
| 17 17.3.10.41 | IAS monthly infrastructure review | Chuck Ludwig | Mon 7/1/19 | Mon 7/1/19 | 7 | | 0% | | |
| 17 17.3.10.42 | Build IngenipRx Infrastructure for October | | Mon 7/1/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.42.1 | Procure Infrastructure | Barry Martin | Mon 7/1/19 | Fri 9/27/19 | 7 | | 0% | | |
| 17 17.3.10.42.2 | Install Infrastructure | Barry Martin | Mon 9/30/19 | Mon 10/14/19 | 7 | | 0% | | |
| 17 17.3.10.42.3 | Configure Infrastructure | Barry Martin | Tue 10/15/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.42.4 | Configure Networking | Barry Martin:Mitch Super | Tue 10/15/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.43 | Build CVS Infrastructure for October | | Mon 7/1/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.43.1 | Procure Infrastructure | Mitch Super | Mon 7/1/19 | Fri 9/27/19 | 7 | | 0% | | |
| 17 17.3.10.43.2 | Install Infrastructure | Mitch Super | Mon 9/30/19 | Mon 10/14/19 | 7 | | 0% | | |
| 17 17.3.10.43.3 | Configure infrastructure | Mitch Super | Tue 10/15/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.43.4 | Configure Networking | Barry Martin:Mitch Super | Tue 10/15/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.44 | IAS monthly infrastructure review | Chuck Ludwig | Thu 8/1/19 | Thu 8/1/19 | 7 | | 0% | | |
| 17 17.3.10.45 | Build IngenioRx Infrastructure for November | | Thu 8/1/19 | Fri 11/29/19 | 7 | | 0% | | |
| 17 17 3 10 45 1 | Proruge Infrastructure | Barry Martin | Thu 8/1/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.45.2 | Install Infrastructure | Barry Martin | Wed 10/30/19 | Thu 11/14/19 | 7 | | 0% | | |
| 17 17 3 10 45 3 | Configure infrastructure | Barry Martin | Fri 11/15/19 | Fri 11/29/19 | 7 | | 0% | | |
| 17 17.3.10.45.4 | Configure Networking | Barry Martin:Mitch Super | Fri 11/15/19 | Fri 11/29/19 | 1 | | 0% | | |
| 17 17.3.10.46 | Build CVS Infrastructure for November | | Thu 8/1/19 | Fri 11/29/19 | 1 | | 0% | | |
| 17 17.3.10.46.1 | Procure Infrastructure | Mitch Super | Thu 8/1/19 | Wed 10/30/19 | 7 | | 0% | | |
| 17 17.3.10.46.2 | Install Infrastructure | Mitch Super | Wed 10/30/19 | Thu 11/14/19 | 7 | | 0% | | |
| 17 17.3.10.46.3 | Configure infrastructure | Mitch Super | Fri 11/15/19 | Fri 11/29/19 | | | 0% | | |
| 17 17.3.10.46.4 | Configure Networking | Barry Martin:Mitch Super | Fri 11/15/19 | Fri 11/29/19 | | | 0% | | |
| 17 17.3.10.47 | IAS monthly infrastructure review | Chuck Ludwig | Fri 8/30/19 | Fri 8/30/19 | 1 | | 0% | | |
| 17 17.3.10.48 | Build IngenioRx Infrastructure for December | | Mon 9/2/19 | Mon 12/30/19 | 1 | | 0% | | |
| 17 17 3 10 48 1 | Procure Infrastructure | Barry Martin | Mon 9/2/19 | Fri 11/29/19 | | | 0% | | |
| 17 17.3.10.48.2 | Install Infrastructure | Barry Martin | Mon 12/2/19 | Fri 12/13/19 | | | 0% | | |
| 17 17.3.10.48.3 | Configure infrastructure | Barry Martin | Mon 12/16/19 | Mon 12/30/19 | | | 0% | | |
| 17 17.3.10.48.4 | Configure Networking | Barry Martin:Mitch Super | Mon 12/16/19 | Mon 12/30/19 | 1 | | 0% | | |
| 17 17.3.10.49 | Build CVS Infrastructure for December | | Mon 9/2/19 | Mon 12/30/19 | 1 | 1 | 0% | | |
| 17 17.3.10.49.1 | Procure Infrastructure | Mitch Super | Mon 9/2/19 | Fri 11/29/19 | | | 0% | | |
| 17 17 3 10 49 2 | Install Infrastructure | Mitch Super | Mon 12/2/19 | Fri 12/13/19 | | | 0% | | |
| 17 17.3.10.49.3 | Configure infrastructure | Mitch Super | Mon 12/16/19 | Mon 12/30/19 | | | 0% | | |
| 17 17.3.10.49.4 | Configure Networking | Barry Martin:Mitch Super | Mon 12/16/19 | Mon 12/30/19 | | | 0% | | |
| 17 17.4 | Security | y ,mitch Juper | Fri 12/1/17 | Wed 1/15/20 | 1 | | 0% | | |
| 17 17.4.1 | Complete update to security reviews imbedded in Voyager Architecture and Infrastructure reviews to manage Security Policy Adherence including contract annex 10 | Chris Pitts;Corey Epps | Fri 12/1/17 | Fri 11/30/18 | | | 0% | | |
| 17.4.1.1 | Participate in architecture and infrastructure reviews to manage security adherance (monthly) | Chris Pitts;Corey Epps | Mon 4/16/18 | Fri 11/30/18 | | | 0% | | |
| 17 17.4.1.2 | Validate Data Security Policy Adherence | Chris Pitts;Corey Epps | Mon 4/2/18 | Fri 11/30/18 | | | 62% | | |
| 17 17.4.1.3 | Validate Authorization and Authentication Policy Adherence | Chris Pitts;Corey Epps | Fri 12/1/17 | Fri 11/30/18 | | | 61% | | |
| 17 17.4.1.4 | Validate Auditing and Logging Policy Adherence | Chris Pitts;Corey Epps | Fri 12/1/17 | Fri 11/30/18 | | | 0% | | |
| 17 17.5 | IT Deliverables | | Mon 12/4/17 | Wed 1/15/20 | | | 0% | | |
| 17 17.5.1 | Complete IT - HiTrust Certification | Corey Epps | Fri 12/15/17 | Wed 1/15/20 | | | 100% | | |
| 17 17.5.1.1 | HiTrust Self Assessment | Corey Epps | Fri 12/15/17 | Mon 1/15/18 | | | 100% | | |
| 17 17.5.1.2 | HiTrust Certification Achieved | Corey Epps | Mon 1/15/18 | Wed 1/15/20 | | | 72% | | |
| 17 17.5.2 | Security review of Office 365 | Corey Epps | Mon 12/4/17 | Fri 12/15/17 | | · | 70% | | |
| 17 17.5.3 | Enable IT-Office 365 (Discovery Only) | Corey Eggs | Mon 12/18/17 | Mon 1/22/18 | | | 70% | | |



| Project Voya | | 202 | Confidential | | RELE | ASE CONFIG N | IGMT | | | | | | |
|--|-----------------------------|------------------|---|---|------------------------------------|-------------------------------------|--------------------------|----------------------------|----------------------|----------------------|----------------------------|---------------------|--|
| Project voya Last Undated: 4 | ger | 2020 |) Project Confidential | | | | | | | | | | |
| | | | | | | | | | | | | | Workstream Decondencies Swent Decondencies |
| | | | | | | | | | | | | | |
| | vent / Forkstr sam ID | Milest one ID | Milestone/Activity | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (IngenioRx) | Owner (CVS) | Start Date | Due Date | Status | Percent Complete | Comments Liping and Comments Comme |
| elease & Configuration | 20 | 20 | Ongoing vendor engagement | | | | John Swift | Alexis Paul | 11/27/2017 | 11/27/2017 | Complete | 100% | |
| telease & Configuration | 20 | 20.1 | ioint Release Strategy - BEGIN | 4.3.0 | | RM Internal Work Stream Approval | John Swift | Alexis Paul | 11/27/2017 | 1/29/2018 | Complete | 100% | |
| telease & Configuration | 20 | 20.1.1 | Research and Analysis | | | JURISH PARAMETER | John Swift | Alexis Paul | 11/27/2017 | 12/20/2017 | | | |
| elease & Configuration | | | Identify and Review CVS and IngenioRx Rel Management Process | | | | John Swift | Alexis Paul | 11/27/2017 | 12/15/2017 | Complete | 100% | |
| telease & Configuration | | | Identify and Review CVS and IngenioRx Rel Management Tools | | | | John Swift | Alexis Paul | 11/27/2017 | 12/15/2017 | Complete | 100% | |
| telease & Configuration | | | Identify and Review CVS and IngenioRx Rel Calendars Review Preliminary Joint Release Calendar between IngenioRx and | | | | John Swift | Alexis Paul | 11/27/2017 | 12/15/2017 | Complete | 100% | |
| telease & Configuration | | | CVS | | | | John Swift | Alexis Paul | 11/27/2017 | 12/15/2017 | Complete | 100% | |
| telease & Configuration telease & Configuration | 20 | 20.1.2 | Draft Release Management Strategy - BEGIN Assim Roles and Responsibilities role for Rel Management | | | | John Swift John Swift | Alexis Paul Alexis Paul | 12/4/2017 | 12/20/2017 | Consists | 100% | |
| | | 20.1.2.2 | Define Glassam of Terms - Cross Companies | | | | John Swift John Swift | Alexis Paul | 12/4/2017 | 1/19/2018 | Not Started | 0% | |
| telease & Configuration | 20 | 20.1.2.1 | | | | | John Swift | Alexis Paul | 12/4/2017 | 12/20/2017 | Complete | 100% | |
| telease & Configuration telease & Configuration | 20 | 0.1.2.3 | Joint Release Process Flow Joint RMB Process (Release Management Board) | | | | John Swift John Swift | Alexis Paul Alexis Paul | 12/4/2017 | 12/20/2017 | Complete | 100% | |
| telease & Configuration | 20 | 0.1.2.3. | Joint RMS Meeting Calendar | | | | John Swift | Alexis Paul | 12/4/2017 | 12/20/2017 | Complete | 100% | |
| telease & Configuration | 20 | 0.1.2.3. | Joint Release Calendar 2018 (Majors/Minor/Outages) | | | | John Swift | Alexis Paul | 12/4/2017 | 12/20/2017 | Complete | 100% | |
| telease & Configuration telease & Configuration | 20 | 20.1.3 | Completed Relapse Strategy for Work Stream Review and | | | | John Swift | Alexis Paul Alexis Paul | 12/4/2017 | 12/20/2017 | Complete | 100% | |
| telease & Configuration | | | Draft Release Management Strategy - END | | | | John Swift John Swift | Alexis Paul | 12/4/2017 | 12/20/2017 1/19/2018 | Not Started | 100% | |
| elease & Configuration | | | Refine Release Management Strategy - BEGIN Update Release Strategy/Calendar 2018 based on revised WS Work | | | | John Swift | Alexis Paul | 12/20/2017 | 1/19/2018 | On Track | 85% | |
| | | | Plans | | | | | | | | | | |
| telease & Configuration telease & Configuration | | | Review and Approve Release Management Strategy | | | | John Swift | Alexis Paul | 1/15/2018 | 1/19/2018 | On Track Not Started | 85% | |
| telease & Configuration | | | Refine Release Management Strategy - END TMO Review - BEGIN | 4.3.2 | | | John Swift John Swift | Alexis Paul Alexis Paul | 1/22/2018 | 1/19/2018 1/26/2018 | Not Started Not Started | | |
| telease & Configuration | | | Socialize with TMO | 4.3.2 | | | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started Not Started | | |
| telease & Configuration | | | TMO Review and Approvals | | | | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started | | |
| telease & Configuration | | | TMO Review - END | | | | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started | | |
| | | | ioint Release Strategy - END | | | RM Internal Work | John Swift | Alexis Paul | 11/27/2017 | 1/26/2018 | Not Started | | |
| | | | Release Management Policies and Protocols - BEGIN | | | Stream Approval | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started | | |
| Release & Configuration | | | Draft Policies and Procedures - BEGIN | | | | John Swift | Alexis Paul | 12/18/2017 | 1/26/2018 | Not Started | | |
| telease & Configuration telease & Configuration | 20 | 20.3.1.1 | Define Joint RMB (Process) | | | | John Swift | Alexis Paul Alexis Paul | 12/18/2017 | 1/19/2018 | On Track On Track | | |
| telease & Configuration | | | Define Joint FMB Meeting Calendar (Artifact) Define process for managing Integrated Release Schedule | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| telease & Configuration | | | Methods and Tools (Process) Define Release Notes (Template) | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| elease & Configuration | | | Define Release Notes (Process) | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| telease & Configuration | | | Develop solution for a weekly release view to with input from release management tools (Process) | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| telease & Configuration | 20 | 20.3.1.7 | Integrate with Release Management Office on policy and procedures Ingeniofix Side (Action) | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| telease & Configuration | 20 | 20.3.1.8 | Define process for managing Integrated Release Schedule Methods and Tools(Process) | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| telease & Configuration | 20 | 20.3.1.5 | Manage and mitigate risks (Tracker) | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| telease & Configuration | 20 | 20.3.2 | Draft Policies and Procedures - END | | | | John Swift | Alexis Paul | 12/18/2017 | 1/19/2018 | On Track | | |
| elease & Configuration | 20 | 20.3.3 | TMO Review - BEGIN | 4.3.2 | | | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started | | |
| telease & Configuration | | | Socialize with TMO | | | | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started | | |
| telease & Configuration | | | TMO Review and Approvals | | | | John Swift | Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started | | |
| telease & Configuration telease & Configuration | | | TMO Review - END Draft Brilinias and Propartures - END | | | | John Swift | Alexis Paul Alexis Paul | 1/22/2018 | 1/26/2018 | Not Started Not Started | | |
| | | | Draft Policies and Procedures - END Communication Plan - BEGIN | | | | John Swift John Swift | Alexis Paul | 1/20/2019 | 1/19/2018 | Not Started Not Started | | |
| telease & Configuration | | | Develop communication plan | | | | John Swift | Alexis Paul | 1/20/2018 | 1/26/2018 | Not Started | | |
| elease & Configuration | | | Communicate Release Management Strategy Plan (Strategy, Processes, | | | | John Swift | Alexis Paul | 1/29/2018 | 1/31/2018 | Not Started | | Recurring for each Release Date/ Release |
| lelease & Configuration | | | Calendar) Communication Plan - END | | | | John Swift | Alexis Paul | 1/20/2018 | 1/31/2018 | Not Started | | dates are still being determined |
| telease & Configuration | 20 | 20.5 | Communication Plain - END SEGIN VOYAGER 2020 RELEASE MANAGEMENT CADENCE | 4.6.5 | | | John Swift John Swift | Alexis Paul Alexis Paul | 2/12/2018 | 2/16/2018 | Not Started Not Started | | |
| telease & Configuration | 20 | 20.8 | 1019 Release Calendar Published | | | | June June 1 | Alexis Paul | 7/1/2018 7/1/2018 | 7/1/2018 | Not Started | | |
| talanca & Canfinuation | 20 | 20.9 | Neview Resoucing Plan for Short and Long Term Needs | | | | John Swift | Alexis Paul | 7/1/2018 | 7/1/2018 | Not Started | | |

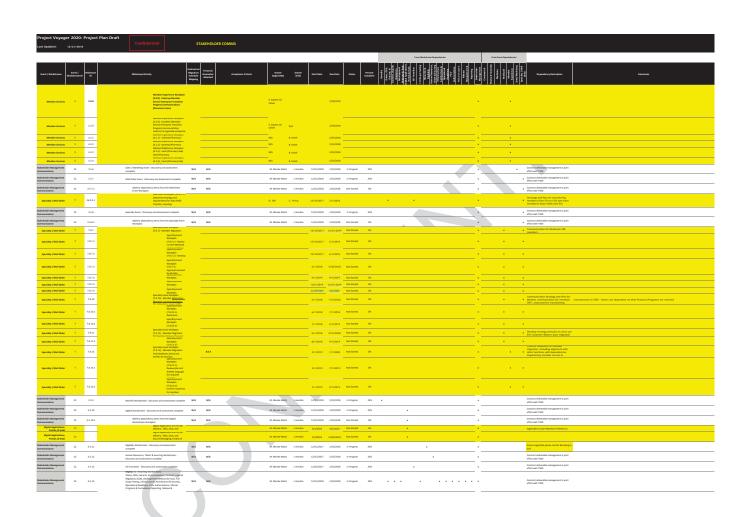
| Project | Speedwa 12/15/2017 | ay: Proje | t Plan Draft | REPORTING | | | | | | |
|-------------------------------------|--------------------------|--------------------------|---|--------------------------|----------------------------------|--------------------------|-------------------------------------|-------------------------------------|----------------------------------|---|
| Last Opda | 12/15/2017 | | Confidential | | | | | | | |
| | | | | | | | | | | Cross-Weet Internan Deprendencies Cross-Weet Internan Deprendencies Cross-Weet Internan Deprendencies Cross-Weet Internan Deprendencies |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Acceptance Criteria | Owner (Inseniofix) | Owner (CVS) | Start Date | Due Date | Status | Princent a ELE (E) File will be a file of the size of |
| | | | | lance in the females of | (, | ** ** | | | | |
| Reporting | 21 | | Create IngenioRx Current State Inventory of Reporting for Transition InsertioRx to evaluate interface inventory provided by Claims. ODS. | confirm | L Amari | N/A | 10/19/2017 | 1/31/2018 | On Track | |
| Reporting | 21 | 21.1.1 | Extracts & Accums beam and identify reporting gaps insertions functional owners to pull together current reporting | | L. Ansari | N/A | 10/19/2017 | 11/17/2017 | Complete | |
| Reporting | 21 | 21.1.2 | Inventory list with the interface inventory as reference Medicare / Medicald current reporting inventory list | | L. Ansari L. Ansari | N/A N/A | 11/1/2017 | 12/31/2017 | On Track On Track | |
| Reporting Reporting | 21 21 | 21.1.2.1.1 | Medicare / Medicaid CMS mandated reports Medicare / Medicaid CMS mandated reports Medicare / Medicaid Client reports | | L. Amari L. Amari | N/A N/A | 11/1/2017 | 12/31/2017 | Complete On Track | ne 100% |
| Reporting | 21 21 21 | 21.1.2.1.3 | Medicare / Medicaid Health Plan reports | | L Ansari L Ansari | N/A N/A | 11/1/2017 | 1/31/2018 | On Track | k 0% |
| Reporting Reporting | 21 | 21.1.2.2 | Medicare / Medicaid Adhoc reports Commercial current reporting inventory list | | L Ameri | N/A | 11/1/2017 | 1/31/2018 | On Track | k ON x |
| Reporting | 21 21 | 21.1.2.2.1 | Commercial Client reports | | L. Amuri L. Amuri | N/A N/A | 11/1/2017 | 1/31/2018 | On Track On Track | k 0% |
| Reporting Reporting | 21 21 | 21.1.2.2.3 | Commercial Adhoc reports Mail / Specialty current reporting inventory list | | L. Amuri L. Amuri | N/A N/A | 11/1/2017 11/1/2017 | 1/31/2018 1/31/2018 | On Track On Track | |
| Baroctina | 21 | 21.1.2.3.1 21.1.2.3.2 | Mail / Specialty Client reports Mail / Specialty Standard reports | | I Accord | | 11/1/2017 | 1/11/2018 | On Track | k ns |
| Reporting Reporting Reporting | 21 21 21 | 21.1.2.3.3 | Mail / Specialty Adhoc reports Clinical & Formulary current reporting inventory list | | L Ansari L Ansari L Ansari | N/A N/A N/A | 11/1/2017 11/1/2017 11/1/2017 | 1/31/2018 1/31/2018 1/31/2018 | On Track On Track On Track | k 0% x x x x x |
| Reporting | 21 | 21.1.2.4.1 | Clinical & Formulary Client reports | | L. Ansari | N/A | 11/1/2017 | 1/31/2018 | On Track | k ON x |
| Reporting Reporting | 21 21 | 21.1.2.4.2 21.1.2.4.3 | Clinical & Formulary Standard reports Clinical & Formulary Adhoc reports | | L. Ansari L. Ansari | N/A N/A | 11/1/2017 11/1/2017 | 1/31/2018 1/31/2018 | On Track On Track | k DN x |
| Reporting Reporting | 21 21 | 21.1.2.5 | Member Experience current reporting inventory list Member Experience Client reports | | L. Amuri L. Amuri | N/A N/A | 11/1/2017 | 1/31/2018 1/31/2018 | On Track On Track | k 0% x x x x |
| Reporting | 21 21 | 21.1.2.5.2 | Member Experience Standard reports Member Experience Adhoc reports | | L. Amuri L. Amuri | N/A N/A | 11/1/2017 11/1/2017 | 1/31/2018 1/31/2018 | On Track On Track | k 076 x x x x x x x x x x x x x x x x x x x |
| Reporting | 21 | 21.1.3 | IngenioRx functional owners to cross-reference review and add in | | L. Ansari | N/A | 11/1/2017 | 1/31/2018 | On Track | |
| | | | supplemental reports to create a holistic view of the current state | CVS provides | | | | | | |
| Reporting | 21 | 21.2 | CVS Reporting Capability Assessment | reporting information | L Ansari | J. Hendrix | 11/6/2017 | 2/28/2018 | On Track | k 0% |
| Reporting | 21 | 21.2.1 | Initial CVS reporting capability assessment | requested | L. Amuri | J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | k 0% x x x x x x x x x x x x x x |
| Reporting | 21 | 21.2.1.1 | IngenioRx to understand CV5' macro level tools and reporting options, including analytical toolset, client reporting package, etc. | | L. Ansari | J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | k 0% x x x x x x x x x x x x x |
| Reporting | 21 | | Deep dive capability assessment for specific functions | | L Ameri | J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | 8 05 x x x x x x x x x x x x x x x x |
| Reporting | 21 | 21.2.2.1 | CVS to share reports for Medicare / Medicald; IngenioRx to | | L Ansari | J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | |
| Reporting Reporting | 21 21 | 212211 | understand Member Experience reportine options Medicare / Medicaid CMS mandated reports Medicare / Medicaid Client reports | | L. Amari L. Amari | J. Hendrix J. Hendrix | 11/1/2017 | 1/31/2018 | On Track On Track | 95 |
| Reporting | 21 | | Medicare / Medicaid Health Plan reports | | L. Ansari | J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | k 0% x x |
| Reporting | 21 21 | 212.214 | Medicare / Medicaid Adhoc reports CVS to share / demo reports for Commercial; IngenioRx to understand | | L. Amuri L. Amuri | J. Hendrix J. Hendrix | 11/1/2017 | 1/31/2018 | On Track | |
| Reporting | 21 | | Commercial reporting options Commercial Client reports | | L. Ansari | J. Hendrix | 11/13/2017 | 1/31/2018 | On Track | k 0% x |
| Reporting | 21 21 | 212222 | Commercial Standard reports Commercial Adhoc reports | | L. Amuri L. Amuri | J. Hendrix J. Hendrix | 11/13/2017 | 1/31/2018 | On Track On Track | 8 0% x x x |
| Reporting | 21 | 21.2.2.3 | CVS to share / demo reports for Specialty; IngenioRx to undentand Specialty reporting options | | L Ansari | J. Hendrix | 11/13/2017 | 1/31/2018 | On Track | k DN x |
| Reporting | 21 | 212231 | Specialty Client reports | | L. Amari | J. Hendrix I. Hendriy | 11/13/2017 | 1/31/2018 | On Track | k ox |
| Reporting Reporting | 21 21 | 212232 | Specialty Standard reports Specialty Adhoc reports | | L. Ansari L. Ansari | J. Hendrix J. Hendrix | 11/13/2017 | 1/31/2018 | On Track On Track | |
| Reporting | 21 | 21.2.2.4 | CVS to share / demo reports for Clinical and Formulary; IngenioRx to understand Clinical and Formulary reporting options | | L. Ansari | J. Hendrix | 11/13/2017 | 1/31/2018 | On Track | k on x |
| Reporting | 21 | 21.2.2.4.1 | Clinical and Formulary Client reports | | L. Amuri | J. Hendrix | 11/13/2017 | 1/31/2018 | On Track | |
| Reporting | 21 21 | 212.242 | Clinical and Formulary Standard reports Clinical and Formulary Adhoc reports | | L. Amuri L. Amuri | J. Hendrix J. Hendrix | 11/11/2017 | 1/31/2018 1/31/2018 | On Track On Track | |
| Reporting | 21 | 21.2.2.5 | CVS to share reports for Financial; IngenioRx to understand Financial | | L Ansari | J. Hendrix | 11/11/2017 | 2/28/2018 | On Track | |
| Reporting | 21 21 | 21.2.2.5.1 21.2.2.5.2 | reporting options Financial Client reports | | L. Amari L. Amari | J. Hendrix | 11/13/2017 | 2/28/2018 2/28/2018 | On Track On Track | 2 ON 2 |
| Reporting | 21 21 | 212.252 | Financial Standard reports Financial Adhoc reports | | L. Ansari L. Ansari | J. Hendrix J. Hendrix | 11/13/2017 11/13/2017 | 2/28/2018 | On Track On Track | |
| Reporting | 21 | 21.2.2.6 | CVS to share reports for Member Experience; IngenioRx to understand Member Experience reporting options | | L. Amsari | J. Hendrix | 11/11/2017 | 2/28/2018 | On Track | |
| Reporting | 21 21 | 212261 | Member Experience Client reports Member Experience Standard reports | | L. Ansari L. Ansari | J. Hendrix J. Hendrix | 11/13/2017 | 2/28/2018 2/28/2018 | On Track On Track | |
| Reporting | 21 | 21.2.2.5.3 | Member Experience Adhoc reports Align on Hierarchy & Eligibility Strategy | Jointly agreed on Hie | L Ansari L Ansari | J. Hendrix J. Hendrix | 11/13/2017 | 2/28/2018 2/28/2018 | On Track | k 0% x |
| Reporting | 21 | 21.3 | Align on Hierarchy & Eligibility Strategy Reporting team to provide requirements to Hierarchy & Eligibility | Annay agreed on Hiel | L Ansari L Ansari | J. Hendrix J. Hendrix | 12/1/2017 | 2/28/2018 | On Track On Track | |
| Reporting | 21 | 21.3.2 | Hierarchy & Eligibility beam set up strategy | | L. Amari | J. Hendrix | 12/1/2017 | 2/28/2018 | On Track | k 0% x |
| Reporting | 21 21 | 21.3.3 21.4 | Reporting team to review and align Conduct HCA Architectural Strategy | | L. Amari C. Wheelock | J. Hendrix R. Sangili | 12/1/2017 | 2/28/2018 3/31/2018 | On Track On Track | k 0% x x x x x x x x x x x x x x x x x x |
| Reporting | 21 | 21.4.1 | The strategy will produce: Current State Diagram, Future State Diagram, Inventory of Use Cases, Data Feeds / Interfaces: both | 4 | C. Wheelock | R: Sangil | 12/18/2017 | 3/31/2018 | On Track | k 0% x |
| | | | Inbound and out, Dependencies, Runout, History, All Warehouse and | | | | | | | |
| Reporting | 21 | 21.5 | Finalize decisions on report ownership: IngenioRx or CVS IngenioRx to evaluate information to reach an initial disposition for | Jointly sign off | L Amari | J. Hendrix | 1/1/2018 | 2/28/2018 | On Track | |
| Reporting | 21 | 21.5.1 | each report in the current state inventory list completed in 21.1.3 Identify disposition categories - Remove. To be Retired. No Changes. | | L Amari | J. Hendrix | 1/1/2018 | 2/28/2018 | On Track | k 0% ххх х х х х ххххх |
| Reporting | 21 | 21.5.1.1 | Identify disposition categories - Remove, To be Retired, No Changes, Data Source Change, Data Source & Report Change, Transition to CVS, Create New Report | | L Amari | J. Hendrix | 1/1/2018 | 1/15/2018 | On Track | k OS xxxx x x x x xxxxx |
| Reporting | 21 | 21.5.1.2 | Validate disposition with event teams | | L. Amari | J. Hendrix | 1/15/2018 | 2/28/2018 | On Track | |
| Reporting | 21 | 21.5.2 | IngenioRx to initially define IngenioRx/CVS Ownership for reports based on business needs For CVS owned reports, communicate it to CVS and start estimating | | L. Amsari | J. Hendrix | 1/15/2018 | 2/28/2018 | On Track | |
| Reporting | 21 | 21.5.2.1 | new reports need to be built For IngenioRx owned reports, identify/validate appropriate ownership | | L Amari | J. Hendrix | 1/15/2018 | 2/28/2018 | On Track | |
| Reporting | | | within IngenioRx | | | | 4,14,1010 | 4,44,444 | On Track | |
| deporting | 21 | 21.6 | Wave 1 Report Design and Build (including Regulatory Reports) CVS and IngenicRx to identify any new reports need to be built and any | | | J. Hendrix / R. Sangili | 3/1/2018 | 6/30/2018 | On Track | |
| Reporting | 21 | 21.6.1 | CVS and IngenioRx to identify any new reports need to be buit and any modification to the existing reports. Mitigate any scope risk to timeline. | | L. Ansari / C. Wheelock | | 3/1/2018 | 3/15/2018 | On Track | |
| Reporting | 21 | 21.6.2 | Set Regulatory reporting testing strategy | | L Ansari / C. Wheelock | | | 3/31/2018 | On Track | |
| deporting | 21 | 21.6.3 | Gather business and IT requirements from events / workstreams | | L. Ansari / C. Wheelock | z. mendrix / R. Saingili | 3/1/2018 | 3/31/2018 | On Track | k OS x x x x |
| | | | | | | | | | | |

| ject S Jpda 1 | peedwa 2/15/2017 | ay: Proje | ct Plan Draft Confidential | REPORTING | | | | | | | | | | | | | | | | | | | |
|------------------|---------------------|------------------------|--|---|---|--|------------------------|--------------------------|----------------------|---------------------|--|--|--------------|--|--|-----------|----------------|-----------|----------|-----------------|--|----------|---|
| | | | | | | | | | | | | Cross-Wor | kstream Depe | endencies | | Co | oss-Event Depe | ndencies | | | | | |
| | Event/ | | | | A | Owner | | | | ~ | E 2 0 4 8 | 4 E E | # 2 A E | 10 10 11 | o se | 1 m 2 m 1 | 8 2 3 | 1 k | | | | | |
| m v | orkstream ID | Milestone ID | Milestone/Activity | Acceptance Criteria | (IngenioRx) | (CVS) | Start Date | Due Date | Status | Percent Complete | Agt Benefitting (Kratt amplia | 26 20 43 26 | Feet Street | Trastr Tr | Refess In ages Report | m me man | Medic | Na all a | Depender | ncy Description | | Comments | |
| 'n | 21 | 21.6.4 | Define changes need to be made in the dataware house CVS to provide design plan for regulatory reports identified to be | | L Ansari / C. Wheelock | | 3/16/2018 | 4/28/2018 | On Track | 0% | | 1 4 7 | | 72 19 1 | 51 21 I | , 2 V | хх | N - | | | | | |
| | 21 21 | 21.65 21.66 | modified / built out CVS has regulatory reports identified built and implemented | | | J. Hendrix / R. Sangili J. Hendrix / R. Sangili | 4/1/2018 5/1/2018 | 4/28/2018 6/30/2018 | On Track On Track | 0% | × | | | | | × | x x | | | | | | |
| | 21 | 21.7 | Wave 2 Report Design and Build (Including Client Reports, Standard | | L. Amari / C. Wheelock | | | 9/30/2018 | On Track | es. | x x 1 | | x | x | | x x | | x x x | | | | | |
| | | | Reports & Reporting Tools - ReNavigator, Reinsights) CVS and InternioRs to identify any new reports need to be built and an | | | | | | | | | | | | | | | | | | | | |
| | 21 | 21.7.1 | CVS and IngenioRx to identify any new reports need to be buit and an modification to the existing reports. Mitigate any scope risk to timeline. | | L. Ansani / C. Wheelock | | 3/1/2018 | 3/31/2018 | On Track | 0% | x x x | | × | × | | | | x x x | | | | | |
| | 21 | 21.7.2 | Set Client / Standard reporting testing strategy Gather business and IT requirements from events / workstreams | | L Ansari / C Wheelock | J. Hendrix / R. Sangili J. Hendriy / R. Sangili | 4/1/2018 3/1/2018 | 4/28/2018 4/28/2018 | On Track | 0% | * * * | | x x | * | × | | | x x x | | | | | |
| | 21 | 21.7.4 | Define changes need to be made in the dataware house | | L Ansari / C Wheelock | | 4/1/2018 | 4/28/2018 | On Track | 0% | x x x | | | | × | | | * * * | | | | | |
| | 21 | 21.7.5 | CVS to provide design plan for reports identified to be modified / built out | | L Ansani / C. Wheelock | J. Hendrix / R. Sangili | 5/1/2018 | 5/31/2018 | On Track | 0% | x x x | × | × | × | × | x x | x x | x x x | | | | | |
| | 21 | 21.7.6 | CVS has Client / Standard reports identified built and implemented | | L Ansari / C. Wheelock | | 6/1/2018 | 9/30/2018 | On Track | 0% | x x x | | × | × : | × | | | * * * | | | | | |
| | 21 | 21.7.6.1 21.7.6.2 | Client Report / Standard Report Identified as gap IngerioRx customized fields and reports in RxNavigator | | L. Ansari / C. Wheelock L. Ansari / C. Wheelock | J. Hendrix / R. Sangili J. Hendrix / R. Sangili | 6/1/2018 6/1/2018 | 9/30/2018 9/30/2018 | On Track On Track | 0% 0% | x x x x | × | x | x x | × | x x | x x | x x x x x | | | | | |
| | 21 | 21.7.6.3 | Ridnsight enhancements and customization, e.g. customized ingerioRx client review materials (including content and branding) | | L Ansari / C. Wheelock | J. Hendrix / R. Sangili | 6/1/2018 | 9/30/2018 | On Track | 0% | x x x | * | × | * | × | x x | х х | x x x | | | | | |
| | 21 | 21.6 | Wave 3 Report Design and Build (Including Ad-Hoc Reports) | | L. Amari / C. Wheelock | J. Hendrix / R. Sangili | 3/1/2018 | 12/31/2018 | On Track | 0% | x x 1 | | ж | × | × | x x | х х | x x x | | | | | |
| | 21 | 21.8.1 | C/S and IngenioRx to identify any new reports need to be built and an modification to the existing reports. Mitigate any scope risk to timeline. | | L Ansari / C. Wheelock | | 3/1/2018 | 4/28/2018 | On Track | 0% | x x x | × | × | * | × | х х | * × | x x x | | | | | |
| | 21 | 21.8.2 | Set Ad-Hoc reporting testing strategy | | L. Ansani / C. Wheelock | | 3/1/2018 | 4/28/2018 | On Track | 0% | x x x | | × | × | × | | | x x x | | | | | |
| | 21 21 | 21.83 21.84 | Gather business and IT requirements from events / workstreams Define changes need to be made in the dataware house | | L. Ansari / C. Wheelock L. Ansari / C. Wheelock | | 3/1/2018 5/1/2018 | 5/31/2018 5/31/2018 | On Track On Track | 0% 0% | x x x | | x x | x x | x x | | | x x x x x | | | | | |
| | 21 | 21.8.5 | CVS to provide design plan for reports identified to be modified / built out | | L Ansari / C. Wheelock | | 6/1/2018 | 7/31/2018 | On Track | 0% | x x x | | × | × | × | | | x x x | | | | | |
| | 21 | 21.8.6 | CVS has Ad-Hoc reports identified built and implemented Report Run-Out | Strategy Set for | L. Ansari / C. Wheelock L. Ansari | J. Hendrix / R. Sangili J. Hendrix | 8/1/2018 1/1/2018 | 12/31/2018 | On Track | 0% 0% | x x x | ж | x x | x | × | х х | х х | x x x | | | | | |
| | 21 | 21.9 | Report Run-Out Align with ESI transition team on strategy for report run-out | Report Run-Out | L Ansari | J. Hendrix | 1/1/2018 | 1/31/2019 | On Track | 0% | | | | | | | | | | | | | |
| | 21 | 21.9.2 | IngenioRx and CVS to align on strategy for CVS to assist in keeping business continuity for reporting | | L. Amari | J. Hendrix | 1/31/2018 | 3/31/2018 | On Track | 0% | | x | * | | | | | | | | | | |
| | 21 | 21.9.3 | Review and sign-off on ESI transition team requirements for ESI claim history and insensoRx eliminations | | L. Amari | J. Hendrix | 2/28/2018 | 3/31/2018 | On Track | 0% | | | × | | | | | | | | | | |
| | 21 | 21.9.4 | CVS completes data warehouse mapping for ESI claims and eligibility history (owned by ESI Transition team) | | L. Amari | J. Hendrix | 4/1/2018 | 6/30/2018 | On Track | 0% | | | × | | | | | | | | | | |
| | 21 | 21.9.5 | CVS loads 1 st set of ESI claims and eligibility history into report test environment prior to parallel testing (owned by ESI Tramition team) | | L. Amari | J. Hendrix | 6/30/2018 | 12/31/2018 | On Track | 0% | | | | | | | | | | | | | |
| | 21 | 21.9.6 | CVS loads complete ESI claims and eligibility history into production | | L Ansari | J. Hendrix | 6/30/2019 | 12/31/2019 | On Track | 0% | | | | | | | | | | | | | |
| | 21 | 21.10 | report environment for go-live (owned by ESI Transition team) | Model Office Testing | L. Amari / C. Wheelock | | 12/18/2017 | 6/29/2019 | On Track | 0% | | | | | | | | | | | | | |
| | 21 | 21.10.1 | Model Office Testing (8IPV) Preparation & Participation Understand and align testing needs from Reporting Prepare for the reporting capability needed for the testing | | L. Ansari / C. Wheelock | J. Hendrix / R. Sangili | 12/18/2017 | 1/31/2018 | On Track | 0% | | | | | | | | | | | | | |
| | 21 21 | 21.10.2 | environment Process set up for error resistion | | L Ansari / C. Wheelock L Ansari / C. Wheelock | | 2/1/2018 6/1/2018 | 9/17/2018 9/17/2018 | On Track On Track | 0% | | 1 | | | | | | | | | | | |
| | 21 | 21.10.4 | Model testing runs and validate reporting related testing results | | L Ansari / C. Wheelock | | 9/17/2018 | 6/29/2019 | On Track | 0% | | | | | | | | | | | | | |
| | 21 | 21.11 | Reporting Business Process IngenioRx and CVS to discuss reports request / intake and escalation | IngenioRx signs off | L Ansari L Ansari | J. Hendrix J. Hendrix | 7/1/2018 7/1/2018 | 12/31/2018 12/31/2018 | On Track On Track | 0% 0% | * * * | | × | x : | | | x x | * * * | | | | | |
| | 21 | 21.11.2 | process CVS to provide report request / intake and escalation process | | L Ameri | J. Hendrix | 7/1/2018 | 12/91/2018 | On Track | on. | | | | | | | | * * * | | | | | |
| | 21 | 21.11.3 | documentation for signoff CVS to provide reporting resouce structure | | L. Amuri | J. Hendrix | 7/1/2018 | 12/31/2018 | On Track | ox | x x x | | x | | ĸ | | x x | | | | | | |
| | 21 | 21.12 | Private Labeling Align on labeling guideline & strategy, acceptance of plan for | Private Labeling Built In | L Amari | J. Hendrix | 11/14/2017 | 12/31/2018 | On Track | ox. | | * | | | | | | * | | | | | |
| | 21 | 21.12.1 | | | L Ansari L Ansari | J. Hendrix J. Hendrix | 11/14/2017 1/1/2018 | 1/31/2018 | On Track On Track | 0% | | * | | | | | | * | | | | | |
| | ** | 21.12.3 | Implementation Provide reporting requirements for private labeling Review and sign off on Digital track client reporting portal Private | | L. Ansari | J. Hendrix | 3/1/2018 | 3/31/2018 | On Track | 0% | | * | | | | | | * | | | | | |
| _ | 21 | 21.12.4 | Label requirements User testing and sign-off on client reporting portal Private Label | недынетолы | L Ansari 🔔 | J. Hendrix | 5/1/2018 | 12/31/2018 | On Track | 0% | | x | | | | | | × | | | | | |
| | 21 | 21.13 | Claims Surveillance | Completed for Claims Surveillance | L. Amari / C. Wheelock | J. Hendrix / R. Sangili | 1/1/2018 | 12/31/2019 | On Track | 0% | x x x | | | | | | | | | | | | |
| | 21 | 21.13.1 | Understand Claims Surveillance Highlevel Requirements | | | J. Hendrix / R. Sangili | | 1/31/2018 | On Track | 0% | * * * | | | | | | | | | | | | |
| | 21 | 21.13.1.1 | Gather highly level butsness and IT requirements for Claims Surveillance process and automated Claims Surveillance tool Submit High Level requirements plan to CVS | | L Ansari / C Wheelook | J. Hendrix / R. Sangili | 1/1/2018 | 1/31/2018 | On Track | 0% | * * * | | | | | | | | | | | | |
| | 21 | 21.13.1.5 | Determine detail requirements for Parallel Processing vs. Post-Go Live | | L. Ansari / C. Wheelock | J. Hendrix / R. Sangili | 2/1/2018 | 4/30/2018 | On Track | 0% | * * * | | т ж | | | | | | | | | | |
| | 21 21 | 21.13.1.5.2 | Gather requirements from Reporting perspective Gather requirements from audit perspective | | L. Ansari / C. Wheelock L. Ansari / C. Wheelock | J. Hendrix / R. Sangili J. Hendrix / R. Saneili | 2/1/2018 | 4/30/2018 4/30/2018 | On Track On Track | 0% 0% | * * * | | x x | | | | | | | | | | |
| | 21 | 21.13.1.5.3 | Gather requirements from algorithm perspective CVS IT and Enterprise Analytics team starts IT plan | | L. Ansari / C. Wheelock L. Ansari / C. Wheelock L. Ansari / C. Wheelock | I Handriy / B Saneth | 2/16/2018 | 4/30/2018 4/30/2018 | On Track | 0% | | | . x | | | | | | | | | | |
| | 21 | 21.13.1.7 | Plan for capacity testing | | L Ansari / C. Wheelock | J. Hendrix / R. Sangili | 1/1/2018 | 4/30/2018 | On Track | os | x x x x | | | | | | | | | | | | |
| | 21 | 21.13.2 | Claims Surveillance for Parallel Testing | Claims Surveillance Functionality Set Up | L Ansari / C. Wheelock | J. Hendrix / R. Sangili | 4/1/2018 | 9/27/2019 | On Track | 0% | x x x | | | | | | | | | | | | |
| | | | | for Parallel Testing | | | | | | | | | | | | | | | | | | | |
| | 21 21 | | Design Parallel Processing functionality Build Parallel Processing functionality | | L Ansari / C Wheelock L Ansari / C Wheelock | J. Hendrix / R. Sangili J. Hendrix / R. Sangili | 4/1/2018 5/1/2018 | 4/30/2018 2/15/2019 | On Track On Track | 0% 0% | x x x | | K K | | | | | | | | | | |
| | 21 21 | 21.13.2.3 21.13.2.4 | System testing Test Parallel Processing functionality | | L. Ansari / C. Wheelock L. Ansari / C. Wheelock | J. Hendrix / R. Sangili J. Hendrix / R. Sangili | 1/1/2019 2/15/2019 | 2/15/2019 9/27/2019 | On Track On Track | 0% 0% | * * * * | - 1 | x x | | | | | | | | | | |
| | | | | Claims Surveillance Functionality Set Up | | | | | | | | | | | | | | | | | | | |
| | 21 | 21.13.3 | Claims Surveillance for Post Go-Live | Functionality Set Up for Post-Go Live | L. Ansari / C. Wheelock | J. Hendrix / R. Sangili | 4/1/2019 | 12/31/2019 | On Track | 0% | x x x | , | | | | | | | | | | | |
| | 21 | 21.13.3.1 | Design Post-Go Live Processing functionality Build Post-Go Live Processing functionality | | L Ansani / C. Wheelock | J. Hendrix / R. Sangili | 4/1/2019 | 5/31/2019 | On Track | 0% | x x x | | т ж | | | | | | | | | | |
| | 21 | 21.13.3.2 21.13.3.3 | Build Post-Go Live Processing functionality Test Post-Go Live Processing functionality | | L Ansari / C Wheelock L Ansari / C Wheelock | J. Hendrix / R. Sangili J. Hendrix / R. Sangili | 6/1/2019 8/1/2019 | 7/31/2019 9/30/2019 | On Track On Track | 0% | * * * * | - 1 | . x | | | | | | | | | | |
| | 21 | 21.13.3.4 | Some in Open a Sterile Printing | | C.A.tan / C. Wneelock | a. venoro: / n. sangili | NIT 1/ 2019 | 10/31/2019 | Un Irack | UN | _ x x x | | - | | | | | | | | | | _ |



| Project Voyage | r 2020: Project Pl | an Draft | | | | | | | | | | | | |
|--|---------------------------------------|--|---|--|-----------------------|----------------|---------------|--------------|-------------|--|--|--|---|---|
| Last Updated: | | | STAKEH | OLDER COMMS | | | | | | | | | | |
| | | | | | | | | | | Costs Warfoldware Dependenties | Cross Event Dependencies | | | |
| Event / Workstream | Event / Milestone Morkstream ID ID | Mileson/Astivity | Contractual Financi Migration Schedule Suaran | cial Rae Acceptance Criteria Red | Owner (Ingenistis) | (CAS) CMINA | | Due Date | Status | Process Pro | deficient defici | Dependency Description | | Contracts |
| Stakeholder Management | | istream Charter | N/A | CVSHealth and Ingerialty sign off on Charter document | M. Merite Willia | | 11/15/2017 1 | | | | | | Tarks and Activities to complete Charter as | |
| Caremunication Stakeholder Management Caremunication | 11 | soirty align on the charter sections as provided by IngenioNs. | N/A | | M. Media-Watts | | | | - | | | Contrait delverable management is joint offort with TMID | TANKE TO COMPANY | a country to open or some acceptance. |
| Communication | - 11 | | N/A | | M. Media-Watts | 1 Heldox | 11/19/2017 1 | 12/9/2017 1 | Compate | 300% × | | offert with TSAD | | |
| Stakeholder Managemeet Cammunication | 111 | Review and proude feedback ser: - Micropic floor of Single - Program Level - Single - Sin | N/A | | M. Mecke Watts | 1 Heodrix | 11/15/2017 1 | 12/6/2017 0 | Complete | 300% | | | | |
| Stakeholder Management Communication | 2.0 Wor | ligitan Updarins | N/A | CVSMealth and Ingeriolity sign off on Project Plan Updates | M. Merite Watts | J. Hendrix | 11/18/2017 12 | 2/81/2019 | On Track | 385 x | | | Tacks and activities to update SMC Worksto Completion of Charter and Scope, Complet | ram workgian based on completion of various Program and Workstream milezonec on of Joint Transition Plan, Quarterly updates as program moves forward. |
| Stakeholder Management Communication | 2.5 | Confirm Workplan Updates for Workstream and Event Joint Transition Plan vs.0 | N/A | | M. Media-Watts | J. Heodris | 11/18/2017 11 | 1/20/2017 | Complete | 500N x | | Contract deliverable management is joint effort with TIMO | Tacks and activities to review, update and updates in preparation for Joint Transition | onfirm Workplan items based on a variety of program milectones (after Charter confirmed, San, quarterly updates as program evolves). |
| Stakeholder Management Communication | 2.2 | Confirm Workplan Updates for Workstream and Event Joint Transition Plan v2.0 | N/A | | M. Media-Watts | J. Hendris | 11/21/2017 1 | 2/4/2017 | Complete | 500N x | | Contract deliverable management is joint effort with TIMO | | |
| Stakeholder Management Communication | 2.9 | Complete Workplan Updates based on Charter alignment | N/A | | M. Merite Watts | J. Hendris | 11/20/2017 1 | 2/4/2017 | Complete | 100N × | | | | |
| Stakeholder Management Communication | 2.4 | Complete Workplan Updates based on Charter refinement | N/A | | M. Merke-Watts | 1 Headris | 11/20/2017 12 | 0/18/2017 | Complete | 500N x | | | | |
| Stakeholder Management Communication | 2.5 | Confirm Workplan Updates for Workstream and Event Joint Transition Plan vt.0 | N/A | | M. Merke-Watts | 1 Hendris | 12/4/2017 12 | 0/15/2017 | Complete | 500% x | | Contract deliverable management is joint effort with YMO | | |
| Stakeholder Management Communication | 2.6 | Confirm Workplan Refinement Updates for Workstman and Event Joint Transition Plan is preparation for Final solet Transition Plan | N/A | | M. Merke Watts | J. Hendris | 13/15/2017 13 | 0/22/2017 | r Progress | Sex | | | | |
| Stakeholder Management Communication | 2.9 | Complete Workplan Updates on an quarterly basis as program evolves | N/A | | M. Merite Watts | J. Hendris | 1/1/2018 11 | 0/81/2018 N | ox Started | os . | | | | |
| Stakeholder Management Communication | 23.1 | Complete QS-2018 Project Plan Review | N/A | | M. Merke Watts | J. Hendris | 1/1/2018 % | /10/2018 N | ox Started | ons × | | | | |
| Stakeholder Management Communication | 2.7.2 | Complete QP-2018 Project Plan Review | N/A | | M. Merite Watts | J. Heodris | 4/1/2018 4 | /10/2018 N | iot Started | 0% | | | | |
| Stakeholder Management Communication | 2.7.3 | Complete QI-3018 Project Plan Review | N/A | | M. Merite Watts | J. Heodris | 5/1/2018 6 | /10/2018 N | iot Started | 0% x | | | | |
| Stakeholder Management Communication | 2.7.4 | Complete Q6-3018 Project Plan Review | N/A | | M. Merite Watts | J. Heodris | 10/1/2018 11 | 2/91/2018 N | iot Started | 0% x | | | | |
| Stakeholder Management Communication | 225 | Complete Qt-2018 Project Plan Review | N/A | | M. Mecke Watts | 1 Hendris | 1/1/2019 A | /10/2021 N | iot Started | 0% x | | | | |
| Stakeholder Management Communication | 22.6 | Complete Q2-9018 Project Plan Review | N/A | | M. Merke Watts | J. Hendris | 4/1/2019 4 | /10/2021 N | iot Started | 0% x | | | | |
| Stakeholder Management Communication | 23.7 | Complete QF-2018 Project Plan Review | N/A | | M. Merke Watts | J. Hendris | 5/1/2019 g | /10/2021 N | or stained | òv | | | | |
| Stakeholder Management Communication | 27.8 | Complete Qt-2018 Project Flan Review | N/A | | M. Merke Watts | J. Hendris | 10/1/2009 11 | 2/11/2018 N | or Started | 0% x | | | | |
| | | | | | | | | | | | | | Meetings with various teams to identify de through discovery and analysis of CVS Heal | pendencies and communication needs (jument state, transition state and future state) in and regenistic lines of business / communications domains, as well as discovery and s workplans. Bath Member communications and Non-Member Communications are |
| Stakeholder Management Communication | 1.0 State | eholder & Workplan Analysis | N/A | CYStealth and Ingeriults sign off on Stakeholder Assessment | M. Meske Watts | J. Hendrix | 11/20/2017 | /98/2008 | On Track | 25% x | | | analysis of PV2020 Svents and Workstream addressed within this set of tasks. At this p format' (i.e. loaded into inventory with 10, | t workplans. Both Member Communications and Non-Member Communications are sint, the communications are not yet formally organized into the future state 'inventory communication Name, Owner, etc.') |
| Stakeholder Management Care munication | 3.5 | identify dependencies and program communication needs for CVS leasth lines of business and communications donains (biteriber Communication): - Current -Cuter - Transition-state - Futures-State (Ingenicity / CVS Wealth) | N/A | | M. Mecke-Watts | 1 Hendris | 11/20/2017 1 | L/01/2018 II | Pages | 10% | | | | |
| Stakeholder Management Communication | 8.8.1 | Member Communications Organization, MCD (Pete Ged3yk) - Discovery and analysis complete | N/A | | M. Mecke Watts | P. GACIJA | 11/27/2017 1 | /10/2008 10 | Pogress | 10% × | | | | |
| Stakeholder Management Communication | 8.1.2 | Med D (Cathy Levine) - Discovery and analysis complete | N/A | | M. Mecke-Watts | R Tice | 11/28/2017 1 | /0s/2008 B | Pogeni | 395 × | | | | |
| Stakeholder Management Communication | 111 | Commercial (Rochell Yor) - Discovery and analysis complete | N/A | | M. Merike-Walts | C. Levine | 13/27/2017 1 | 1/95/2058 H | Progress | 35% x | | | | |
| Stakeholder Management Communication | 314 | Excernal Communications (Chris Cramer) - Discovery and analysis complete | N/A | | M. Merike Walts | C.Coner | 11/27/2017 1 | /8s/2018 II | Progress | 10% x | | | | |
| Stakeholder Management Communication | 315 | Internal Communications (Yracey Noe) - Discovery and analysis complete | N/A | | M. Mecke Watts | T. Nov | 11/27/2017 1 | /8s/2018 II | Progress | 39% x | | | | |
| Stakeholder Management Communication | 3.5.6 | Client Services (Mille Ando) - Discovery and analysis complete | N/A | | M. Mecke Wats | M. Ando | 11/27/2017 1 | 1/95/2058 H | Progress | 30% x | | | | |
| Stakeholder Management Communication | 112 | PBM Brand Compliance (Dan Parker) - Discovery and analysis complete | N/A | | M. Mecke Watts | D. Paster | 11/09/2017 1 | 1/80/2008 II | r Progress | . 10% x | | | | |
| Stakeholder Management Communication | 118 | Talent Mgmt, Yraining and Development (Meliosa Wood) - Discovery and analysis complete | N/A | | M. Mecke Watts | M. Wood | 11/27/2017 1 | 1/91/2018 H | r Progress | 30% x | | | | |
| Stakeholder Management Communication | 3.13 | HR (Ann Cafaro) - Discovery and analysis complete | N/A | | M. Mecke Watts | A Cafara | 11/27/2017 1 | 1/80/2008 II | r Progress | 30% x | | | | |
| Stakeholder Management Communication | 8.1.10 | Enterprise Branding (Patricia Sarro) - Discovery and analysis complete | N/A | | M. Mecke Watts | P. Samo | 11/27/2017 1 | 1/91/2018 N | iot Started | 0% × | | | | |
| Stakeholder Management Communication | 81.11 | Product Marketing (Leo Phenia) - Discovery and analysis complete | N/A | | M. Merine Watts | L. Phenix | 11/27/2017 1 | /85/2058 N | iot Started | 0% × | | | | |
| Stakeholder Managemeet Caremanication | 12 | Identify (opendencies and gregore communication seeks for representa- ly represent lines of business and communications domains (Member Communications): - Coursel cuttle - Transmission cutter - Tra | N/A | | M. Merke Watts | J. Heodris | 11/20/2017 1 | L/81/2008 N | lot Started | м . | | | | |
| Stakeholder Management Communication | 3.2.1 | Scrategy and Execution of Marketing and Communications - Discovery and analysis complete | N/A | | M. Merite Watts | J. Hendris | 11/27/2017 1 | 1/91/2018 N | or started | 0% x | | | | |
| Stakeholder Management Communication | 122 | Digital Solutions: Member, Employer, Broker, and Physician Web (portal) and Mobile Apps - Discovery and analysis complete | NA | | M. Merke Watts | J. Hendris | 11/27/2017 1 | 1/91/2018 N | iot Started | ons x | | | | |
| Stakeholder Management Communication | 12.1 | Member Communications - Discovery and analysis complete | N/A | | M. Merke Watts | J. Hendris | 11/27/2017 1 | 1/91/2018 N | iot Started | | | | | |
| | | | | | | | | | | | | | | |

| Project Voyage | r 2020: Pri | oject Pl | an Draft | | | | | | | | | | |
|--|----------------------------|----------------|--|--|--|----------------|--|---------------|------------|--|--|--|--|
| Last Updated: | | | | STAKEHOLDER COMMS | | | | | | | | | |
| | | | | | | | | | | Cross Windshiream Dependenties | | Cross Event Dependencies | |
| Event / Workstream | Event / Mi Borkstream D | llestone 10 | Milezons (Azivity | Contract sall Migration Subsidie Mapping Mappi | Owner (Ingenists) | Owner [CVS] | Start Date - Due Date | Status | Percent E | O down, OO A O street, A English of English Englis | out of ration. Follows Follo | Comment of and the Medican Med | Stage of the stage |
| Stakeholder Management Communication | | 324 | Formulary Communications - Discovery and analysis | N/A | M. Merke-Watts | 1 Herdris | 11/27/2017 1/01/201 | Not Started | ON. | | 1.1 1 1 | [2] | |
| Stakeholder Management Communication | | 325 | Clinical Communications - Discovery and analysis complete | N/A | M. Merke Wats | J. Hendris | 11/27/2017 1/01/201 | Not Started | ON. | | | | |
| Stakeholder Management Communication | | 326 | Mail Order Communications - Discovery and analysis complete | N/A | M. Merke Watts | I Hendris | 11/27/2017 1/01/201 | Not started | on. | | | | |
| Stakeholder Management Communication | | 327 | Specialty Communications - Discovery and analysis complete | N/A | M. Merke Watts | J. Hendris | 11/27/2017 1/01/201 | Not Started | ON. | | | | |
| Stakeholder Management Communication | | 32.8 | Retail Network Communications - Discovery and analysis committee | N/A | M. Merke Watts | 1 Hendris | 11/27/2017 1/01/201 | Not Started | ON. | | | | |
| Stakeholder Management Communication | | 32.9 | Branding Communications - Discovery and analysis complete | N/A | M. Merke Watts | 1 Hendris | 11/27/2017 1/01/201 | Not Started | ON. | | | A 1 | |
| Stakeholder Management Communication | | 12.9.1 | Receive IngenioRx Communications Branding Guidelines | N/A | M. Merke Watts | 1 Hendris | 11/27/2017 1/01/201 | Not Started | ON. | | | 7 7 | |
| Communication | | | soint review and documentation of all dependencies and communication | | | | | | | | | | |
| Stakeholder Managemeet Communication | | 1.3 | needs for all CVS Health and Impensible / Impensible forc of facilities and communication domains and all sudiences (beneber Communications): - Current case: - Transition case: - Future-clane (Impensible / CVS Health) | | M. Merike Watts | J. Hendrix | 1/15/2018 2/28/201 | Not Started | 0% x | * * * * * * * * * * * | | | Contragal delicentate management is just a reflect user 1940. |
| Stakeholder Managemeet Consmunication | | 14 | Identify all dependencies and program communication needs for all Vogage 2020 Program Sents (Moutationes) Member Communications (Moutationes) Member - Commission Case - Navariore citars - Future et 2010 (higherolite / Cris Health) | N/A | M. Merike Watts | J. Hendrik | 11/27/2017 1/81/200 | to Progress | 62% | | | | |
| Stakeholder Management Communication | | 3.5.1 | Commercial Swert - Discovery and assessment complete | N/A | M. Mecke Watts | J. Hendris | 12/11/2018 1/01/201 | Is Progress | 25% | | | | Contract deliverable management is joint effort with TMO |
| Stakeholder Management Communication | | 3.5.2 | Financial Transition Swent - Discovery and assessment complete | N/A | M. Merke Watts | J. Hendris | 12/11/2018 1/01/201 | Not Started | oni | | × | - | Contract deliverable management is joint effort with 1900 |
| Stakeholder Management Communication | | 3.5.2.1 | Address dependency items from the Financial Transition Event Workplan: | N/A | M. Merke Watts | J. Hendris | 12/11/2018 1/01/201 | Not Started | oni | | * | * | Contract deliverable management is joint effort with 1900 |
| Financial Transition | | 2.15.5 | Develop and review plan and district language for required (textwork) | | F. Moscat | K Figueroa | 6/1/2019 6/10/201 | Not Started | oni | | | | |
| | | | Financial Transition Workplan (2.15.6) | | _ | | | | | | | | |
| Financial Standslos | | 2.15.6 | from PBM to communicate changes with the Network phannacies to effectively cusport transitions. | | | | 6/1/2019 6/80/201 | | | | | | |
| Financial transition | | 2.18 | Complete Network and Regulatory Financial Transition Workplan (2.18.1) | togonicita signs off | F. Moscat | R.Figueraa | 7/1/2019 12/81/201 | Not Started | ONE | | | | |
| Financial Transition | | 2.18.1 | snoludes communications required from CrS develops communications and process to communicate changes | | F. Moscat | R. Figueroa | 7/1/2019 9/90/201 | Not Started | oni | | | | |
| Financial Transition | | 1811 | with the Network pharmacier to Workplain (2.18.1.1) - Financial Transition Workplan (2.18.1.1) | | | | 7/1/2019 9/10/201 | | | | | | |
| Financial transition | | 2.18.2 | Financial Transition Workplan (2. SK.2) Ingenioth approved communications Financial International Visitingset (s. e.m.s) CVS distributes communications to | | | | 9/30/2009 10/31/201 11/5/2009 12/31/201 | | ons ons | | -: | | |
| Stakeholder Management Communication | | 353 | Medicald Event - Discovery and assessment complete | N/A | | | 12/11/2017 1/01/201 | | | | | | Contract deliverable management is joint effort that Table |
| Stakeholder Management Communication | | 1531 | Address dependency bens from the Medicaid Evers Workplan: | | M. Merke Watts | I Hendox | 12/11/2018 1/01/201 | Not Started | OK. | 7 | | | Construct deliverable management is joint effort and the second of the s |
| Medicald | | 352 | Medical Workplot (E.S.2) - Create an inventory of existing state (packet of | | R Betrand, B. | | 12/5/2017 1/15/201 | | | | | | |
| Medicald | 1 | 9252 | Communication and notice and semiconary final and s | | L. Vicory | D. Weber | 11/18/2017 12/29/20 | 2 In Progress | os. | | | xx | |
| Medicald | 1 | 19.11.0 | Communications / Marketing | | | | 11/13/2017 9/07/200 | | | | | | |
| Medicald | k 1 | 18.11.5 | Medical Workplin (18.51.5) - Erablish the process for clinical communications different for prior Authorizations, Clinical Programs, & Accessions. | | 190 | TRO | TRO TRO | | | | | | |
| Stakeholder Management Communication | 22 | 3.5.4 | Medicary Event - Discovery and assessment complete | | M. Mecke Watts | I Hedd's | 12/11/2017 1/81/201 | Not Started | 0% | | * | * | Contract deliverable inanagement is joint effort with TMD |
| Stakeholder Management Communication | 22 3 | | Address dependency bens from the Medicare Swett Workplan: | | | _ | 12/11/2018 1/01/201 | _ | | | * | | Constact deliverable management is joint #Sort with TMIO |
| Medicare | | 6.10.0 | Medican Workplan (C.32.0) - Medican Marketing Monetary (incl. american workplan) is with a company of the compa | 11.10.0 | | | 2/1/2017 6/30/201 | | | | | | |
| Medicare | 4 4 | 4.10.2 | | marketing materials by Medicary Contract | R Betrand | B. Sirisc | 2/1/2017 X/81/201 4/1/2018 6/86/201 | Not Started | ON. | | | * | |
| Medicare | 4 4 | 4.10.3 | Medicare Workplan (4.50.2) - Develop - mensurare mangaire (s. 10.51) - "Develop - and refere manking materials by Medicare Workplan (4.50.61 - Oscario Medicare Workplan (4.50.61 - Oscario | | | | 1/1/2019 1/81/201 | Not Started | ONE | | * | | |
| | 4 4 | 4.10.5 | Medicare Workplan (4.00.4) - Obtain ognoff on cample marketing materials resource workplan (4.00.4) - Neverop ongoing Medicare Marketing | | | | 1/1/2019 1/81/201 1/1/2019 6/80/201 | | | | : | | |
| Medicare | | _ | Medicare Branding contains to be | | | | TRD TRD | _ | | | | × | |
| Stakeholder Management Communication | 22 | | Member Experience Exent - Discovery and assessment complete | N/A N/A | | | 12/11/2018 1/91/201 | | | | * | | Contract deliverable management is joint effort with TNO |
| Stakeholder Management Communication | 22 1 | | Address dependency items from the Member Experience Event Workplans | N/A N/A | | | 12/11/2018 1/91/201 | | | | * | | Consourt deliverable management is joint effort with TNO |
| Member Services | | | Communicate letter branding steriber supenence thorspion (1.2.1) Outline official member touchpoints | | K Hill M. Meske- Watts K Especij M. Gaberij M. Meske- | | 11/1/2017 12/15/20: 11/1/2017 11/15/20: | | | | : | | |
| Member Services Member Services | | _ | for marketing (e.g. customer corporing, mercunan supermore managem (s. 4.4) : Review CVG population to white label all | | WWI | | 11/1/2017 11/15/201 12/1/2017 2/23/201 | | JOHN . | | : | | |
| | | | | | | | | | | | | | |



| Project Voyage | | | Plan Draft Confidential | ST | TAKEHOL | LDER COMMS | | | | | | | | | | |
|---|-------------------------|-----------------|--|---|------------------------------------|--|-------------------------------|----------------|------------|------------|--------------|---------------------|--|--|---|--|
| Last Opassed: | 12/21/2018 | ' | | | | | | | | | | - | | | | |
| | | | | | | | | | | | | | Cross Workshowam Dependensies | Cross Event Depa | ndenzirs | |
| Event / Workstream | Event / Workstream D | Milestone ID | Minister facility | Contractual Migration Schedule Mapping | Financial Guarantee Attached | Acceptance Criteria | Owner (Ingeniufu) | Owner (CVS) | Start Dute | | SEASON | Percent Complete | Towns a management of the control of | Margener Commental Commental National Medicals | Toposition Dependency Description | Connects |
| | | | soint review and documentation of all dependencies and communication made for all towards WMM times on fusion I Minderpoor in Marshar | | | ' | | | | | | | | | | |
| Stakeholder Management Communication | 22 | 3.5 | Ann I Ferre and to uncontribution on an impension for a continuous account needs for a Vivigage 2020 Program Event / Workstowns (Member Communication): - Livered - Otto: - Tasselfond - Ettas (Tasselfond - Tasselfond - Tass | | | | M. Mecke Watts | J. Hendris | 1/15/2018 | 2/08/2018 | is Progress | 10% | | | x x Contract deliverable management is joint effortwen Traco | |
| Stakeholder Management Communication | 22 | 1.6 | Identify dependencies and program communication needs for Non- Member communications - Current caste - Transition - Caste - Trans | N/A | n/a | | M. Media-Watts | J. Hendris | 1/81/2018 | 3/95/2018 | Not started | on | | | | |
| Stakeholder Management Cammunication | 22 | 3.2 | Joint review, and documentation dependencies and program communication needs for Non-Member communications - Current date - Transition-CESSE | N/A | n/a | | M. Medie Watts | J. Hendris | 3/15/2018 | 4/90/2018 | Not started | ON. | | | x x contract deliverable management is joint effort with TIMO | |
| Stakeholder Management Communication | 22 | 4.0 N | sixt Member Communications Reference Inventory | N/A | N/A | zuint CYSNealth and Ingeriolis (initial) Member Communications Reference Inventory complete | M. Merite Wills | J. Hendrix | 12/15/2017 | 1/81/2018 | On Track | 10% | | | | Take and activities to document and combine connect state member communications lives tary from CVS Health and Ingeniods lines of Paciency Communication forming the Communication forming the Communication forming the Communication forming the Communication forming (Communication forming Communication for Communication for Communication forming Communication forming Communication for Communication forming Communication for |
| Stakeholder Management Communication | 22 | 4.1 | Receive Ingeriolity Member Communications Inventory | N/A | | | | 1 Hendris | 11/21/2017 | 1/5/2018 | Is Progress | 75% | | | Contract deliverable management is joint effort with TMO | farmat (ID, Communication Name, Owner, etc.) |
| Stakeholder Management Cammunication | 22 | 6.2 | Update inventory with CVS Health current care inventory | N/A | N/A | | M. Media Watts | | 1205/2017 | | Not itselved | os. | | | effort with TIMO Contract deliverable management is joint effort with TIMO | |
| Communication | 22 | 4.3 | Update inventory with Cris Health current state inventory | N/A | NyA | | M. Medar-Watts | 1 Hendrik | 12/15/2017 | 1/91/2018 | NOT SEASON | ON. | | | efortwith TMD | |
| Stakeholder Management Consmunication | 22 | 5.0 G | anneunications Assessment | N/A | N/A | CVSHealth and Ingenium Communications Assessment complete | M. Mesiar-Widts | 1. Hendrix | 12/15/2017 | 4/89/2018 | | eni | | | | Table and administration to travelers and parties and definition to go analysis on CVI health and togetable current class annotate communications inventioned - decisionate place related upon effect and management of the control from PCIDID desired and resistance has been controlled to the controlled of the control |
| Stakeholder Management Communication | 22 | 5.1 | Perform review and gap analysis of Ingenicits Member Communications (compared to Business As Usual CVS Health Member Communications) | N/A | N/A | | M. Mecke Watts | J. Hendris | 12/15/2017 | 4/15/2018 | Not Started | ons | | | Contract deliverable management is joint effort with TIMO | |
| Stakeholder Management Communication | 22 | 5.2 | Confirm sign off from Event/Workstream Leads that all required communications are documented | N/A | N/A | | M. Merke Watts | J. Hendris | 12/15/2017 | 4/15/2018 | Not Started | oni | | | | |
| Stakeholder Management Camerunication | 22 | 5.3 | Determine communication ownership by lines of business, communication domains, and fuence / Workstreams - *Immplete origination and creation - *Immplete approach - *Immplete approach | N/A | N/A | | M. Mecke Watts | J. Hendris | 12/15/2017 | 4/15/2018 | Not started | os | | | | |
| Stakeholder Management Communication | 22 | 5.4 | * Template execution of distribution Confirm organizational format of transcripting equivaments, \$titas point() for both companies to document what is communicated from all projects and pregions by a PM, Ciscical Programs, Formulary, Medicary / Medicary Communication Name * Communication Name * Communication Content—with 12 where stored * Cours / Actina Content—with 12 where stored * | N/A | N/A | | M. Merike Watts | 1. Hendris | 4/10/2008 | 5/81/2018 | Not started | os. | | * | Contract deliverable management is joint effort with TMD | |
| Company | | | County Assace Country - Test is a server or server of the Country | | | | | | | | | | | | | |
| Stakeholder Management Communication | 22 | 5.5 | Confirm with Colt team that our inventory, tracking approach, operational plan (go-forward plan) meets contractual obligations | N/A | N/A | | M. Media-Watts | J. Hendris | 4/15/2018 | 4/15/2018 | Not started | 0% | | * | Contract deliverable management is joint effort with TMO | |
| Stakeholder Management Cammunication | 22 | 5.6 | CLR Workstream to provide decision Go/No Go to Recommended Approach | N/A | N/A | CLR Workstream to provide Decision | M. Merite Wills | J. Hendrix | 4/15/2018 | 4/10/2011 | | oni | | * | | |
| Stakeholder Management Communication | 22 | 5.7 | Distribute / Share Communications Inventory location: Where stakeholders can access communications templates with updated ownership, approval, branding and communications data points, and mouse information. | N/A | N/A | | M. Mecke Watts | J. Hendris | 12/35/2017 | 4/10/2018 | Not started | ons | | | | |
| Stakeholder Management Communication | 22 | 60 p | inal Future State Member Communications Plan | N/A | N/A | CVSHealth and Ingeniults sign off on Final Future State Member Communications Plan | M. Merite Wills | J. Hendrix | 12/15/2017 | 5/81/2018 | | es . | | | | Tada and activities to confirm of critical path forward: Timeframe set for creation, approval, testing of Templates and dates for inventory updates (i.e. templates or template placeholders stoned in the inventory) |
| Stakeholder Management Communication | 22 | 6.1 | PV2020 Event and Workstream confirmation of critical path forward: Timeframe set for creation, approval, testing of Templates and dates for Investory updates | N/A | N/A | | M. Mecke Watts | AHMAN | 4700208 | 5/01/2018 | NESTANI | ON. | | | Contract deliverable management is joint effort with TMO | The state of the s |
| Stakeholder Management Communication | 22 | 611 | Commercial Event - Discovery complete and | N/A | N/A | | M. Mecke Walls | | 4790/2018 | 5/01/2018 | No Stored | DN. | <u> </u> | | Footors deliverable management is joint | |
| | | 612 | communications in verticity spatiend with their pates or familiate Praceholders. Financial Transition Event - Discovery complete and communications inventory spatiend with their pates or familiate Praceholders. | N/A | N/A | | _ | | | 5/31/2018 | | | | | effort with TMO | |
| Stakeholder Management Communication | 22 | | communications investory updated with Templates or Template Placeholders. Medicary / Medicaid Sweet - Discovery complete and | | | | $\overline{}$ | J. Hendris | | | Not Started | oni | | * | effort with TMO | |
| Stakeholder Management Communication | 22 | 613 | Medicary / Medicaid Sivert - Discovery complete and communications inventory updated with Templates or Template Placeholders: | N/A | N/A | | M. Morke Watts | | 4/10/2018 | 5/81/2018 | Not Started | ons | | * | Contract deliverable management is joint effort with TMO | |
| Stakeholder Management Communication | 22 | 61.4 | Member Experience Event - Discovery complete and communications investory updated with Templates or Template Placeholders. | N/A | N/A | | M. Mecke Watts | I Hendrik | 4/30/2018 | 5/81/2018 | Not Started | ON. | | * | Contract deliverable management is joint effort with TMO | |
| Stakeholder Management Communication | 22 | 6.1.5 | Template Placeholders. Sale J Marketing Vent - Discovery complete and communications inventory updated with Templates or Template Placeholders. | N/A | N/A | | M. Mente Watts | IHMES | 4/10/2018 | 5/91/2018 | Not Started | oni | | * | Contract deliverable management is joint effort with TIMO | |
| Stakeholder Management Communication | 22 | 616 | Sensitive Placeholders Mail Order / Specialty Event - Discovery samplers and communications inventory updated with Sensitives or Sensitive Placeholders | N/A | N/A | | M. Morske Watts | 1 Heedin | 4/10/2018 | 5/81/2018 | Not Started | oni | | * | Contract deliverable management is joint effort with TMO | |
| Stakeholder Management Communication | 22 | 6.1.7 | Benefits Workstvam - Discovery complete and communications investory updated with Templates or | N/A | N/A | | M. Mecke Watts | I Herdric | 4/10/2018 | 5/91/2018 | Not Started | oni | | | Contract deliverable management is joint effort with TMD | |
| Stakeholder Management Communication | 22 | 618 | Semplate Placeholders Regeat for remaining Workstreams | N/A | N/A | | M. Morke Watts | I Heed's | 4/10/2018 | 5/81/2018 | Not Started | oni | | | Contract deliverable management is joint effort with TMO | - |
| Stakeholder Management Communication | 22 | 7.0 c | ammunications Processes | N/A | _ | CVSMoulth and Ingeriums sign off on Communications Process | M. Meske-Watts | | 12/11/2017 | | | on. | | * | VEST WEST TIMO | Table and activities to develop Policy, Procedure Overlopment and Business Process Definition for Member Communications: - Process for initiation, countion, development, and approved of all cultured (including RADI) - Process for investigate, charged (See Rabbin to specialist or vice versal) |
| Stakeholder Management | 22 | 7.5 | Policy, Procedure Development and Business Process Definition | N/A | N/A | | M. Myrke Watts | J. Hendris | 12/11/2017 | 12/91/2018 | Not Started | ons | | * | | - Process for communication inventory change control (ownership, approval, content changes, etc.) |
| Stakeholder Management Communication | 22 | 7.2 | Confirm Communications Process for: Initiation, Creation / Development, and Approval of all Member Communications collarerol | N/A | N/A | | M. Merite Watts | J. Hendris | 12/11/2017 | 1/14/2018 | Not Started | ons | | | | |
| Stakeholder Management Communication | 22 | 7.2.1 | Develop, document, and share with stateholders the communications process for Member Communications: | 1 | | | M. Menke Watts | J. Hendris | 12/11/2017 | 1/81/2018 | Not Started | oni | | | × | - |
| Communication Stakeholder Management | 22 | 7.2.2 | Superiods created content CVs wealth created content Confirm process to change generating of Member | N/A | N/A | | M. Medie Watts | | 4004 Day 1 | | Not Started | oni | | | | |
| Communication Stakeholder Management Communication | 22 | 7.2.2 | Confirm process to change reviewship of Member Connectations templates Consider Member Communications RACS for approval | N/A | N/A | | M. Media-Watts M. Media-Watts | | 12/11/2017 | | | ons. | | | * | |
| Stakeholder Management | 22 | 2.0 | bevilla communicator prociso Note Adember Communicators (e.g., exercal, internal, broker provider, etc.), and other stakeholder commo including proofing, fulfilment, timelilens, etc. | 1.60 | | | M. Merke Watts | | | | | 0% | | | | Activity-pulled from Contractual Migration Schedule worksheer, but wabbe to find corresponding Inter in contract |
| Caremunication | - | | including proofing fulfilment, fitnelities, etc. | | | | | | -,-,1/ | simings | | - | | | | - причит выполня яна выпол, он вышего по ыторитор для и собост |

| Project Voyage | | | ct Plan Draft Confidential | STA | AKEHO | LDER COMMS | | | | | | | | | | | |
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| Last Updated: | 12/21/201 | • | | - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | Cross Workshream Dependentes | Cres | is Event Dependencies | | |
| Event / Workstream | Event / Morkstream E | Mileston 10 | a Milinzone/Azzivity | Contractual Migration Schedule | Financial Guarantes Attached | Acceptance Cateria | Owner (Ingenists) | (CVS) | Start Date | | Status | Percent Complete | Peret b. 2000, 20 | segrent comment of d Tenditon | Median Mediani Merika Merikasa Merikasa Merikasa | Begendency Description | Contracets. |
| Stakeholder Management | 22 | | Test Strategy | | | College of the particular size of the Tarties | M. Merike Willia | | 1/20/2028 | | | m | 이 이 화장리 이 전 - 존화하다 - 최 조 최 | - 2 ° § | 7 3 3 | * | |
| Communication Stakeholder Management | | | Confirm test strategy for all Member Communications select | N/A | | CYSHealth and Ingeniults sign off on Testing Soutlegy | | | | | | | | · | | | Tacks and activities for confirm the test studiegy for all communications covered in the Member Communications inventory. |
| Communication | 22 | 8.1 | Therefore and the state of the | | | | M. Merike Watts | | | | Not Started | ons | | | | | |
| Stakeholder Management Communication | 22 | 1.0 | Communications branding | N/A | | CVSHealth and Ingeriuits sign off on Communications Branding | M. Meske-Watts | J. Hendrix | 12/11/2017 | 7/81/2018 | | oni | | * | | | Tasks and activities to receive and review transling third, and to development a process / framework to ensure branding decisions are applied correctly to all communications stored in the inventory. |
| Stakeholder Management Communication | 22 | 9.5 | Share Communication Branding Grid | N/A | N/A | | M. Merke Watts | J. Hendris | 12/11/2017 | 5/5/2058 | Not Started | ons | | * | | | |
| Stakeholder Management Communication | 22 | 9.2 | Develop framework to ensure branding decisions are applied correctly to all member communications. | N/A | N/A | | M. Merike Watts | J. Heodris | 1/10/2018 | 7/k1/2018 | Not Started | 0% | | * | | | |
| Stakeholder Management Communication | 22 | 9.2.1 | Determine need to cubmit PRF for Branding "Data Sharing / Standine", and submit PRF as necessary | N/A | N/A | | M. Merke Watts | J. Hendris | 1/10/2018 | 3/91/2018 | Not Started | 0% | * | | | x Need to determine if project and wo into Herarchy & Eligibility Workship | tolis |
| Stakeholder Management Communication | 22 | 10.0 | Communications Tracking Assessment and Recommended Approach | N/A | N/A | Cythealth and Ingeriolity sign off on Communications Tracking Recommendation | M. Meske Witts | J. Hendrix | 12/15/2017 | 4/11/2018 | | eni. | | | | | Tacks and activities to access the current state of member communications tracking and storage for both CVS Health and togeniotic as well as determine just ecology sproud off) joint recommended approach for a future state studies and storage salution. |
| Stakeholder Management Communication | 22 | 10.1 | Submit PRF for soint Communications Youking and Storage "Sool" for all Member Communications | N/A | N/A | | M. Merke Watts | J. Hendris | 12/11/2017 | 12/13/2017 | Complete | 100% | | | | | |
| Stakeholder Management Communication | 22 | 10.2 | Provide Recommended approach to CLK Workstream | N/A | N/A | | M. Mecke Watts | J. Hendris | 1/10/2018 | 4/2/2018 | | oni | | | | x Need to determine if project and wo into Meriber Experience Event | this |
| Stakeholder Management Communication | 22 | 10.2.1 | Determine recommended tracking crope and approach for all program related communications directed to any | N/A | N/A | | M. Merite Watts | J. Hendris | 1/10/2018 | X/81/2018 | Not Started | on. | | | | | |
| Communication | | | Member Determine recommended structural / tracking requirement including the following data points: | | | | | | | | | | | _ | | | |
| Stakeholder Management Communication | 22 | 10.3.3 | | N/A | N/A | | M. Merike-Watts | J. Hendrix | 1/10/2018 | 3/91/2018 | Not started | 0% | | * * | | Contract deliverable management is effort with TMO | and the state of t |
| Stakeholder Management Communication | 22 | 10.2.3 | | N/A | | | M. Merike Watts | J. Hendris | 1/10/2018 | 3/91/2018 | Not Started | 0% | | | | * | |
| | | | Determine recommended plan to maintain or back-up communications from all the various departments/baurces: | | | | | | | | | | | | | | |
| Stakeholder Managemeet Communication | 22 | 10.2.4 | Desermine excurrenceded plan to maintrain or back-up communications from all the various department/hourses capies of all such incommunications of all the various department/hourses capies of all such incommunications of units also be storred or electroscizally lessed to include all Members of the ici an manner enable processed to the superioristic CSRs is accordance-with Section \$2.2 (Ingenioris CSRs light en Access, functionality and Capitalities). | N/A | N/A | | M. Mecke Watts | J. Hendrik | 1/10/2018 | 3/81/2018 | Not started | 0% | | * * | | * | |
| Stakeholder Management Communication | 22 | 10.3 | CLR Workstream to provide decision Go/No Go to Recommended Approach | N/A | N/A | CLR Workstream to provide Decision | M. Meske Witts | J. Hendrix | 4/2/2018 | 4/11/2018 | | eni. | | * | | | |
| Stakeholder Management Communication | 22 | 11.0 | Member Professores "Data Sharing/transfer" Current State Assessment and Recommended Assessor | N/A | N/A | CVSHealth and Ingeriults sign off on Member Proferences Recommendation | M. Merke With | J. Hendrix | 1/2/2018 | 4/13/2018 | - | es. | | | | | Taks and activities to assess the current state of member preferences for both CVS Health and togenicits as well as determine (and receive approach of a loint recommended approach for a future state data sharing if stander statistics. |
| Stakeholder Management Communication | 22 | 11.1 | Determine need to submit PM for soint Member Profesences "Data Sharing / franches", and submit PM as recessary | N/A | N/A | | M. Merie Watts | J. Hendris | 1/2/2018 | 1/81/2018 | Not Started | 0% | | * * | | x Need to determine if project and wo into Member Specimon Sent | |
| Communication | | - | anarogy reasons , and source For an receivery | | | | | | | | | | | | | and seemen imperience teem. | 6.3. Member Communication Preferences, Segminists will provide PBM with individual academics for the security of written communications for a result asset for academics of the security of security of the se |
| Stakeholder Managemeet Communication | 22 | 11.3 | Provide Recommended approach to CLR Workstream | N/A | N/A | | M. Merile Watts | J. Heodris | 1/3/2018 | 3/81/2018 | Not Studed | on | | * | | | 2. Stream Communication Produces, I Septimb will provide PERF with Initiation produces the Text of the Communication Performance (Initiation Communication) produces and the Communication Performance and the Communication Performance and the Communication Performance Communic |
| Stakeholder Management Communication | 22 | 11.2.1 | SMEs and IT from both companies) | N/A | N/A | | M. Mecke Watts | J. Hendris | 1/3/2018 | 1/11/2018 | Not Started | 0% | | * | | | |
| Stakeholder Management Communication | 22 | 11.2.2 | Determine expected outcomes and develop recommendation on approach | N/A | N/A | | M. Mecke Watts | J. Heodris | 1/81/2018 | 1/81/2018 | Not Started | 0% | | * | | | |
| Stakeholder Management Communication | 22 | 11.3 | CLR Workstwam to provide decision Go/No Go to Recommended Approach for Joint Member Preferences "Data Sharing / Transfer" | N/A | N/A | | M. Meske Witts | J. Hendrix | 4/2/2018 | 4/11/2018 | | en. | | * | | | |
| Stakeholder Management Communication | 22 | 12.0 | Transition Plan Support Communications | N/A | N/A | CVSHealth and Ingeniults sign off on Transition Plan Support Communications | M. Meske With | J. Hendrix | 13/14/2017 | 1/1/2020 | | 9% | | * | | | Communication support for the PV2223 Yearstion Man. |
| Stakeholder Management Communication | 22 | 12.1 | Create plan / communications support for moving from SSI current state to CIVS Health future-state, including transition projects and impact | N/A | N/A | | M. Merike Watts | AHMAN | 1/1/2018 | 1/1/2020 | Not stored | ON. | | * | | Contract deliverable management is: effort with TMO | niet . |
| Stakeholder Management Communication | 22 | 12.2 | Manthly checkpoint meeting with w/TMD to receive updates and visibility into accoming togetion communications. | | | | M. Merke Walls | Z Hendris | 12/14/2017 | 1/1/2020 | In Progress | 5% | * | | | | |
| Stakeholder Management | 22 | 13.0 | Training for Branding (Guidelines, Voice, Grid) - dependent on Medicare / Medicaid | N/A | N/A | CVSHealth and Ingestults sign off on Training Plan for Branding (Guidelines, Voice, Grid) | M. Meske With | J. Hendrix | 1/2/2018 | 7/81/2018 | | oni | | | | | Tasks and activities to develop training for Branding (Guidelines, Value, Grid). |
| Stakeholder Management | 22 | 13.1 | identify list of trainees - who creates communications. | N/A | N/A | | M. Merke Watts | 110059 | 1/2/2018 | 7/5/2018 | Not Started | ON6 | | | | | |
| Stakeholder Management | 22 | 19.2 | Develop training content, format, materials | N/A | N/A | - | M. Merke Watts | | 4/15/2018 | | | 0% | | | | | |
| Communication Stakeholder Management | 22 | - 13.3 | Schedule training and complete training | N/A | N/A | | M. Meller Watts | | - | | | ons | | | | | |
| Communication Stakeholder Management | | - | - | | | Printed to and transitive size off on searching | | | | | 400 Started | | | | | | |
| Communication | 22 | | Communication fixecution and Support | N/A | | Cythealth and Ingeriults sign off on execution Communications Strategy | | | | | | 0% | | * | | | Communication support for all PV2020 Event and Workstream execution. |
| Stakeholder Management Communication | 22 | 14.1 | Confirm Communications Support for events / workstreams | N/A | N/A | | M. Merke Work | I Hendris | 2/14/2008 | 12/91/2018 | Not Started | ons | | * | | | |
| Stakeholder Management Communication | 22 | 14.1.1 | Review / Approve templases and other californial supporting Chical Programs including, but not finished to, formulary change confidency and tradeses, dring recolls, and crimical justicization (e.g., formulary seasot), bookless and other justices belief organize growleds by PRIMI and other justices to belief organize growleds by PRIMI and other justices are to the confidency provided by PRIMI and other programs or the confidence of th | 6.11 | Y | | M. Merke-Watts | 1 Hendris | 6/1/2018 | 9,90,/2009 | Not Started | on. | | | | | |
| | | | | | | | | | | | | | | | | | From Attachment 1 to Schedule D LOB DESCRIPTION OF SERVICES - INEDICARE LINE OF RUSINESS |
| Stakeholder Management | 22 | 14.1.2 | Confirm communication support of Formulary transition | 411 | | | M. Merke Watts | 1 Mandris | 600000 | 1001/0000 | Not Street | on. | | | | | 6.1.1 Formulary Transition Process. Plant staff timely and accurately implement ingenioths's formulary transition process (i.e., when an individual Member existence from one plant's formulary to ingenioths's Formulary) in accordance with the Plan Design, any other written indifframent provided by significant to PRMs. |
| Communication | ** | 14.1.2 | confirm communication support of fromwary financiation Process per Attachment 1 to Growtha to talk ENGOW/HIGH ON SURVICES - MEDICANE LINE OF SUSTINGS. | | | | _ mear mills | Amenda | sing | ACCURAGE. | An married | - | | - | - | | 4.1 Executive Transition Francis Review Medit before and executive regiments of tensional processing processing a principal for invalidation of tensional processing processing and executive regiments of tensional processing processing programmed processing processing programmed processing processing programmed processing proc |
| Stakeholder Management | 22 | 14.1.8 | days prior to registron, of all nember & provider monetals, including status poderer and Risk | 9.18.0 | ¥ | | M. Merke Watts | J. Hendris | 6/1/2018 | 10/1/2019 | Not Started | ons | | x x | | | files to recenially is CMS standard forms. |
| Stakeholder Management Communication | 22 | 14.1.4 | Medicaid - PRM shall obtain tegenicits approved, 120 days oner to manufact, of all member & provider materials. | 10.15.0 | 4 | | M. Merke Watts | J. Hendris | 6/1/2018 | 10/1/2019 | Not Started | ons | | | | | |
| Stakeholder Management | 22 | 14.1.5 | including Status updates and Risk Communications Medicary - PRM shall data in transcripts approval, 120 days | 11.160 | _ | | M. Medie Watts | 1 Heads | | | Not itsened | os | | | | | |
| Caremunication | - | | prior to migration, of all member & provider materials, including Status options and Not Communications | | ÷ | | | | | | | - | | _ | | | |

| roject Voyage | - 2020 | Desirat | Plea Paris | | | | | | | | | | | | | | | | |
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| nt Updated: | | | Confidential | STA | AKEHOLDER COMMS | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Cross Windstream Dependencies | | roos Event Dependencies | | | | | |
| Event / Workstream | Event / Borkstream D | Milestone 10 | Mileton/Ativity | Contractual Migration Schedule Mapping | Financial Guarante Acceptance Citeria Attached | Owner (legenistis) | Owner [CVS] | Start Dute | Due Date | Status | Percent Complete | Paring Annual Company of the Company | State of Green of Community of Transition | Mediane Median Member Esperatore Salay Marketing Spot Bay (Mark Onter | Dependency Description | | | | |
| skeholder Management menunication | 22 | 14.2 | Communication support for Transition scripts for Managers / Leadership | N/A | n/a | M. Merke Watts | J. Hendris | 2/14/2018 | 12/81/2019 | Not Started | on. | | * | | ` | | | | |
| skeholder Management menunication | 22 | 14.8 | Review and approve contest for CSR mescaging and all touchpoints with external parties | N/A | N/A | M. Merke Watts | J. Hendris | 2/14/2018 | 12/81/2018 | Not Started | ON. | | * | 1 | | | | | |
| skeholder Management menunication | 22 | 14.4 | Portals / Comms. / bigital communications estategy-support on an as needed basis. | N/A | n/a | M. Merke Watts | J. Hendris | 2/14/2018 | 12/81/2018 | Not Started | on. | | * | | | | | | |
| skeholder Management memunication | 22 | 14.5 | Provide support for Communications package, as required, for internal crakeholders (employees) | N/A | n/a | M. Merke-Watts | J. Hendris | 2/14/2018 | 12/81/2018 | Not Started | on. | | | | | | | | |
| skeholder Management memunication | 22 | 14.5.1 | 11/12 of communications package for internal catalestation (improposed) - Annian communication of communicat | N/A | N/A | M. Mecke Watts | 1 Heeds | 2/14/2018 | 12/91/2018 | Not Started | ons | | | | | | | | |
| skeholder Management menunication | 22 | 14.5.2 | Review / approve key mercaging across internal stakeholders impacted by the program (ingeniotis, CVS, CVS ingeniotis Division), including intranet and outerns | N/A | N/A | M. Merile Watts | J. Hendris | 2/14/2018 | 12/91/2019 | Not Started | on. | | | | | | | | |
| skeholder Management mmunication | 22 | 14.6 | Provide support for Communications package, as required, for external stakeholders (e.g., vendors, press release, investor relations) | N/A | n/a | M. Merke Watts | J. Hendris | 2/14/2018 | 12/91/2019 | Not Started | ON. | | • | | | | | | |
| skeholder Management menunication | 22 | 14.6.1 | 1/1/28 communications package for external stakeholders (e.g., weedors, press release, investor relations) | N/A | N/A | M. Merke Watts | J. Hendris | 2/14/2018 | 12/91/2019 | Not Started | 0% | | * | | | | | | |
| skeholder Management memunication | 22 | 15.0 | So Live Transition Provide Transition Document to include link to all documents; | N/A | N/A | M. Meske Witts | J. Hendrix | 1/1/2000 | 1/81/2020 | | ens. | | | | | Communication support | t for the Go-Live Transition. | | |
| skeholder Management memunication | 22 | 15.1 | Provide Transition Document to include lask to all documents; communications inventory sixt, communications tracking process, templates, etc. | N/A | N/A | M. Merite Watts | J. Hendris | 1/1/2020 | 1/81/2020 | Not Started | 0% | | | | | | | | |
| skeholder Management remunication | 22 | 15.2 | Schedule meeting to review, address any questions, determine transition date, sign off | N/A | N/A | M. Merke Watts | 1 Hendris | 1/1/2020 | 1/81/2020 | Not Started | ons | | | | | | | | |
| skeholder Management memunication | 22 | 16.0 p | Program Lessons Learned | N/A | N/A CYSMealth and Ingeriolity sign off on Lessons Learned Plan and Execution | M. Meske Witts | J. Hendrix | 8/15/2018 | 1/1/2020 | | ens. | | * | | | Tasks and activities to s | upport Lessons Learned for all Pi | #2000 Events and Workstreams. | |
| skeholder Management memunication | 22 | 16.1 | Program Lessons Learned - Events | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/19/2019 | Not Started | ons | | * | | | | | | |
| skeholder Management remunication | 22 | 16.1.1 | Lessons Learned - Commercial Event | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/18/2009 | Not Started | 0% | | * | | | | | | |
| skeholder Management memunication | 22 | 16.1.2 | Lessons Learned - Financial Transition Event | N/A | N/A | M. Merke Watts | 1 Hendris | 10/1/2018 | 4/11/2009 | Not Started | 0% | | × | | | | | | |
| skeholder Management memunication | 22 | 16.1.8 | Lessons Learned - Medicare / Medicaid Svert | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/11/2009 | Not Started | 0% | | × | | | | | | |
| skeholder Management menunication | 22 | 16.1.4 | Lessons Learned - Member Experience Event | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/11/2009 | Not Started | os | | | | | | | | |
| skebolder Management memunication | 22 | 16.1.5 | Lessons Learned - Sales / Marketing Event | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/11/2009 | Not Started | 0% | | | | | | | | |
| skeholder Management menunication | 22 | 16.1.6 | Lessons Learned - Mail Order / Specialty Svent | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/11/2009 | Not Started | oni | | * | | | | | | |
| skeholder Management menunication | 22 | 16.1.7 | Program Lessons Learned - Workstreams | N/A | N/A | M. Merke Watts | J. Hendris | 10/9/2018 | 4/19/2019 | NOTSTATED | oni | | * | | | | | | |
| skeholder Management memunication | 22 | 16.1.8 | Leosons Learned - Benefits Workstriann | N/A | N/A | M. Merke Watts | J. Hendris | 10/1/2018 | 4/11/2009 | NOT SEarted | ON | | × | * | | | | | |
| skeholder Management menunication | 22 | 16.1.9 | Lessons Learned - Repeat for remaining Workstreams | N/A | n/A | M. Merke Watts | AHHda | 10/5/2018 | 4/11/2009 | Not Started | òs. | | | | | | | | |
| | | | | | | | 7 | | | | | | | | | | | | |
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| Property Content | | | | _ | CVS IT DDG | DIECTS . | |
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| The control of the | Project Voyager 2020 Last Updated: | | mplate Confidential | | CVSTIPRO | DECIS | |
| Company | | | | | | | Workstream Dependencies Event Dependencies |
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| Section 2 | Event / Workstream | | tone ID Milestone/Activity | Start Date | Due Date | Status | |
| | | Workstream ib | | | | | Combres 8 21 8 18 11 8 22 18 12 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| | enefits | 9 | IT- IngenioRx-Benefit Repository and Error Handling - Project | 11/29/2017 | 5/7/2018 | | x x x |
| | | 9 | IT- IngenioRx-Benefit Repository and Error Handling PRF Deliverey | 11/29/2017 | 11/29/2017 | | x x x |
| The paper of the form of the paper of the | | 9 | II- Ingeniokx-Benefit Repository and Error Handling Requirements | 12/1/2017 | 12/8/2017 | | x x x |
| | enefits | 9 | IT- IngenioRx-Benefit Repository and Error Handling Design | 1/17/2018 | | | x x x |
| | enefits | 9 | IT- IngenioRx-Benefit Repository and Error Handling Build | 2/1/2018 | | | x x x |
| 1 1 1 1 1 1 1 1 1 1 | | 9 | | | | | x x x |
| ## 1 Nagenine beach food procedure parties would register to proceed and continued and parties and par | | 9 | IT- IngenioRx-Benefit Repository and Error Handling Go Live | | | | x x x |
| Security (1994) 1 | nefits | 9 | IT- IngenioRx-Benefit Repository and Error Handling Warranty | 3/16/2018 | 4/27/2018 | | х х х |
| Additional for the stant Protein Protections - Frontil Protection - Fron | enefits | 9 | | 1/24/2018 | 12/1/2018 | | |
| Reaction 1 | enefits | 9 | Adjudication Plan Benefit Design Enhancements - Pricing / financial calculations / Adj | 1/24/2019 | | | |
| Secretary Part Secretary Project Secre | | | Execution - PRF Deliverey | | | | |
| Second S | rnefits | 9 | Execution - Project | 2/7/2018 | 12/1/2018 | | |
| services P | melits | 9 | IT Benefit Automation and Testing Interface - Core Benefits Automation - Project | 1/24/2018 | 12/1/2018 | | |
| receits 9 Fr. Suzulanza and finalizar tools for Magaging data - benefits and formulary, UM. PR Districtions 124/2021 | enelits | 9 | Benefit Automation and Testing Interface - Core Benefits Automation - PRF Deliverey | 1/24/2018 | 1/24/2018 | | |
| Evaluate and finalization on the Mapping data - bronds and dermalary, MA - PRI Delivery 174,07018 | enefits | 9 | Benefit Automation and Testing Interface—Core Benefits Automation—Project | 2/7/2018 | 12/1/2018 | | |
| Evaluate and finishe touth for Mapping data - Invention Date Services - Project | enefits | 9 | IT - Evaluate and finalize tools for Mapping data - benefits and formulary, UM - Project | 1/24/2018 | 6/30/2018 | | |
| Part | enefits | 9 | Evaluate and finalize tools for Mapping data - benefits and formulary, UM - PRF Deliverey | 1/24/2018 | 1/24/2018 | | |
| sendis 9 sendis 19 sendis Duble Services - Project 21,17,0738 21,1 | enefits | 9 | Evaluate and finalize tools for Mapping data - benefits and formulary, UM - Project | 2/7/2018 | 6/30/2018 | | |
| Benefits 9 Benefits 10 | | _ | | | | | |
| | | 9 | | | | | |
| Improved Part Improved Part Improved Improv | enefits | 9 | Benefits On-line Services - Project | | 9/1/2018 | | |
| refers 9 tegenola To COSI Data Connectivity for Reneft and clinical files - PRI Deliverry 12/2/2018 | nefits | 9 | II - InnanioRy To CVSU Data Connectivity for Repetit and clinical files - Brolect | 12/15/2018 | 2/1/2019 | | |
| Pagestrick, To CVS Data Connectively for bereefit and clinical files - Project 12/27/2015 27/27/2015 | | 9 | | | | | |
| 15/2018 3/23/2 | | 9 | | | | | |
| Secretary Secr | senefits. | 9 | IT - Benefitz Manning Undates - Project | 1/5/2018 | | | |
| Part | enefits | 9 | | 1/5/2018 | | | |
| | enefits | 9 | Benefits Mapping Updates - Project | 1/15/2018 | 3/29/2018 | | |
| | enefits | 9 | IT - Benefits Unit Testing - Project | 12/26/2018 | 3/29/2018 | | |
| Figure F | | 9 | Benefits Unit Testing - PRF Deliverey | 12/26/2018 | 12/26/2018 | | |
| Second S | enefits | 9 | Benefits Unit Testing - Project | 1/15/2018 | 3/29/2018 | | |
| Second S | enefits | 9 | IT - Half Tab Program - Project | 2/15/2018 | 8/1/2018 | | |
| 21 IT - Robbargistor Cinical Reports - Project 2/15/2018 7/13/2018 7 | | 9 | Half Tab Program - PRF Deliverey | | | | |
| 21 Retalvaptor Clinical Reports - 1992 21/5/2018 | enefits | 9 | Half Tab Program - Project | 3/15/2018 | 8/1/2018 | | |
| 21 Retalvaptor Clinical Reports - 1992 21/5/2018 | eporting | 21 | IT - RxNavigator Clinical Reports - Project | 2/15/2018 | 7/31/2018 | | |
| 21 Robusylptor Cinnal Reports - Project 31/2018 7/12/18/18/18 7/12/18/18/18/18/18/18/18/18/18/18/18/18/18/ | | 21 | RxNavigator Clinical Reports - PRF Deliverey | 2/15/2018 | 2/15/2018 | | |
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| 21/2018 21/2 | almo ODE Estanto 8 Across 1 1 | | IV CCO Circle heads of second | 3/5/3010 | 11/20/2017 | | |
| 3 | | | IT- CSR Single book of record - PRF Dfelivery | | | | |
| Image | | | | | | | |
| laims, DG, Fatzarts, & Accumulators 10 IT Ingeniolis Warehouse Remission Peterface 11/B0/1019 11/B0/2019 11/B0 | | | IT- IngenioRx Warehouse Network Feed / Plan Finder Interfaces | | | | |
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| simic, DOS, Estracts, & Accumulators 10 IT- Engeniosis Warehouse Benefit Interface 2/5/2018 1/3/9/2019 Jimic, DOS, Estracts, & Accumulators 10 IT- Engeniosis Warehouse Benefit Interface 7/3/2018 1/3/9/2019 Jimic, DOS, Estracts, & Accumulators 10 IT- Engeniosis Warehouse Benefit Interface 7/9/ECT 2/1/2019 1/3/9/2019 Jimic, DOS, Estracts, & Accumulators 10 IT- Daily Major Medical Claims File Interface 7/9/ECT 2/5/2018 1/3/9/2019 Jimic, DOS, Estracts, & Accumulators 10 IT- Daily Major Medical Claims File Interface 7/9/ECT 2/5/2018 1/3/9/2019 | | | | | | | |
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| Jaims, ODS, Fatzers, & Accumulators 10 IT Regenitor's Wavefrouse Rendefitatings - Project 2/1/2019 11/30/2019 | | | II- IngenioRx Warehouse Benefit Interface III- IngenioRx Warehouse Benefit Interface - BRE Dfellowers | | | | |
| alms, OOS, Extracts, & Accumulators 10 IT- Daily Major Medical Claims File Interface - PRF Dfelivery 2/5/2018 2/5/2018 | | | | | | | |
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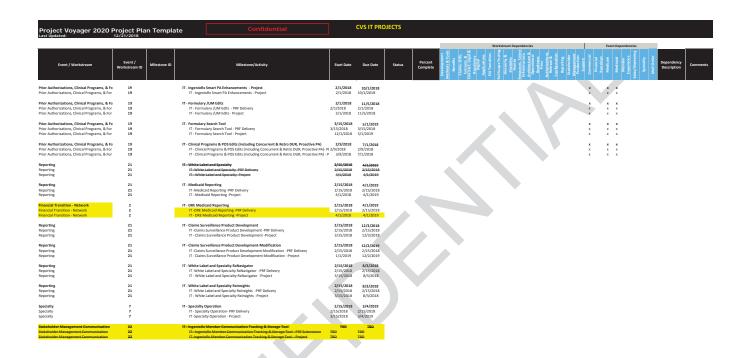
| oject Voyager 2020 F | Project Pla | n Temp <u>lat</u> | te Confidential | | CVS IT PRO | DJECTS | | | | | | | |
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| Updated: | 12/21/2018 | • | | | | | | | | | | | |
| | | | | | | | | 2 8 | Workstream Dependencies | | | Event Dependencies | |
| Event / Workstream | Event / Workstream ID | Milestone ID | Milestone/Activity | Start Date | Due Date | Status | Percent Complete | Benefits Benefits Claims, ODS, Extracts, & ntract, Legal Regulatory Digital | SI Transition IS cope Testia Fliesbirty Human Sources Teles If a structure, | Readiness Prior uthorizations Release & configuration Reporting Stakeholder | Annagement Production Support Commercial Financial | Medicae Medicaid Member Experience les/Marketin Specialty | Dependency Description |
| s, ODS, Extracts, & Accumulators | 10 | | IT- Billing Claims File to Finance , Warehouses | 2/5/2018 | 11/30/2019 | | | - 3 S S | | 4 9 1 | | 3 | |
| s, ODS, Extracts, & Accumulators | 10 | | IT- Billing Claims File to Finance , Warehouses IT- Billing Claims File to Finance , Warehouses - PRF Dfelivery | 2/5/2018 | 2/5/2018 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Billing Claims File to Finance , Warehouses - Project | 2/1/2019 | 11/30/2019 | | | | | | | | |
| | | | | | | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT- Daily Claims File to Warehouses & ODS IT- Daily Claims File to Warehouses & ODSs - PRF Dfelivery | 2/5/2018 | 2/5/2018 | | | | | | | | |
| s, ODS, Extracts, & Accumulators s, ODS, Extracts, & Accumulators | 10 | | IT-Daily Claims File to Warehouses & ODS-Project IT-Daily Claims File to Warehouses & ODS-Project | 2/5/2018 | 2,0,2000 | | | | | | | | |
| s, OUS, Extracts, & Accumulators | 10 | | II-bally claims File to Warehouses & DUS-Project | 2/1/2019 | 11/30/2019 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Encounter files | 2/5/2018 | 11/30/2019 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT- Encounter files - PRF Dfelivery | 2/5/2018 | 2/5/2018 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Encounter files-Project | 2/1/2019 | 11/30/2019 | | | | | | | | |
| s. ODS. Extracts. & Accumulators | 10 | | IT- Medicaid State Encounter Files - Existing States | 1/1/2019 | 10/30/2019 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT- Medicaid State Encounter Files - Existing States - PRF Dfelivery | 1/1/2019 | 1/1/2019 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT- Medicaid State Encounter Files - Existing States - Project | 3/1/2019 | 10/30/2019 | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Claims File (CET) | 5/15/2018 | 9/1/2018 | | | | | | | | |
| s, ODS, Extracts, & Accumulators s, ODS, Extracts, & Accumulators | 10 10 | | IT - Claims File (CET) - PRF Dfelivery IT - Claims File (CET) - Project | 5/15/2018 6/12/2018 | 5/15/2018 9/1/2018 | | | | | | | | |
| | | | | | | | | | | | | | |
| s, ODS, Extracts, & Accumulators s. ODS, Extracts, & Accumulators | 10 10 | | IT-Medicaid State Encounter Files - Iowa IT-Medicaid State Encounter Files - Iowa - PRF Dfelivery | 3/15/2018 3/15/2018 | | | | | | | | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Medicald State Encounter Files - Iowa - PKP Dielivery | 4/12/2018 | 10/30/2018 | | | | | | | | |
| | | | | | | | | _ | | | | | |
| s, ODS, Extracts, & Accumulators s. ODS, Extracts, & Accumulators | 10 10 | | IT-Int Accums Single Book of Record - Project IT-Int Accums Single Book of Record-Planning and Scope | 11/28/2017 11/28/2017 | 9/3/2018 12/04/2017 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Int Accums Single Book of Record - Requirements | 12/05/2017 | 3/4/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Int Accums Single Book of Record-Design | 3/1/2018 | 4/22/2018 | | | A | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Int Accums Single Book of Record- Build | 4/23/2018 | 6/12/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Int Accums Single Book of Record QA | 06/11/2019 | 7/6/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators s, ODS, Extracts, & Accumulators | 10 10 | | IT-Int Accums Single Book of Record UAT IT-Int Accums Single Book of Record Critical Path - Deploy | 7/2/2019 7/19/2018 | 7/18/2018 8/18/2018 | | | | | | × | х х | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Int Accums Single Book of Record Warranty Period | 08/20/2018 | 09/03/2018 | | | | | | | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT-Int Accums Single Book of Record Additional Functionality - Deploy | 9/4/2018 | 11/30/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - Integrated Accumulations Dual Book of Record - Project | 1/15/2017 | 8/18/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators s. ODS, Extracts, & Accumulators | 10 | | IT - Integrated Accumulations Dual Book of Record PRF Delivery IT - Integrated Accumulations Dual Book of Record Project | 1/15/2017 1/26/2018 | 1/15/2017 8/18/2018 | | | | | | × | х х | |
| s, ODS, Extracts, & Accumulators | 10 | | II - Integrated Accumulations Dual Book of Record Project | 1/26/2018 | 8/18/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - IngenioRx_IngenioRx_Integrated_Accumulations (formerly Adjudication Plan Design | | 8/18/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators s, ODS, Extracts, & Accumulators | 10 10 | | IT - IngenioRx_ingenioRx_ Integrated_Accumulations (formerly Adjudication Plan Desig IT - IngenioRx_ingenioRx_ Integrated_Accumulations (formerly Adjudication Plan Designation Plan Designati | 12/18/2017 | 12/18/2017 8/18/2018 | | | | | | x | x x | |
| | | | | | | | | | | | • | | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - DMR EOB/EOP Member Payments - Project | 2/15/2018 | 9/1/2018 | | | | | | × | х х | |
| s, ODS, Extracts, & Accumulators s, ODS, Extracts, & Accumulators | 10 10 | | IT - DMR EOB/EOP Member Payments PRF Delivery IT - DMR EOB/EOP Member Payments Project | 2/15/2018 3/1/2018 | 2/15/2018 9/1/2018 | | | | | | × | x x x x | |
| s. ODS. Extracts. & Accumulators | 10 | | IT - PDE/CET compare - Project | 2/15/2018 | 10/1/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - PDE/CET compare PRF Delivery | 2/15/2018 | 2/15/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - PDE/CET compare Project | 3/1/2018 | 10/1/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - PDE - Project | 2/15/2018 | 10/1/2018 | | | | | | × | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - PDE - PRF Delivery | 2/15/2018 | 2/15/2018 | | | | | | x | x x | |
| s, ODS, Extracts, & Accumulators | 10 | | IT - PDE - Project | 3/1/2018 | 10/1/2018 | | | | | | × | x x | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Member Portal (White Label) | 12/18/2018 | 4/1/2019 | | | | | | | × | |
| Applications, Portals, & Hubs | 12 | | IT-Member Portal Integration and White Label (Discovery Only) | 12/18/2018 | 02/05/2018 | | | | | | | × | |
| Applications, Portals, & Hubs | 12 | | | 2/6/2018 | 4/1/2019 | | | | | | | | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Specialty Portal (White Label) | 12/18/2018 | 4/1/2019 | | | | | | | × | |
| l Applications, Portals, & Hubs I Applications, Portals, & Hubs | 12 12 | | IT-Specialty Portal Int. and White Label (Discovery Only) IT-Digital Application and Portal: Delivery - Specialty Portal (White Label) - Project | 12/18/2018 2/6/2018 | 02/05/2018 4/1/2019 | | | | | | | × | |
| representato, Portato, & Huto | 12 | | 11-Segment papareses of and Portal: Delivery - Specialty Portal (Writte Label) - Project | | | | | | | | | | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - SMS, Chat, and Secure Messaging | 12/18/2018 | | | | | | | | × | |
| l Applications, Portals, & Hubs l Applications, Portals, & Hubs | 12 12 | | IT-Messaging: Chat, secure messaging and email(Discovery Only) | 12/18/2018 2/6/2018 | 02/05/2018 4/1/2019 | | | | | | | × | |
| | | | | | | | | | | | | | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Member Mobile Web & App | 2/6/2018 | 4/1/2019 | | | | | | | × | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Member Mobile Web & App - Project | 2/6/2018 | 4/1/2019 | | | | | | | | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Medicare / Medicald | 2/6/2018 | 4/1/2019 | | | | | | | × | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Medicare / Medicald - Project | 2/6/2018 | 4/1/2019 | | | | | | | | |
| Applications, Portals, & Hubs | 12 | | IT-Digital Application and Portal: Delivery - Client / Broker Portal | 2/6/2018 | 4/1/2019 | | | | | | | | |
| representato, Portato, & Pulos | 14 | | 11-organi reprinciation and Portal: Delivery - Client / Broker Portal | 2/0/2018 | | | | | | | | | |

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| Part | st opdated: | 12/21/2016 | | | | Workstream Dependencies Event Dependencies |
| Part | Event / Workstream | | Milestone/Activity | Start Date | Due Date | Status Complete Status Complet |
| Part | ital Applications, Portals, & Hubs | 12 | IT-Digital Application and Portal: Delivery - Client / Broker Portal - Project | 2/6/2018 | 4/1/2019 | |
| Part | gital Applications, Portals, & Hubs gital Applications, Portals, & Hubs | | | | | |
| Transferred 1 | pital Applications, Portals, & Hubs gital Applications, Portals, & Hubs | 12 | IT-Digital Application and Portal: Delivery - Member Service Tools (Customer Online Si | uppo 2/6/2018 | 4/1/2019 | x |
| Transferred 1 | Transition Transition Transition | | IT - ESI Transition Claims Data Load Automation - PRF Submission | 1/30/2018 | 1/30/2018 | |
| Tribution | Transition Transition Transition | | IT - ESI Transition PA Data Load Automation - PRF Submission | 1/30/2018 | 1/30/2018 | |
| | Transition Transition | | IT - ESI Transition Accums Data Load Automation - PRF Submission | 1/30/2018 | 1/30/2018 | |
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| The Content of Conte | ance | 24 | IT-Client Billing Cycle Performance SLA - PRF Submission | 12/7/2017 | 12/7/2017 | X X |
| Communication Communicatii | ance | | | | | X X |
| Total Balling (spick Information 15.4 C.A.) Total Balling (spick | ance | 24 | IT-Client Billing Cycle Performance SLA - Design | 2/28/2018 | 4/4/2018 | × |
| To Committing Conformance State St | ance | 24 | IT-Client Billing Cycle Performance SLA - QA | 7/30/2018 | 8/29/2018 | X X |
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| ### Communication 14 ## Communication 15 ## Co | ance ance | 24 24 | IT-Rebates System Based Automated Formulary checking & calculations - PRF Sub IT-Rebates System Based Automated Formulary checking & calculations - Project | missi 2/1/2018 3/1/2018 | 2/1/2018 8/5/2019 | x x |
| 1 | iance | | | | | х |
| ance 24 If 3de Client (Reader) MATE Price (Mayer Fregit Agents Price (Agents Agents Ag | ance | | IT-Client Billing Invoices/Reporting - Cycle Performance SLA - PRF Submission IT-Client Billing Invoices/Reporting - Cycle Performance SLA - Project | | | x x |
| Transport 1 | ance | 24 | IT-Sub Client (Reseller) MAC Pricing Mgmt | 2/15/2018 | 12/31/2018 | $\bar{\mathbf{x}}$ |
| Angle 1 | ance | 24 24 | TI-Sub Client (Reseller) MAC Pricing Mgmt - PRF Submission TI-Sub Client (Reseller) MAC Pricing Mgmt - Project | | 2/15/2018 12/31/2018 | x x |
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| Angle Angl | ance | | IT-MAC List Changes Tool - PRF Submission IT-MAC List Changes Tool - Project | 10/1/2018 1/1/2019 | 10/1/2018 | x x |
| Angle Angl | iance | 24 | IT-MAC List Changes Communication | 10/1/2018 | 7/1/2019 | x |
| ance 24 T-1-340 Proper - Proper 171-700 Proper 171- | ance | 24 | IT-MAC List Changes Communication - PRF Submission | 10/1/2018 | 10/1/2018 | х х |
| According 24 | ance | | | | | х |
| March 1 | ance ance | | IT-340B Pricing - PRF Submission IT-340B Pricing - Project | | | x x |
| ance 24 If LCM Preponderance (User-PET Submission 17/1/2019 71 | ance | 24 | | 7/1/2019 | 12/2/2019 | v v |
| | ance | 24 | IT-LCM Preponderance of Lives - PRF Submission | 7/1/2019 | 7/1/2019 | x x |
| | Il Scope Testing | 14 | IT-BenefitServ Int w EZ Test & EZQuery++ - Project | 11/22/2017 | 3/30/2018 | |
| | I Scope Testing | | IT-BenefitServ Int w EZ Test & EZQuery++ - PRF Delivery | 11/22/2017 | | ж ж ж ж |
| Scope Testing 14 | Il Scope Testing | 14 | | 1/2/2018 | 2/9/2018 | |
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| Scope Testing | Il Scope Testing | 14 | IT-EZ Query++ Portal Webserver Upgrade - Project | 11/22/2017 | 2/17/2018 | х х |
| Scope Testing 14 | I Scope Testing I Scope Testing | | IT-EZ Query++ Portal Webserver Upgrade - PRF Delivery | 12/5/2018 | 12/5/2018 | х х х х х х |
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| | I Scope Testing | 14 | IT - Voyager Test Environments -PRF Delivery | 11/21/2017 | 11/21/2017 | |
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| | | | ı | | | | 2 4 | Work | tream Dependenc | ies | | | event Dependencies | | |
| Event / Workstream | Event / Workstream ID Milestone ID | Milestone/Activity | Start Date | Due Date | Status | Percent Complete | Benefits Claims, ODS, Extracts, & nntract, Legal - Regulatory | Applications, ESI Transition Il Scope Testia | Hierarchy & Elizibility Human 2001 Kes. Tales of Fastructure, | Readiness Prior uthorizations Release & | Reporting Stakeholder Management Production Support | Commercial Financial Transition | Medicaid Member Experience les/Marketin Socialty | Dependency Description | Comments |
| Full Scope Testing Full Scope Testing | 14 14 | IT - Voyager Client Testing Support -PRF Delivery IT - Voyager Client Testing Support -Project | 11/27/2017 1/2/2018 | 11/27/2017 12/31/2019 | | | ≥ 8 | _ a | | | | | * | | |
| Hierarchy & Eligibility | 15 | IT- Missing Files Alert | 2/15/2018 | 1/1/2019 | | | | | | | | | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT- Missing Files Alert -PRF Submission IT- Missing Files Alert-Project | 2/15/2018 6/1/2018 | 2/15/2018 1/1/2019 | | | | | | | | x | x x x x | | |
| Hierarchy & Eligibility | 15 | IT- Eligibility Enhancements (custom member PPL or PPLs) | 1/15/2018 | 6/10/2018 | | | | | | | | × : | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT- Eligibility Enhancements (custom member PPL or PPLs)-PRF Submission IT-Eligibility Enhancements (custom member PPL or PPLs) -Project | 1/15/2018 2/15/2018 | 1/15/2018 6/10/2018 | | | | | | | | | x x x x | | |
| Hierarchy & Eligibility | 15 | IT- Eligibility Enhancements (custom Group load) | 1/15/2018 | 6/10/2018 | | | | | | | | v . | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT - Eligibility Enhancements (custom Group load) -PRF Submission IT-Eligibility Enhancements (custom Group load) -Project | 1/15/2018 2/15/2018 | 1/15/2018 6/10/2018 | | | | | | | | x x | x x x x | | |
| Hierarchy & Eligibility | 15 | IT- Manual Update Interface | 2/5/2018 | 6/10/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | 15 | IT- Manual Update Interface -PRF Submission | 2/5/2018 | 2/5/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | 15 | IT-Manual Update Interface -Project | 2/15/2018 | 6/10/2018 | | | | | | | | × | х х | | |
| Hierarchy & Eligibility | 15 | IT-Term by Absence management from multiple cross carrier file | 2/15/2018 | | | | | | | | | х : | × × | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT- Term by Absence management from multiple cross carrier file -PRF Submission IT-Term by Absence management from multiple cross carrier file -Project | 2/15/2018 3/15/2018 | 2/15/2018 1/1/2019 | | | | | | | | x | x x x x | | |
| Hierarchy & Eligibility | 15 | IT- Same Carrier multiple platforms | 1/29/2018 | 6/10/2018 | | | | | | | | x : | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT- Same Carrier multiple platforms -PRF Submission IT-Same Carrier multiple platforms -Project | 1/29/2018 2/15/2018 | 1/29/2018 6/10/2018 | | | | | | | | | x x x x | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting - Project | 1/15/2018 | 08/03/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting-PRF Submission | 1/15/2018 | 1/30/2018 | | | | | | | | × | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting-Planning and Scope IT-Eligibility Reporting Requirements | 02/27/2018 03/14/2018 | 03/13/2018 04/05/2018 | | | | | | | | | × × × | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting-Design | 04/06/2018 | 04/03/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting-Build | 04/30/2018 | 05/29/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting- QA IT-Eligibility Reporting- UAT | 05/30/2018 07/02/2018 | 06/29/2018 07/05/2018 | | | | | | | | x x | x x x x | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting Deploy | 07/11/2018 | 07/19/2018 | | | | | | | | х : | х х | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting- Warranty Period | 07/20/2018 | 08/03/2018 | | | | | | | | | х х | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting enhancements (NEW) - Project IT-Eligibility Reporting enhancements (NEW)-PRF Submission | 1/15/2018 | 08/03/2018 1/30/2018 | | | | | | | | | * * | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting enhancements (NEW)-Planning and Scope | 02/27/2018 | 03/13/2018 | | | | | | | | × | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting enhancements (NEW) Requirements IT-Eligibility Reporting enhancements (NEW)-Design | 03/14/2018 04/06/2018 | 04/05/2018 | | | | | | | | | × × | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting enhancements (NEW)-Build | 04/30/2018 | 05/29/2018 | | | | | | | | | ×× | | |
| Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting enhancements (NEW)- QA IT-Eligibility Reporting enhancements (NEW)- UAT | 05/30/2018 07/02/2018 | 06/29/2018 07/05/2018 | | | | | | | | | х х | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 | IT-Eligibility Reporting enhancements (NEW) - UA1 IT-Eligibility Reporting enhancements (NEW) - Deploy | 07/02/2018 | 07/19/2018 | | | | | | | | | × × | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting enhancements (NEW)- Warranty Period | 07/20/2018 | 08/03/2018 | | | | | | | | × | × × | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting Group to Benefit Code Report (NEW) Group to Benefit Code Re | 1/15/2018 | 08/03/2018 1/30/2018 | | | | | | | | x : | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting Group to Benefit Code Report (NEW)-PRF Submission IT-Eligibility Reporting Group to Benefit Code Report (NEW)-Planning and Scope | 1/15/2018 02/27/2018 | 1/30/2018 03/13/2018 | | | | | | | | | x x x x | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting Group to Benefit Code Report (NEW) Requirements | 03/14/2018 | 04/05/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eigibility Reporting Group to Benefit Code Report (NEW)-Design IT-Eigibility Reporting Group to Benefit Code Report (NEW)-Build | 04/06/2018 | 04/29/2018 | | | | | | | | | × × | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting Group to Benefit Code Report (NEW)- QA | 05/30/2018 | 06/29/2018 | | | | | | | | x | х х | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eligibility Reporting Group to Benefit Code Report (NEW): UAT IT-Eligibility Reporting Group to Benefit Code Report (NEW) Deploy | 07/02/2018 07/11/2018 | 07/05/2018 07/19/2018 | | | | | | | | | x x x x | | |
| Hierarchy & Eligibility | 15 | IT-Eligibility Reporting Group to Benefit Code Report (NEW) - Warranty Period | 07/20/2018 | 08/03/2018 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | | IT- New Screen changes for IngenioRx related to eligibility member updates | 1/30/2018 | | | | | | | | | | х х | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | Π-New Screen changes for IngenioRx related to eligibility member updates -PRF Subn Π- New Screen changes for IngenioRx related to eligibility member updates-Project | 1/30/2018 2/20/2018 | 1/30/2018 7/19/2019 | | | | | | | | | x x x x | | |
| Hierarchy & Eligibility | 15 | IT-Changes to Eligibility due to 4 tier hierarchy | 1/30/2018 | 7/19/2019 | | | | | | | | х : | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT Changes to Eligibility due to 4 tier hierarchy -PRF Submission IT-Changes to Eligibility due to 4 tier hierarchy -Project | 1/30/2018 2/20/2018 | 1/30/2018 7/19/2019 | | | | | | | | x | x x x x | | |
| Hierarchy & Eligibility | 15 | IT- Branding enhancements | 1/30/2018 | 1/1/2019 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | 15 | IT- Branding enhancements -PRF Submission | 1/30/2018 | 1/30/2018 | | | | | | | | x | x x | | |
| Hierarchy & Eligibility | 15 | IT-Branding enhancements -Project | 6/1/2018 | 1/1/2019 | | | | | | | | × | x x | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT- Native American indicator IT- Native American indicator -PRF Submission | 1/30/2018 1/30/2018 | 1/1/2019 1/30/2018 | | | | | | | | x x | * * | | |
| Hierarchy & Eligibility | 15 | IT-Native American Indicator - Project | 6/1/2018 | 1/1/2019 | | | | | | | | | x x | | |
| Hierarchy & Eligibility | | IT- Newborn Processing | 1/30/2018 | | | | | | | | | x : | х х | | |
| Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT- Newborn Processing -PRF Submission IT-Newborn Processing -Project | 1/30/2018 6/1/2018 | 1/30/2018 | | | | | | | | x | x x | | |
| | - | | , | | | | | | | | | | • | | |

| Project Voyager 2020 | Project Plan Templa | ate Confidential | | CVS IT PROJECTS | | | | | | |
|---|---------------------------------------|---|--|-------------------------------------|---------------------|---|--|--|---|--------------------------------|
| | | | | | | | Workstream Dependencies | | Event Dependencies | |
| Event / Workstream | Event / Workstream ID Milestone ID | Milestone/Activity | Start Date | : Due Date Status | Percent Complete | Development Methods & Tools Benefits Claims, ODS, Extracts, & Contract, Legal & Regulatory Digital | Applications. ESI Transition Full Scope Te sting Hierarchy & Hiera | Release & Configuration Reporting Stakeholder Management Production Support Commercial | Financial Transition Medicale Member Experience Sales/Marketing Specialty | Dependency Description Comment |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Pharmacy Lock in IT- Pharmacy Lock in -PRF Submission IT-Pharmacy Lock in -Project | 1/30/2018 1/30/2018 6/1/2018 | 3 1/1/2019 1/30/2018 1/1/2019 | | | | x x x | x x x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT-COB changed due to client only sending a single elig for primary and secondar IT-COB changed due to client only sending a single elig for primary and secondar -P IT-COB changed due to client only sending a single elig for primary and secondar -Pr | | 3 1/1/2019 1/30/2018 1/1/2019 | | | | x x x | * * * * * * * * * * * * * * * * * * * | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Process to handle ID changes as IngenioRx consolidates their systems and change IT- Process to handle ID changes as IngenioRx consolidates their systems and chang IT-Process to handle ID changes as IngenioRx consolidates their systems and change | rs/ 1/30/2018 | 3 1/1/2019 1/30/2018 1/1/2019 | | | | x x x | x x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- IngenioRx Manual Group Transfer Process IT- IngenioRx Manual Group Transfer Process -PRF Submission IT-IngenioRx Manual Group Transfer Process -Project | 2/5/2018 2/5/2018 6/1/2018 | 1/1/2019 2/5/2018 1/1/2019 | | | | x x x | x x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Dual Eligibles IT- Dual Eligibles -PRF Submission IT-Dual Eligibles -Project | 1/29/2018 1/29/2018 6/1/2018 | 3 1/1/2019 1/29/2018 1/1/2019 | | | _ | x x x | x x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Balance and Controls - Response Back IT-Balance and Controls - Response Back - PRF Submission IT-Balance and Controls - Response Back - Project | 2/5/2018 2/5/2018 3/1/2019 | 2/5/2018 10/1/2019 | | | | x x | * * * * * * * * * * * * * * * * * * * | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT-Medicare Part D Reconciliation Enhancements IT-Medicare Part D Reconciliation Enhancements - PRF Submission IT-Medicare Part D Reconciliation Enhancements - Project | 2/5/2018 2/5/2018 7/1/2018 | 2/28/2019 2/5/2018 2/28/2019 | | | | x x | * * * * * * | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Medicald Reconciliation Enhancements IT-Medicald Reconciliation Enhancements - PRF Submission IT-Medicald Reconciliation Enhancements - Project | 2/5/2018 2/5/2018 1/1/2019 | 2/5/2018 10/15/2019 | | _ | | x x | * * * * * * | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Member eligibility information validation IT-Member eligibility information validation -PRF Submission IT-Member eligibility information validation -Project | 3/1/2018 3/1/2018 1/1/2019 | 3/1/2018 6/1/2019 | | | | x x x | x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Master Group Storage IT-Master Group Storage -PRF Submission IT-Master Group Storage -Project | 2/5/2018 2/5/2018 4/1/2018 | 2/5/2018 1/1/2019 | | | | x x x | x x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 15 | IT- Privacy Address File Loads IT-Privacy Address File Loads -PRF Submission IT-Privacy Address File Loads -Project IT- Eligibility Summary Report | 2/5/2018 2/5/2018 4/1/2018 2/5/2018 | 2/5/2018 1/1/2019 | | | | x x x | x x x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | IT-Eiglbillty Summary Report -PRF Submission IT-Eligibility Summary Report -Project IT- Historical Load | 2/5/2018 2/5/2018 4/1/2018 2/5/2018 | 2/5/2018 1/1/2019 | | | | x x | x x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Hierarchy & Eligibility | 15 15 | TH-Historical Load -PRF Submission IT-Historical Load -Project IT-TRR Files | | 2/5/2018 7/30/2018 | | | | x x | x x x | |
| Hierarchy & Eligibility Hierarchy & Eligibility Infrastructure, Architecture, & Security | 15 15 | IT-TRR Files - PRF Submission IT-TRR Files - Project IT-HITRUST Certification | 2/5/2018 4/1/2018 11/27/2017 | 2/5/2018 9/3/2018 | | | | x x | x x x x | |
| Development Methods & Tools | 8 | IT- IngenioRx Capabilities Analysis (Discovery Only) | 11/27/2017 | | | x x x x x | | x x x x x | * * * * * * | × |
| Infrastructure, Architecture, & Security | 17 | IT-Office 365 (Discovery Only) | 11/27/2017 | 01/22/2018 | | | | | | |
| Infrastructure, Architecture, & Security | 17 | IT-IPI IngenioRx Access to ePP | 12/11/2017 | | | | | | | |
| Mail Order Mail Order Mail Order | 26 26 26 | IT - Mall Operations Project IT - Mall Operations - PRF Delivery IT - Mall Operations - Project | 2/15/2018 2/15/2018 3/15/2018 | 3 3/4/2019 2/15/2018 3/4/2019 | | | | | | |
| Member Experience Member Experience Member Experience | 5 5 5 | IT - Medalla Integration - Project IT - Medalla Integration - PRF Submission IT - Medalla Integration - Project | 2/15/2018 2/15/2018 3/15/2018 | 2/15/2018 4/1/2019 | | | | | * * * | |
| Member Experience Member Experience Member Experience | 5 5 5 | IT -Member Chat Portal Integration - Project IT -Member Chat Portal Integration - PRF Submission IT - Member Chat Portal Integration - Project | 3/30/2018 3/30/2018 4/27/2018 | 3/30/2018 4/1/2019 | | | | | * * * | |
| Member Experience Member Experience | 5 5 | IT - TFN-800 Number Setup - Project IT - TFN-800 Number Setup - PRF Submission | 3/30/2018 3/30/2018 | 3 4/1/2019 3/30/2018 | | | | | x x | |

| Project Voyager 2020 F | Project Plan Tem | plate Confidential | | CVS IT PR | OJECTS |
|--|-------------------|---|--------------------------|---------------------------|---|
| Last Updated: | 12/21/2018 | | | | |
| | | | | | Workstream Dependencies Event Dependencies |
| Event / Workstream | Event / Milestone | o ID Milestone/Activity | Start Date | Due Date | Percent Status Percent Status |
| Member Experience | 5 | IT - TFN-800 Number Setup - Project | 4/27/2018 | 4/1/2019 | X X X X X X X X X X X X X X X X X X X |
| Member Experience | s | IT -Client Branding for Members - Project | 3/30/2018 | 4/1/2019 | |
| Member Experience | 5 | IT -Client Branding for Members - PRF Submission | 3/30/2018 | 3/30/2018 | |
| Member Experience | 5 | IT - Client Branding for Members - Project | 4/27/2018 | 4/1/2019 | * |
| Member Experience | 5 | IT -Client Branding for Pharmacy Services Help Desk - Project | 3/30/2018 | 4/1/2019 | x |
| Member Experience Member Experience | 5 | IT - Client Branding for Pharmacy Services Help Desk - PRF Submission IT - Client Branding for Pharmacy Services Help Desk - Project | 3/30/2018 4/27/2018 | 3/30/2018 4/1/2019 | |
| | - | | | | |
| Member Experience | 5 | IT -Pharmacy Services HelpDesk Offshoring - Project | 3/30/2018 3/30/2018 | | x |
| Member Experience Member Experience | 5 | IT -Pharmacy Services HelpDesk Offshoring - PRF Submission IT - Pharmacy Services HelpDesk Offshoring - Project | 3/30/2018 4/27/2018 | 3/30/2018 4/1/2019 | x x |
| Mamber Evnerience | | IT-Member Chat Portal Integration - Project | 2/20/2018 | 4/1/2019 | # Duplicate |
| Member Experience | 5 | IT - Member Chat Portal Integration - PRF Submission | 3/30/2018 | 3/30/2018 | x Duplicate |
| Member-Experience | 5 | IT - Member Chat Portal Integration - Project | 4/27/2018 | 4/1/2019 | ₩ Duplcate |
| Member Experience | 5 | IT -PeopleSafe External Access - Project | 2/15/2018 | | x |
| Member Experience | 5 | IT - PeopleSafe External Access - PRF Submission | 2/15/2018 | 2/15/2018 | * |
| Member Experience | 5 | IT - PeopleSafe External Access - Project | 3/15/2018 | 4/1/2019 | * |
| Member Experience | 5 | IT -Grievances Reporting - Project | 2/15/2018 | | |
| Member Experience Member Experience | 5 5 | IT - Grievances Reporting - PRF Submission IT - Grievances Reporting - Project | 2/15/2018 3/15/2018 | 2/15/2018 4/1/2019 | x x |
| | | | | | |
| Member Experience Member Experience | 5 | IT - CIF Entry Automation - Project IT - CIF Entry Automation - PRF Submission | 2/15/2018 2/15/2018 | 6/1/2018 2/15/2018 | |
| Member Experience | 5 | IT - CIF Entry Automation - Project | 3/15/2018 | 6/1/2018 | |
| Member Experience | 5 | IT -PBX SIP Expansion - Project | 3/30/2018 | 10/1/2018 | |
| Member Experience | 5 | IT - PBX SIP Expansion - PRF Submission | 3/30/2018 | 3/30/2018 | × |
| Member Experience | 5 | IT - PBX SIP Expansion - Project | 4/27/2018 | 10/1/2018 | × |
| Member Experience | 5 | IT -Member Experience Reporting - Project | 3/30/2018 | 4/1/2019 | x |
| Member Experience Member Experience | 5 | IT - Member Experience Reporting - PRF Submission IT - Member Experience Reporting - Project | 3/30/2018 4/27/2018 | 3/30/2018 4/1/2019 | |
| | | | | | |
| Member Experience Member Experience | 5 | IT -TCPA Reporting - Project IT - TCPA Reporting - PRF Submission | 2/15/2018 2/15/2018 | 4/1/2019 2/15/2018 | * |
| Member Experience | 5 | IT - TCPA Reporting - Project | 11/1/2018 | 4/1/2019 | x |
| Member Experience | 5 | IT -Call/Screen Recording Expansion - Project | 9/28/2018 | 9/2/2019 | x |
| Member Experience Member Experience | 5 | IT - Call/Screen Recording Expansion - PRF Submission IT - Call/Screen Recording Expansion - Project | 9/28/2018 2/15/2019 | 9/28/2018 9/2/2019 | × |
| Wellder Experience | • | | | | • |
| Member Experience | 5 | IT -IVR/Infrastructure Expansion for Additional Call Volumes - Project IT - IVR/Infrastructure Expansion for Additional Call Volumes - PRF Submission | 9/28/2018 | 9/2/2019 9/28/2018 | × · |
| Member Experience Member Experience | 5 | IT - IVR/Infrastructure Expansion for Additional Call Volumes - PRE-Submission IT - IVR/Infrastructure Expansion for Additional Call Volumes - Project | 9/28/2018 2/15/2019 | 9/28/2018 9/2/2019 | x x |
| Prior Authorizations. Clinical Programs. & Fo | 19 | IT-Clinical Automation Test I/F:IngenioRx Drug List Mgmt Project | 1/16/2018 | 08/03/2018 | |
| Prior Authorizations, Clinical Programs, & For | 19 | IT-Clinical Automation Test (/F:IngenioRx Drug List Mgmt PRF Submission | 2/1/2018 | 2/1/2018 | * * * * * * * * * * * * * * * * * * * |
| Prior Authorizations, Clinical Programs, & For Prior Authorizations, Clinical Programs, & For | | IT-Clinical Automation Test \(\frac{1}{2} \) FringenioRx Drug List Mgmt. Planning & Scope IT-Clinical Automation Test \(\frac{1}{2} \) FringenioRx Drug List Mgmt- Reqmts | 2/22/2018 03/09/2018 | 03/08/2018 04/05/2018 | x x x |
| Prior Authorizations, Clinical Programs, & For | 19 | IT-Clinical Automation Test I/F:IngenioRx Drug List Mgmt-Design | 04/06/2018 | 04/29/2018 | * * * * * * * * * * * * * * * * * * * |
| Prior Authorizations, Clinical Programs, & For Prior Authorizations, Clinical Programs, & For | 19 | IT-Clinical Automation Test I/F:IngenioRx Drug List Mgmt-Build IT-Clinical Automation Test I/F:IngenioRx Drug List Mgmt-QA | 04/30/2018 06/01/2018 | 05/31/2018 06/27/2018 | х х х х |
| Prior Authorizations, Clinical Programs, & For | 19 | IT-Clinical Automation Test (/F:IngenioRx Drug List Mgmt-UAT | 06/28/2018 | 07/05/2018 | x x x x x x |
| Prior Authorizations, Clinical Programs, & For | | IT-Clinical Automation Test I/F:IngenioRx Drug List Mgmt-Deploy | 07/06/2018 | 07/19/2018 | x x |
| Prior Authorizations, Clinical Programs, & For | | IT-Clinical Automation Test VF:IngenioRx Drug List Mgmt-Warranty | 07/20/2018 | 08/03/2018 | х х |
| Prior Authorizations, Clinical Programs, & Fo | 19 | IT - Rxclaim integration with Agadia - Discovery | 12/22/201 | 2/15/2018 | х х |
| Prior Authorizations, Clinical Programs, & For Prior Authorizations, Clinical Programs, & For | 19 19 | IT - Rxclaim integration with Agadia - PRF Delivery IT - Rxclaim integration with Agadia - Discovery | 12/22/2018 1/2/2018 | 12/22/2018 2/15/2018 | х х х х |
| | | | | | |
| Prior Authorizations, Clinical Programs, & Fo Prior Authorizations, Clinical Programs, & For | 19 | IT - Rxclaim integration with Agadia - Project IT - Rxclaim integration with Agadia - PRF Delivery | 1/31/2018 1/31/2018 | 1/31/2018 | * * * * * * * * * * * * * * * * * * * |
| Prior Authorizations, Clinical Programs, & For | | IT - Rxclaim integration with Agadia - Project | 2/16/2018 | | x x x |
| Prior Authorizations, Clinical Programs, & Fo | | IT - Agadia nightly feed to CVS Warehouse - Project | 1/31/2018 | | х х х |
| Prior Authorizations, Clinical Programs, & For | 19 | IT - Agadia nightly feed to CVS Warehouse - PRF Delivery | 1/31/2018 | 1/31/2018 | х х х |
| Prior Authorizations, Clinical Programs, & For | | IT - Agadia nightly feed to CVS Warehouse Warranty | 2/16/2018 | 7/2/2018 | ж ж |
| Prior Authorizations, Clinical Programs, & Fo | 19 19 | IT - Agadia PA Status Feed to PeopleSafe, COS and Member Portal - Project | 1/31/2018 1/31/2018 | 7/2/2018 1/31/2018 | х х |
| Prior Authorizations, Clinical Programs, & For Prior Authorizations, Clinical Programs, & For | 19 19 | IT - Agadia nightly feed to CVS Warehouse - PRF Delivery IT - Agadia nightly feed to CVS Warehouse Warranty | 1/31/2018 2/16/2018 | | х х х х |
| | | | | | |
| Prior Authorizations, Clinical Programs, & Fo Prior Authorizations, Clinical Programs, & For | | IT - IngenioRx Smart PA Enhancements - PRF Delivery- Discovery IT - IngenioRx Smart PA Enhancements - PRF Delivery | 11/17/2017 11/17/2017 | 7 1/31/2018 11/17/2017 | x x x x x x x x x x x x x x x x x x x |
| Prior Authorizations, Clinical Programs, & For | 19 | IT - IngenioRx Smart PA Enhancements - PRF Delivery- Discovery | 12/6/2017 | 1/31/2018 | х х х |
| | | | | | |
| | | | | | |



- 1. Receipt of Eligibility Information. PBM shall accept Eligibility Information files both individual and group level (including updates thereto) in an IngenioRx-approved eligibility format (including IngenioRx-specific data fields) via electronic transmission. All references in this Agreement to "Eligibility Information" shall refer to and mean both at the individual and the group level. In addition, PBM shall accept Eligibility Information changes (including for manual adjustments to eligibility termination end dates) via telephone, email, online, or such other means agreed upon. PBM acknowledges and agrees that the Eligibility Information may: (a) be received from multiple source systems; (b) be received as frequently as multiple times on a daily basis; and (c) include full Eligibility Information files (including new groups) and/or just updates/changes to the Eligibility Information (such as additions, terminations, change of address or other personal information, etc.). PBM shall perform any reasonable programming requests made by IngenioRx required to manage Eligibility Information at no cost. PBM shall accommodate transmission of historical and current Eligibility Information and shall maintain both the current and prior seven (7) years historical Eligibility Information provided by IngenioRx online (not archived).
- 2. Loading of Eligibility Information. Upon receipt of Eligibility Information, PBM shall promptly and accurately load, update, and implement such information in the System, which in all cases shall be done in accordance with and at a frequency that meets or exceeds the standards set forth in the Performance Guarantees. Within four (4) hours of when each Eligibility Information file load is completed by PBM, PBM shall provide confirmation of such to IngenioRx in accordance with IngenioRx's instructions. In addition, PBM shall deliver to IngenioRx per IngenioRx defined schedule a report identifying all Eligibility Information file loads, including the date and time the Eligibility Information file was received by PBM, the date and time the Eligibility Information file was loaded and implemented in the System ("Eligibility Load Confirmation Report").
- 3. Quality Assurance and Testing. Without limiting the generality of the quality assurance and testing requirements set forth in <u>Exhibit 1-R</u> (Quality Assurance and Testing), PBM will implement and maintain a quality assurance program to ensure that Eligibility Information is loaded and administered in accordance with this Agreement, including Performance Guarantees. In addition, PBM shall have and maintain a robust testing process acceptable to IngenioRx and that is SSAE 18 compliant to promptly identify and correct errors in the Eligibility Information files/loads. The manner and extent to which Eligibility Information is tested will be documented. PBM shall provide IngenioRx with the access and ability to perform its own independent testing of the Eligibility Information, including the data loaded by IngenioRx as well as any data loaded by PBM. PBM also shall provide IngenioRx with the access and ability to test the interaction of the Eligibility Information in the System with IngenioRx's systems. PBM shall provide test environments for such purposes.
- 4. Eligibility Information File Errors/Issues. PBM shall have and maintain procedures to promptly identify potentially inaccurate, incomplete, or problematic Eligibility Information files. PBM shall, in coordination with IngenioRx, resolve such Eligibility Information file errors within twenty-four (24) hours of the Eligibility Information file load. In the event of the occurrence of global eligibility file issues (which shall be defined by IngenioRx from time to time), PBM shall: (i) stop the eligibility load/update into the System, (ii) immediately notify IngenioRx in writing of the occurrence of the global file issue, including detail error codes of rejected transactions, and (iii) in coordination with IngenioRx, resolve the issues promptly (and in all cases within twenty-four (24) hours). Notwithstanding the foregoing, in all cases, Eligibility Information files shall be handled in accordance with Law. PBM shall take appropriate action to address the source of Eligibility Information file errors identified and coordinate with IngenioRx to decrease the number of file errors.
- **5. Eligibility Transaction Summary Reports.** Within four (4) hours of loading each Eligibility Information file, PBM shall conduct testing to verify the completeness of each Eligibility Information file load transaction to validate that all transactions loaded in the accurate field. PBM shall provide to IngenioRx by the end of the four (4) hour period a transaction summary report, which shall include: (a) total records processed on each file (including identification of active, term updates, and rejected) for each file; (b) detail error codes of rejected transactions; (c) identification of all files received, which have completed processing;

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F pended; and (e) identification of all files expected, but not received ("Eligibility Transaction Summary Report").

- **6. System Access.** In addition to PBM's receipt of Eligibility Information as set forth in Section 1 (Receipt of Eligibility Information) above, PBM shall make available, and IngenioRx shall have unlimited access to, the real time online System through a web-based service to update group and Member Eligibility Information directly into the System (including changing, deleting, and adding), in which case, such updates shall be effective immediately/"real time".
- 7. **Training.** PBM shall provide unlimited training for IngenioRx personnel designated by IngenioRx regarding the transmission of eligibility data to PBM, the loading of eligibility data in the claims adjudication platform of the System, the System for online eligibility, and the conduct of testing and ongoing monitoring of eligibility data.
- **8. Prioritization/Escalation of Issues.** PBM shall designate an employee of PBM who will work with IngenioRx on Eligibility Information issues. Upon IngenioRx's request, PBM shall prioritize loading issues and action items related to Eligibility Information in accordance with IngenioRx's prioritization requirements as communicated by IngenioRx to PBM. Upon IngenioRx's request and at a frequency requested by IngenioRx, PBM shall meet with IngenioRx to review processes and issues related to Eligibility Information processes.
- **9. Policies and Procedures.** Without limiting the generality of the requirements set forth in <u>Section 5.8</u> (Compliance with Policies and Procedures) of the Agreement, PBM will collaborate with IngenioRx to develop policies and procedures that address coordination between PBM and IngenioRx regarding loading of Eligibility Information into the System to mitigate risk of loading errors.
- 10. Incorrect Eligibility Information Errors. In the event of Claims processing errors resulting from incorrect Eligibility Information, PBM shall correct such errors immediately (and in all cases within one (1) Business Day) of identification of the error; provided, however, if such error is a PBM error and PBM cannot correct the error within such time period, PBM will provide to IngenioRx written documentation acknowledging the error and proposing a plan for promptly correcting the error in accordance with Section 5.12 (PBM Non-Compliance/Errors) and Section 5.13 (Corrective Action Plans) of the Agreement. In all cases, PBM shall provide IngenioRx with a remediation plan within one (1) Business Day to address the time period while the error is being corrected to avoid Member disruption such as improper rejections and improper charges during that interim period. PBM's interim remediation plan shall include at a minimum: (i) a daily identification of the impacted Claims and Members; and (ii) outreach to the Participating Pharmacies to reprocess Claims if applicable. This provision does not relieve PBM of liability for PBM errors during the time the PBM error has not been cured. PBM, and not IngenioRx, shall be solely responsible for any Loss resulting from an incorrect Claim payment caused by PBM's error, including Losses to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Members. IngenioRx shall not be responsible for payment of any Claim for any Member or Group after termination notice has been provided to PBM.
- 11. Overpayment Recovery from In-Eligible Members. Upon IngenioRx's request, PBM shall reverse Claims from individuals not eligible for coverage during any such period of ineligibility. In addition, upon IngenioRx's request, PBM shall assist IngenioRx in securing reimbursement from individuals not eligible for coverage, in whole or in part, after a Claim payment has been made as follows: (a) PBM shall identify Members whose eligibility was retro-terminated, whose eligibility effective period was decreased, or who are otherwise impacted by changes in eligibility data that resulted in an excess Claim payment; and (b) PBM shall identify all Paid Claims for such Members made during an ineligible period. PBM shall not otherwise take any action to seek reimbursement from any such in-eligible Member without IngenioRx's prior written approval.
- 12. Benefit Design Tied to Eligibility File. PBM acknowledges and agrees that in connection with Plan Design elements received from IngenioRx that are sent with the Eligibility Information file, PBM shall build out and utilize IngenioRx named Plan Design elements (as opposed to PBM default naming conventions) in all PBM files, reports, web-tools and access provided to and/or to which IngenioRx has access such that all such files, reports, web-tools and access utilize the IngenioRx Plan Design elements naming conventions. IngenioRx Plan Design elements may be attached to any level of hierarchy (though usually a group).

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13. Eligibility Information Reporting. PBM shall provide IngenioRx the following reports in connection with the Services under this <u>Exhibit 1-B</u> (Eligibility Loading/Updates), all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|---|--------------------------|--|-------------------------------------|
| 1 | Eligibility Load | See Section 2 (Loading of | Within four (4) hours of file load, |
| | Confirmation Report | Eligibility Information) of this | with Daily and Monthly |
| | | Exhibit 1-B (Eligibility | summaries |
| | | Loading/Updates) | |
| 2 | Eligibility Transaction | See Section 4 (Eligibility | Within four (4) hours of file load |
| | Summary Reports | Information File Errors/Issues) | |
| | | of this Exhibit 1-B (Eligibility | |
| | | Loading/Updates) | |
| 3 | Eligibility Data Error | Identification of eligibility data | Quarterly and upon IngenioRx's |
| | Trends Report | error trends at the IngenioRx | request |
| | | book of business level, the Designated Affiliate level, the | |
| | | Covered Plan level, the specific | |
| | | IngenioRx Customer level, and | |
| | | the Line of Business level | |
| | | and Eme of Basiness level | |
| 4 | Full File Reconciliation | IngenioRx's full file and census | Daily, weekly, and monthly |
| | Report | process, including the | ,, ,,, |
| | | reconciliation process between | |
| | | PBM and all IngenioRx | |
| | | eligibility Systems | |
| 5 | Eligibility Termination | Identify Covered Plans, | Daily |
| | Report | IngenioRx Customers, and/or | |
| | | Groups whose eligibility has | |
| | | been terminated when the | |
| | | termination by absence process | |
| 6 | Eligibility Suspension | is enacted Identify Covered Plans, | Daily |
| 0 | Report | IngenioRx Customers, and/or | Daily |
| | Troport | Groups whose eligibility is | |
| | | suspended pending loading of | |
| | | its group file | |
| | | | |
| 7 | Retro-Termination | Identify Members whose | Monthly |
| | Eligibility Recovery | eligibility was retro-terminated, | |
| | Report | whose eligibility effective period was decreased, or who are | |
| | | otherwise impacted by changes | |
| | | in eligibility; amount of resulting | |
| | | overpayments; amount of | |
| | | recovered overpayments; and | |
| | | dates of communications to | |
| | | Members | |
| 8 | Group to Benefit Code | Identify active groups by benefit | Monthly |
| | Report | code, including the current | |
| | | membership count, and the | |
| | | historic membership count for | |
| | | the prior 4 months. Prior | |
| | | months' counts are requested | |
| | | to illustrate changes in | |
| | | membership counts done | |
| | | retroactively. | |
| | <u>l</u> | <u> </u> | |

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|--------------------------------|--|--------------|
| | The report should in | nclude the |
| | IngenioRx provided | benefit |
| | code and group nur | nber, rather |
| | than any internal to | the PBM |
| | equivalent values. | |
| | | |



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- 1. Receipt of Plan Design Information. PBM shall accept Plan Design information (including changes thereto) from IngenioRx in a format specified by IngenioRx (either electronic or paper). PBM acknowledges and agrees that: (a) Plan Designs are customized and may vary by Covered Plan, IngenioRx Customer, Group, or otherwise as designated by IngenioRx and may have varying levels of hierarchy (e.g., parts of Plan Design may be located at the enterprise, state, Line of Business, Member, master group level, and/or sub-group level); (b) Plan Designs may be based on a calendar year or non-calendar year basis; (c) Plan Designs may be complex; (d) Plan Design information may be changed by IngenioRx at any time; (e) the most recent Plan Design information received from IngenioRx shall supersede any prior information, subject to Section 6 (Effective Dates/Retro-Effective Dates of Plan Design Changes) below; and (f) as between IngenioRx and PBM, IngenioRx shall have sole authority to determine the terms of the P lan Design and the coverage of benefits thereunder. PBM shall perform any reasonable programming requests made by IngenioRx required to manage Plan Design information at no cost.
- 2. Automated Loading of Plan Design Information. PBM shall have and maintain the ability to accept and load Plan Design information and changes to Plan Design information on an automated basis in the System in accordance with IngenioRx requirements. PBM shall become knowledgeable in what IngenioRx fields mean and be agile in response. The Parties shall work together in good faith to collaborate on how the systems translate data, and PBM shall offer IngenioRx the ability to adjust its shared mapping functions on a real-time basis so that as new programs are developed, their incorporation into the automated loading process occurs in a timely manner. Notwithstanding the foregoing, in all cases, the translation of data from IngenioRx systems to PBM System shall be in a manner specified by IngenioRx. PBM acknowledges and agrees that there shall be no limit on the number of Plan Designs that IngenioRx can send to PBM on a daily basis. PBM represents and warrants that its System can accommodate any number of Plan Designs submitted at once.
- 3. Loading of Plan Design Information. Upon receipt of Plan Design information that is not eligible for the automated loading System described in Section 2 (Automated Loading of Plan Design Information) above, PBM shall promptly and accurately load and update Plan Design information (including new Plan Designs and revisions to existing Plan Designs) in the System in accordance with the Performance Guarantees. PBM shall not make any modifications to the Plan Design information unless requested by IngenioRx in writing.
- **4. Plan Design Tracking and Progress Log.** PBM shall track all Plan Design change requests in accordance with the Plan Design Tracking and Progress Log requirements set forth in <u>Section 15</u> (Plan Design Information Reporting) below. This tracking information shall be up to date at all times and available to IngenioRx via online.
- **5. Plan Design Questions/Intent Log.** In the event PBM in good faith requires clarifications in connection with Plan Design information it receives (*e.g.*, new value in Plan Design not previously received by PBM), PBM shall inform IngenioRx of the need for a clarification within twenty-four (24) hours of receipt of Plan Design Information, which such request for clarification shall be tracked and documented through an automated tracking system with IngenioRx. This information shall be tracked and reported to IngenioRx in accordance with the Plan Design Questions/Intent Log set forth in <u>Section 15</u> (Plan Design Information Reporting) below.
- **6. Effective Dates/Retro-Effective Dates of Plan Design Changes.** PBM acknowledges and agrees that Plan Design elements shall be loaded and implemented according to the Plan Design element effective date and stop date received from IngenioRx, which may be for the future or retro-active. In this regard, PBM System shall support Plan Design timelines that are communicated to PBM with an effective range occurring in the future or in the past and with a stop range occurring in the future or in the past. In those instances where the timeline occurs in the past, PBM shall implement it according to IngenioRx's direction as to whether the change applies to all future timelines from that effective date, or only the single timeline applying to that effective date.

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F out limiting the quality assurance and testing obligations set forth in Exhibit 1-R (Quality Assurance and Testing) of the Agreement, PBM will implement and maintain a quality assurance program to ensure that Plan Design information is loaded and administered in accordance with this Agreement, including Performance Guarantees. In addition, PBM shall have and maintain a robust testing process acceptable to IngenioRx and that is SSAE 18 compliant to identify and correct any Plan Design information configuration errors (including Formulary) prior to implementation, which such testing shall include, at a minimum, confirmation of the following ("Benefit Testing Parameters"):

- Adjudication of accurate Cost Share;
- Accurate exclusions under OIG, GSA, Medicare exclusion database, or any other applicable Sanction Exclusion List;
- Compliance with applicable NPI requirements;
- Accurate claim acceptance and rejections;
- Accurate Claims payments;
- · Accurate application of accumulators;
- Formulary compliance;
- Accurate adjudication of any IngenioRx clinical and benefit programs (new and existing); and
- Accurate invoicing to IngenioRx.

Unless IngenioRx otherwise agrees in writing, all such testing shall be completed prior to the scheduled implementation date of the Plan Design information. Any errors or inaccuracies discovered at any time (including during the testing process) shall be corrected within twenty-four (24) hours of identification of the error/inaccuracy. The manner and extent to which Plan Design information (including Formularies) have been tested will be documented, such as drug exclusions or quantity limitations and plan parameters such as Cost Share and benefit intervals. PBM shall provide IngenioRx with the access and ability to perform its own independent testing of the Plan Design information, including the data loaded by IngenioRx as well as any data loaded by PBM. PBM also shall provide IngenioRx with the access and ability to test the interaction of the Plan Design information in the System with IngenioRx's systems. PBM shall provide test environments for such purposes. All of the testing required under this provision shall be tracked and reported to IngenioRx in accordance with the Plan Design Testing Log requirements set forth in Section 15 (Plan Design Information Reporting) below.

- 7.1 <u>Standards Document</u>. As part of the quality assurance activities related to Plan Design information loading and administration, IngenioRx shall develop a "standards" document that sets forth the standards to Plan Designs that apply to IngenioRx's business by segment, state, Line of Business, etc. (e.g., Plan Designs in Connecticut cannot have Generic Cost Share greater than \$5). The "standards" document shall be maintained and updated to reflect the standard Plan Design requirements that apply for the applicable segment, state, Line of Business, etc. PBM shall follow the standards set forth on the "standards" document unless otherwise instructed by IngenioRx.
- 8. Plan Design Implementation and Administration. Once the Plan Design information has been loaded in the System and tested in accordance with this Exhibit 1-C (Plan Design Set-Up/Changes), PBM shall implement the Plan Design information in the System in accordance with the Performance Guarantees. Notwithstanding anything to the contrary in this Agreement, if a Governmental Body or a Change of Law requires changes to a Plan Design, PBM shall load, test, and implement such required change within the timeline required by Law. PBM agrees that it is responsible for any Losses resulting from any failure to implement Plan Design changes required by a Governmental Body or Change of Law. PBM shall accurately administer all IngenioRx Plan Designs, and shall ensure the integration of the System and IngenioRx's source system regarding Plan Design information remain in sync. PBM shall provide knowledgeable and skilled staffing sufficient to meet the time frames required by IngenioRx and/or Law.
- **9. System Access.** PBM shall make available, and IngenioRx shall have unlimited access to, the real time online System through a web-based service to view, test, and update (including changing, deleting, and adding) Plan Design information directly into the System, in which case, such updates shall be effective immediately/"real time". Such System access shall allow IngenioRx to easily and clearly view the ALL edits that were in effect as of the date and time on which any Claim was processed. PBM shall have knowledgeable staff familiar with the rules/edits who is available to IngenioRx during normal working hours to readily and in real time answer edit-related question with respect to such information in the System.

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- **10. Training.** PBM shall provide unlimited training for IngenioRx personnel designated by IngenioRx regarding the transmission of Plan Design information to PBM, the loading of Plan Design information in the System, the conduct of testing and ongoing monitoring of Plan Design information in the System, and the access to the real time online System for viewing, testing, and updating the information as set forth in Section 9 (System Access) above.
- 11. Prioritization/Escalation of Issues. PBM shall designate an employee of PBM who is the single point of contact responsible for working with IngenioRx on Plan Design loading issues. PBM shall provide coverage of an alternate employee of PBM who will be the single point of contact responsible for working with IngenioRx on Plan Design loading issues in the absence of the primary point of contact. IngenioRx shall never be without a point of contact to address Plan Design loading issues. Upon IngenioRx's request, PBM shall prioritize Plan Design loading and action items related thereto in accordance with IngenioRx's prioritization requirements as communicated by IngenioRx to PBM. Upon IngenioRx's request and at a frequency requested by IngenioRx, PBM shall meet with IngenioRx to review processes and issues related to Plan Design information loads.
- **12. Policies and Procedures.** Without limiting the generality of the requirements set forth in <u>Section 5.8</u> (Compliance with Policies and Procedures) of the Agreement, PBM will collaborate in good faith with IngenioRx to develop policies and procedures that address coordination between PBM and IngenioRx regarding loading of Plan Design information into the System to mitigate risk of loading errors and to ensure Plan Design intent is implemented.
- **13. Plan Design Audits.** Without limiting IngenioRx's audit rights under <u>Section 11.1</u> (Audits) of the Agreement, IngenioRx shall have the right to conduct a full audit on all benefits at any time, including Plan Design information, list content, component content, etc. All data files requested for the completion of such audit shall be in the form required by IngenioRx.
- Incorrect Plan Design Errors. In the event of Claims processing errors resulting from incorrect Plan Design information in the System, within twenty-four (24) hours of identification of the error, PBM shall notify IngenioRx in writing of the error and a request to correct the error, which such correction shall be made within twenty-four (24) hours of IngenioRx's approval; provided, however, if such error cannot be corrected within such twenty-four (24) hour period, PBM will provide to IngenioRx written documentation acknowledging the error and setting forth a plan for promptly correcting the PBM error in accordance with Section 5.12 (PBM Non-Compliance/Errors) and Section 5.13 (Corrective Action Plans) of the Agreement. Once the corrective action plan is approved by IngenioRx, PBM shall correct such error in accordance with the corrective action plan. In all cases, PBM shall provide IngenioRx with a remediation plan within twentyfour (24) hours to address the time period while it is correcting Plan Design errors to avoid Member disruption such as improper rejections and improper charges during that interim period. PBM's interim remediation plan shall include at a minimum: (i) a daily identification of the impacted Claims and Members; and (ii) outreach to the Participating Pharmacies to reprocess Claims if applicable. This provision does not relieve PBM of liability for PBM errors during the time the PBM error has not been cured. PBM, and not IngenioRx, shall be solely responsible for any Loss resulting from an incorrect Claim payment caused by PBM's error, including Losses to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Members.
- **15. Plan Design Information Reporting.** PBM shall provide the following reports in connection with the Services under this <u>Exhibit 1-C</u> (Plan Design Set-Up/Changes), all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

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|----------------------|---------------------------------------|---|--------------------|
| | Plan Design Tracking and Progress Log | IngenioRx specified format tracking information which, at a minimum, shall include: (a) date and time of receipt by PBM of Plan Design information, including Formularies; (b) identification of user/individual requesting Plan Design update/change; and (c) status of loading, testing, and implementation of Plan Design information, including date/time loaded, tested, corrections, implementations, identifying the status of work completed and pending. IngenioRx will have read/write access to the Plan Design Tracking and Progress Log via a web based tool | Weekly and Monthly |
| 2 | Plan Design Testing Log | IngenioRx specified format tracking information which, at a minimum, shall include the following information in connection with each Plan Design set-up/change, including Formularies: (a) date of testing; (b) total benefits submitted/processed; (c) Benefit Testing Parameters tested, including manner and extent of testing; (d) identification of types of errors/inaccuracies identified, including date of identification; (e) identification of root cause of errors/inaccuracies determined, including date of identification; (f) % of benefit submitted/processed with errors; (g) status of correction of any errors/inaccuracies, including identification of date of correction and total time period for correction; and (h) identification of any trends related to the errors/inaccuracies | Weekly and Monthly |

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|-------------------|--|---|--------------------|
| 3 | Plan Design Questions/Intent Log | IngenioRx specified format tracking information which, at a minimum, shall include: (a) date and time of receipt by PBM of Plan Design information; (b) date and time of receipt by IngenioRx of request for clarification/intent; (c) date and time of receipt by PBM of response by IngenioRx | Weekly and Monthly |
| 4 | Plan Build Automation Benefit Setup Log | PBM report which provides status on individual benefit setup requests which, at a minimum, shall include: (a) Clients Request ID; (b) PBM Case Number; (c) Expected Completion Date; (d) Case Status; (e) Case Update Time Stamp; (f) Case Completion Date. | Daily |
| 5 | EzQuery Plan Design Data Reports | PBM reports which can be run by PBM for a client as needed and provide detailed plan design data by plan option for one or more plans. Also provides the capabilities to compare data between plans. Utilizes pre-built queries that can be customized to meet client needs. | Per Request |
| 6 | RxNavigator Custom Reports | RxNavigator is a self-service online data analysis tool used to monitor clinical and utilization data. The tool provides access to both claims and plan data. Clients can run and export reports so clients have the information they need, when they need it, to effectively control costs and manage drug trend. It allows clients to: • Understand drug spending • Identify top drugs and therapeutic classes • Analyze the impact of coverage changes • Study population demographics • Calculate utilization trend by delivery system | On Demand |

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F CHAIMS PROCESSING
(All Lines of Business)

- 1. Claims Processing in General. PBM shall process all Claims in accordance with Law, SSAE 18 standards, this Agreement, and IngenioRx-approved requirements, which without limiting the generality of the foregoing, shall include the following:
 - Confirming, based on the Eligibility Information, that the individual for which the prescription has been dispensed is a Member;
 - Confirming, based on the Member's Plan Design, that the prescription dispensed is a Covered Drug;
 - Confirming that the Prescriber of the prescription is appropriately credentialed and not on a Sanction Exclusion List:
 - Applying applicable DUR, prior authorization, and other Claim edits approved by IngenioRx;
 - Applying Accumulators;
 - Coordinating PBM's claims adjudication platform with IngenioRx's and Covered Plans' systems and databases that support or relate to the adjudication function;
 - Applying the requirements of applicable IngenioRx clinical services and programs;
 - Applying medical data at the point of sale (ICD-10 diagnosis, ICD-10 procedure codes, labs, etc.) (upon IngenioRx's request); and
 - Applying IngenioRx Policies, including IngenioRx override policies.

IngenioRx may modify, add, and/or delete IngenioRx requirements from time to time upon notice to PBM. This <u>Section 1</u> (Claims Processing in General) applies to *all* claims, including online and paper, whether from a Member, a Participating Pharmacy, or otherwise.

- **2. Online Claims Processing.** PBM shall process online Claims submitted by Participating Pharmacies in real time using IngenioRx defined BIN/PCN number in accordance HIPAA compliant transactions and the most current HIPAA mandated standards, using the most current NCPDP format and standards (including any optional NCPDP data fields), and any other standards required by applicable Law. The System will electronically provide the Participating Pharmacy with the appropriate messaging online in real time, including:
 - Claim status;
 - · Verification of Member eligibility;
 - Applicable DUR edits;
 - Verification of coverage, including messaging regarding any applicable Plan Design or other program limitations (e.g., prior authorization requirements);
 - Cost Share; and
 - Other messages agreed upon by IngenioRx and PBM consistent with Law.

PBM shall perform daily analysis on Paid Claims and Rejected Claims to ensure the System is adjudicating Claims in accordance with IngenioRx's Plan Design information (including Formulary).

- 3. Non-Online Claims from Participating Pharmacies. In the event Participating Pharmacies submit Claims to PBM and/or IngenioRx in a non-online form (e.g., universal claim form and/or encrypted compressed electronic data files), PBM shall input the information from such Claims into the System and perform appropriate system edits.
- 4. Claims from Non-Participating Pharmacies. Processing and payments to non-participating pharmacies shall be processed as directed by IngenioRx and as required by applicable Laws.
- **5. Member Submitted Claims/DMR.** PBM shall provide an IngenioRx-approved Claim form (branded in accordance with <u>Exhibit 1-O</u> (Private Label / Branding Services)) to Members as directed by IngenioRx. Upon receipt of a Member Submitted Claim, PBM will process such Claim (including inputting the information from the Member Submitted Claim into the System and performing appropriate system edits) in accordance with IngenioRx specifications. PBM shall process DMRs in accordance with the time

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F Performance Guarantees, and in accordance with the following:

- Produce and send explanation of benefits/reconciliation statements with a payment for the
 applicable reimbursement amount to the Member (without limiting the requirements set forth
 in the Performance Guarantees, such payment shall be mailed/transferred to the Member
 within three (3) Business Day of the date on which the DMR is adjudicated and, in all cases,
 shall be paid in accordance with prompt pay and other Laws);
- Request information for Claims that are ineligible for payment due to incomplete information;
 and
- If Claim payment is denied, provide a written notice of determination (utilizing an IngenioRx approved template).

Notwithstanding anything to the contrary herein, IngenioRx shall have access to the System in order to allow IngenioRx to process Member submitted Claims on a real-time basis utilizing the System.

- **6. Subrogation Claims.** PBM will process Subrogation Claims in accordance with IngenioRx requirements and Law, in which case IngenioRx will pay such Subrogation Claims. If IngenioRx does not authorize PBM to process Subrogation Claims, PBM will reject the Claim and refer claimants to IngenioRx regarding such Claims, in accordance with Law.
- **7. Secondary Payor Claims.** PBM shall process secondary payor claims for Covered Drugs covered primary under a government program (*e.g.*, Medicare Part B) or liability benefits (*e.g.*, auto coverage, worker's compensation, etc.) in accordance with IngenioRx requirements and Law.
- **8. Third-Party Claims.** Notwithstanding any other provisions of this Agreement: (i) PBM shall cooperate with and assist, and shall require PBM Contracted Pharmacies and PBM Owned Pharmacies to cooperate with and assist, IngenioRx and Members in pursuing recoveries of funds from a third party; (ii) PBM agrees that any such recovery of funds shall be the property of IngenioRx or the Member, as IngenioRx may determine in accordance with the terms and provisions of such Covered Plan or IngenioRx Policies; and (iii) PBM will neither make nor have any claims with respect to any such recoveries. This provision is subject to any applicable Laws concerning coordination of health insurance benefits, and shall be modified to the extent necessary to enable the Parties to comply with such Laws.
- 9. Concurrent Drug Utilization Review ("DUR") Services. PBM shall provide to IngenioRx automated concurrent DUR edits based upon such concurrent DUR edits received from Medi-Span (or upon IngenioRx's advance written consent, First DataBank), which such concurrent DUR edits shall be subject to IngenioRx's approval and customized and supplemented in accordance with IngenioRx requirements, including designation of whether such edits are hard or soft and customizable messaging to enhance clinical outcomes and ensure Member safety at IngenioRx's request, which include point-of-sale messaging for, at a minimum, the following: drug to drug interactions (unless otherwise specified by IngenioRx); drug to disease inferred, therapeutic duplications; over-utilization and under-utilization; agerelated (e.g., geriatric; pediatric) contraindications; gender-related contraindications; incorrect drug dosage or duration of drug therapy; clinical abuse/misuse; insufficient or excessive drug usage; drug/pregnancy contraindications; and early or late refills, as well as Formulary edits and grandfathering (identified by IngenioRx). For purposes of concurrent DUR edits, they will track both current and cumulative usage and account for all distribution channels (e.g., retail, mail, specialty). All concurrent DUR edits (and changes thereto) are subject to IngenioRx's prior review and written approval.
- 10. Administrative Overrides. PBM shall implement and process administrative overrides (e.g., early refill for vacations) consistent with Covered Plan's requirements communicated by IngenioRx to PBM. IngenioRx is not responsible for payment with respect to any Claims resulting from overrides performed by PBM in violation of this Agreement or Covered Plan's requirements communicated by IngenioRx to PBM or otherwise documented by IngenioRx in accordance herewith.
- **11. Formulary Edits.** PBM shall apply IngenioRx's Formulary Edits, including Smart Edits, at the point of sale. PBM shall integrate medical data in the System for Smart Edit processing. In connection with Compound Drug Claims, PBM will apply IngenioRx's Formulary Edits, including Smart Edits, at the point of sale to each component of the Compound Drug (e.g., a Claim for a Compound Drug with any Cost Share that requires a clinical step-edit would proceed through the step-edit protocol).

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PBM Services Agreement (Caremark)

- 12. COB. PBM shall apply IngenioRx's coordination of benefits ("COB") payment requirements, as communicated by IngenioRx to PBM either electronically or by paper (including as part of Eligibility Information), for all Claim adjudications based on applicable "order of benefits" data provided by IngenioRx, including primary and secondary payor status. If PBM receives information of other potential coverage from a Member, pharmacy, or otherwise, PBM shall promptly notify IngenioRx in writing and provide IngenioRx with any such information PBM has received in a format and channel specified by IngenioRx. If a pharmacy submits data with a Claim that is inconsistent with applicable order of payor information provided by IngenioRx, PBM shall adjudicate the Claim in accordance with the information provided by IngenioRx.
- **13. Accumulators.** PBM acknowledges and agrees that its Systems shall interface real time with IngenioRx's and Covered Plan's systems that house the accumulator source of truth. PBM acknowledges and agrees that this may include medical accumulators (*e.g.*, with medical carriers/health plans) and pharmacy Accumulators, including deductibles.
- **14. Coding Logic.** IngenioRx shall own and have all rights to the layouts, algorithms, hierarchy, criteria, and adjudication and related coding logic (collectively, "coding logic") for Eligibility Files, Claims, Prior Authorizations, step therapy, and Plan Design information. PBM shall provide IngenioRx with such coding logic within five (5) Business Days of implementation of such in Systems, including changes thereto. For avoidance of doubt, IngenioRx can use such coding logic post termination in connection with another vendor's PBM services or otherwise.
- **15. Claims for New to Market Drugs.** When a new to market drug becomes available, PBM shall process Claims for such new to market drugs in accordance with the clinical protocols/edits directed by IngenioRx, which the application of such clinical protocols/edits shall not be delayed by waiting until such clinical protocols/edits appear in the next Formulary update.
- Claims Processing Errors. In the event of Claims processing errors resulting from System coding and/or logic errors in the System, within twenty-four (24) hours of identification of the error, PBM shall notify IngenioRx in writing of the error and a request to correct the error, which such correction shall be made within twenty-four (24) hours of IngenioRx's approval; provided, however, if such error cannot be corrected within such twenty-four (24) hour period, PBM will provide to IngenioRx written documentation acknowledging the error and setting forth a plan for promptly correcting the PBM error in accordance with Section 5.12 (PBM Non-Compliance/Errors) and Section 5.13 (Corrective Action Plans) of the Agreement. Once the corrective action plan is approved by IngenioRx, PBM shall correct such error in accordance with the corrective action plan. In all cases, PBM shall provide IngenioRx with a remediation plan within twentyfour (24) hours to address the time period while it is correcting the System coding and/or logic errors to avoid Member disruption such as improper rejections and improper charges during that interim period. PBM's interim remediation plan shall include at a minimum: (i) a daily identification of the impacted Claims and Members; and (ii) outreach to the Participating Pharmacies to reprocess Claims if applicable. This provision does not relieve PBM of liability for PBM errors during the time the PBM error has not been cured. PBM, and not IngenioRx, shall be solely responsible for any Loss resulting from the submission of incorrect data, including incorrect Claims data or an incorrect Claim payment, caused by PBM's error, including Losses to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Members. For avoidance of doubt, Medicare Part B Claims drugs processed under a non-Medicare Part B Covered Plan (e.g., Medicare Part B Claims processed under a Commercial Plan or a Medicare Part D Plan) shall have been processed in error.
- 17. Claims Reprocessing/Adjustments. Upon correction of a Claim processing error (including an error due to incorrect Eligibility Information, incorrect Plan Design set-up, incorrect coding and/or logic, or otherwise), PBM shall promptly and accurately reprocess and/or make applicable financial adjustments to the Claim in a timely manner and in compliance with this Agreement and applicable Laws, including correcting the applicable Claims history files, Accumulator adjustments, Member explanations of benefits, and other applicable data files, and shall promptly reimburse IngenioRx and Members, as appropriate and as directed by IngenioRx, for any amounts due them as a result of the error. In the event any such Claim processing error potentially impacts more than one Claim or more than one Member, PBM shall promptly notify IngenioRx of such and, upon IngenioRx's request, follow the process set forth in Section 5.12 (PBM Non-Compliance/Errors) or, upon IngenioRx's request, Section 5.13 (Corrective Action Plans) of the Agreement. In all cases, within the time period set forth in the Performance Guarantees (or if no applicable

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Docusign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F antees, within three (3) Business Days after reprocessing and making the applicable financial adjustments to the Claims), PBM shall deliver to IngenioRx a report identifying the "before and after" status of the Claims, including Claim values. PBM shall track and administer Claim payment and overpayment recovery as a result of all Claim processing errors, which such tracking shall be made available to IngenioRx upon request.

- 18. E-Prescribing Support. PBM shall establish and maintain an electronic prescription drug program for transmitting, directly or through an intermediary, prescriptions and prescription-related information using electronic media for Covered Drugs provided to Members. At a minimum, PBM shall provide the following information exchanges using e-prescribing: eligibility, Formulary information, and medication history. The System shall meet standards and implementation specifications required by Law, including those adopted under Section 3004 of the Public Health Services Act as added by Section 13101 of the American Recovery and Reinvestment Act of 2009, P.L. 111-5, as applicable.
- **19. Claims Processing Reporting/Data Files.** PBM shall provide the following reports in connection with the Services under this <u>Exhibit 1-D</u> (Claims Processing), all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|---|---|---|--|
| 1 | Rejected Claims File | IngenioRx-specified format, setting forth all rejected claims, reported separately for each plan. | Daily |
| 2 | Claims Files | Daily electronic data feeds that contain Covered Plan, IngenioRx Customer, and Group identifiers, as well as Member-specific identifiers, that are consistent with IngenioRx's naming conventions and mechanisms for identifying Covered Plans, IngenioRx Customers, Groups, and Members, including processed Claim information (including Claims paid and Claims deemed non-payable), Member Cost Share, Ingredient Costs, Claims inventory (including an aging analysis), and other details as required by IngenioRx. Claims files shall be in NCPDP format/value and provide the Medi-Span GPI code number and the Medi-Span Generic Indicator code and other IngenioRx specified fields | Daily |
| 3 | Claims summary report | Per IngenioRx specifications | Daily and Weekly |
| 4 | Accumulator Record Report | Identify Accumulator records updated and number of records that did not update due to an error, including the reason for such error. | Weekly and Monthly |
| 5 | Daily Accumulator Files | Accumulator files for each of IngenioRx's systems in accordance with IngenioRx's specifications | Daily |
| 6 | System User Access Report | Sets forth a list of users that have access to claims adjudication platform and the type of access each user has been granted. | Weekly |
| 7 | Trend analysis reports | Per IngenioRx specifications | Per IngenioRx specifications |
| 8 | DMR Report | Lists all DMR reimbursements issued for the reporting period (printed and mailed), including date received and date payment/denial was mailed. | Weekly |
| 9 | Claims Processing Error Adjustment Reports | Identifying the "before and after" status of Claims processed in error | Three (3) Business Days after reprocessing and making the applicable financial |

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|--|----|-------------------------------------|---|---------------------------|--|--|
| - | | | | adjustments to the Claims | | |
| | 10 | Claims Adjudication Error Report | Sets forth all errors and related fixes installed in the claims adjudication platform, including dates | Monthly and Quarterly | | |
| | 11 | Archived Claims Report | Sets forth the number of Claims retrieved and the timing of retrieval of such claims from PBM's claims archive into the claims adjudication platform. | Monthly and Quarterly | | |
| | 12 | Outlier Claims Report | Sets forth all Outlier Claims processed during the immediately preceding week. PBM shall cooperate with IngenioRx in efforts to confirm that the AWP and Ingredient Cost for Outlier Claims have been correctly reflected, and, if not correctly recorded, PBM shall reprocess and correct. | Weekly | | |



- 1. Pharmacy Network Services General. Except as express set forth herein, the Services under this Exhibit 1-E (Pharmacy Network) apply to all pharmacy types (e.g., retail, mail, specialty, long term care, home infusion, 340B, Limited Distribution Drugs, etc.). PBM shall be responsible for complying with all Laws applicable to PBM, IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups related to pharmacy network Services performed by PBM hereunder, including: pharmacy access requirements; any willing provider; maximum allowable cost/multi-source pricing requirements; prompt pay; pricing updates; method/manner of payment; recovery of overpayments; audits; dispute resolution; balance billing prohibitions; pharmacy inquiries; pharmacy grievances, complaints, and appeals; pharmacy contract requirements; pharmacy notice requirements; pharmacy contract terminations; and pharmacy provider directories. PBM acknowledges and agrees that compliance with applicable Law shall include compliance with the situs state Laws (the Laws of the state in which the Member's policy or contract was issued) (e.g., prompt pay laws of the state in which the Member's policy or contract was issued).
- **2. Pharmacy Networks.** PBM shall provide IngenioRx with a pharmacy network for each Covered Plan, IngenioRx Customer, and Group in accordance with this Agreement, Law, and Accreditation Standards. Without limiting the generality of the foregoing, PBM agrees as follows:
- 2.1 Network Adequacy/Composition. IngenioRx's network shall include retail pharmacies (including chains and independents), HIF Pharmacies, LTC Pharmacies, ITU Pharmacies, specialty retail pharmacies, 340B Pharmacies, mail pharmacies, specialty pharmacies, pharmacies authorized to dispense Limited Distribution Drugs, and such other types of pharmacies as specified by IngenioRx. Each network utilized by IngenioRx shall provide Members with adequate access to Covered Drugs at Participating Pharmacies in accordance with this Agreement (including Performance Guarantees), Covered Plan requirements, and applicable Law. In addition to all of the foregoing, PBM shall ensure that Participating Pharmacies for each network at a minimum essentially mirrors each pharmacy network access and composition utilized by IngenioRx Members as each existed as of the Effective Date, and PBM shall work in good faith to solicit any pharmacies that participate in each network just prior to the Service Commencement Date that are not in PBM's network. Upon IngenioRx's request, PBM shall promptly (and in all cases within ten (10) Business Days) provide IngenioRx with network geo access reports by Covered Plan, IngenioRx Customer, and/or Group in accordance with IngenioRx requirements.
- 2.1.1 IngenioRx Owned Pharmacies / IngenioRx Customer Pharmacies / IngenioRx Contracted Pharmacies. As directed by IngenioRx, PBM acknowledges and agrees that IngenioRx Owned Pharmacies, IngenioRx Customer Pharmacies, and IngenioRx Contracted Pharmacies shall be included in the networks designated by IngenioRx to serve IngenioRx Members as specified and such pharmacies shall not be subject to the credentialing requirements set forth in Section 3 (Pharmacy Credentialing) of this Exhibit 1-E or the standard terms and condition requirements set forth in Section 4.1 (Standard Terms and Conditions) of this Exhibit 1-E.
- 2.1.2 Addition of Requested Pharmacies. Within ten (10) Business Days of IngenioRx's request to add a pharmacy to a network for a Covered Plan, IngenioRx Customer, and/or Group, PBM shall solicit such pharmacy and provide the pharmacy with the standard terms and conditions of participation. Thereafter, PBM will make good faith efforts to contract with the pharmacy under standard terms and conditions of participation within sixty (60) days of IngenioRx's original request.
- 2.2 <u>Network Changes.</u> PBM shall notify IngenioRx in writing of each addition or deletion of a Participating Pharmacy to any network utilized by IngenioRx in accordance with the terms and conditions of this Agreement. Regardless of whether access requirements continue to be met, there shall be no material changes to the networks utilized by IngenioRx without IngenioRx's prior written consent. Without limiting the foregoing requirements, in the event PBM fails (for any reason) to maintain a Participating Pharmacy in a network utilized by IngenioRx and such failure causes a material disruption (as that term is defined below) in IngenioRx's network(s), PBM shall immediately notify IngenioRx in writing of such event, and IngenioRx shall have the right to either: (a) contract directly with such Participating Pharmacy; or (b) terminate this Agreement on at least sixty (60) days prior written notice to PBM. In addition (and not in lieu of the foregoing rights and/or any other rights and remedies IngenioRx has under this Agreement), if there is a material

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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, page 395 of Attachment C.21.a-1 contains Proprietary Data and is being submitted under separate sealed cover marked "Proprietary Data."

DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F continue to monitor and share with IngenioRx innovative strategies in this regard.

- 2.4.4 International Networks. PBM shall seek alternative partnerships and/or contracting solutions to support international network development in support of IngenioRx's global benefits and other international programs, including access to international rental networks and/or arrangements for international delivery of Covered Drugs to Members living abroad.
- Pharmacy Credentialing. PBM shall establish credentialing criteria and requirements for 3. standard retail pharmacies. In connection with all other pharmacy types (e.g., mail, specialty, long term care, home infusion, 340B, Limited Distribution Drugs, etc.), PBM shall work together in good faith with IngenioRx to establish mutually acceptable credentialing criteria and requirements (e.g., credentialing criteria for specialty pharmacies that require specialty accreditation). All credentialing criteria, requirements, and processes shall comply with Law, Accreditation Standards, and the following minimum requirements (unless otherwise prohibited by Law): (a) PBM shall verify that the pharmacy has in good standing all required licenses under applicable state and federal Laws (e.g., state pharmacy license, DEA license); (b) PBM shall require the pharmacy to disclose ownership; (c) PBM shall validate that the pharmacy has and maintains required insurance coverage; (d) PBM shall confirm that the pharmacy and its owners and pharmacists are not on the Sanction Exclusion List; (e) PBM shall validate the NPI provided by the pharmacy; and (f) to the extent the pharmacy is in a HEAT zone, PBM shall conduct a physical onsite validation of the pharmacy. PBM Contracted Pharmacies, PBM Owned Pharmacies, and, upon IngenioRx's request, PBM Contracted Pharmacies, shall be credentialed by PBM prior to adding the pharmacy to any network utilized by IngenioRx, and shall be re-credentialed on an annual basis thereafter. Determinations of whether a pharmacy has satisfied the credentialing criteria and requirements shall be determined by the PBM credentialing committee, and (upon IngenioRx's request) shall be subject to IngenioRx's review and approval. IngenioRx Customer Pharmacies and IngenioRx Owned Pharmacies shall not be subject to the credentialing requirements.

4. Pharmacy Contracting.

- 4.1 <u>Standard Terms and Conditions</u>. PBM shall establish standard terms and conditions of participation for retail pharmacies to participate in each network utilized by IngenioRx. In connection with all other pharmacy types (*e.g.*, mail, specialty, long term care, home infusion, 340B, Limited Distribution Drugs, etc.), PBM shall work together in good faith with IngenioRx to establish mutually acceptable standard terms and conditions for participation (*e.g.*, standard terms and conditions for specialty pharmacies that require various clinical services). All standard terms and conditions and the PBM's contracting process shall comply with Law and Accreditation Standards. The standard terms and conditions shall be reflected in a written pharmacy contract and shall comply with this Agreement, Law, Accreditation Standards, and the following minimum requirements:
 - Pharmacies shall be required to submit every Claim online via the point of sale System at the
 time the Covered Drug is dispensed, including all information required by IngenioRx, which at
 a minimum shall include: the pharmacy's accurate U&C and "submitted amount"; the
 Participating Pharmacy's NPI; the Prescriber's NPI; whether the prescription is a 340B Covered
 Drug for a 340B Member.
 - Pharmacies shall be required to collect the applicable Cost Share from Members, and shall not be permitted to waive, discount, reduce, or defer the amount for which a Member is responsible, in whole or in part, unless otherwise required by Law or authorized by IngenioRx in writing.
 - To the extent IngenioRx does not allow coupon and/or copay assistance (or the like) programs under Section 2.3.3 (Coupon/Copay Assistance Prohibitions) of Exhibit 1-E (Pharmacy Network), pharmacies shall be prohibited from accepting manufacturer coupons and/or copay assistance (or the like) in connection with IngenioRx Members unless expressly consented to by IngenioRx in writing (which such consent can be withdrawn at any time upon notice to PBM).
 - Pharmacies shall be prohibited from billing, charging, collecting a deposit from, seeking compensation, remuneration, or reimbursement from, or having any recourse against any Member (directly or indirectly) for Covered Drugs except the Member's Cost Share.
 - Pharmacies shall be required to cooperate with IngenioRx and/or PBM with respect to coordination of benefit matters in compliance with Law and Covered Plan requirements,

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F I) bill the primary payor; (b) submit secondary claim(s) to secondary payor(s); and (c) submit with the Claim information identifying the source of the payment for COB purposes, including BINs to which such Claim has been submitted and the amount paid through such BIN; and Pharmacies shall be required to collect the remaining balance directly from the Member as Cost Share via the online claims System.

- Pharmacy shall be required to cooperate with PBM and IngenioRx in the investigation and resolution of Member grievances and complaints related to the pharmacy.
- Pharmacies shall be required to maintain records for a period of five (5) years or such longer time required by Law.
- Pharmacies shall be required to provide copies of pharmacy records related to a Member and/or Claim (including a copy of Member prescription records) to PBM and/or IngenioRx within three (3) Business Days of such request, or such shorter period required by Law.
- Pharmacies shall agree that PBM and IngenioRx shall have the right to recover any
 overpayments paid to the pharmacy upon notice to the pharmacy, including overpayments
 related to audit discrepancies, failure of pharmacy to bill correct payer (including those
 involving coordination of benefits), and overbilled quantities, which such recovery may be done
 through offset;
- Pharmacies shall agree that pharmacy's payment or participation may be suspended in the
 event the pharmacy fails to provide requested documentation (e.g. prescription order) and/or
 when there is reasonable suspicion of fraud, waste, or abuse;
- Pharmacies shall be required to maintain liability insurance in an amount not less than \$1,000,000 per occurrence and \$2,000,000 in aggregate per policy year (or such larger amounts required by Law);
- Pharmacies shall be required to comply with all applicable Laws and Covered Plan requirements, as may be amended from time to time;
- As required by applicable federal, state or local law, PBM shall not limit a Retail Participating
 Pharmacy's ability to disclose to a Member whether their Cost Share exceeds the retail price
 for a Covered Drug, or the availability of a more affordable alternative drug.

To the extent that IngenioRx has any concerns regarding compliance with the pharmacy contract requirements above, PBM shall promptly meet with IngenioRx to discuss and resolve any such concerns, and PBM shall immediately make such changes to the contracts with PBM Contracted Pharmacies and PBM Owned Pharmacies as requested by IngenioRx that are necessary and appropriate to ensure compliance with applicable Law by IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups.

- 4.2 <u>RFP Process for Mail and Specialty.</u> Upon IngenioRx's request, PBM shall solicit mail order pharmacies and specialty pharmacies through an RFP process based upon IngenioRx specified terms and conditions for participation. PBM shall work with IngenioRx in good faith in connection with reviewing the responses and determining which pharmacies meet the requirements for participation and which will be selected for participation in IngenioRx specified networks.
- 4.3 <u>Written Pharmacy Contracts</u>. Subject to IngenioRx's direct pharmacy contracting rights under <u>Section 17</u> (IngenioRx Direct Contracting Rights) below, PBM shall have and maintain written contacts with each PBM Contracted Pharmacy and PBM Owned Pharmacy. Each such contract shall at all times be in compliance with Law, Accreditation Standards, and the requirements of this Agreement (including the minimum contract requirements set forth in <u>Section 4.1</u> (Standard Terms and Conditions) above.
- 4.4 <u>Securing Most Advantageous Pharmacy Contracts</u>. PBM shall use its best efforts to enter into agreements with pharmacies that secure the most advantageous discounts and dispensing fees and other related terms and conditions for IngenioRx. Notwithstanding the foregoing (and without limiting IngenioRx's direct contracting rights under <u>Section 17</u> (IngenioRx Direct Contracting Rights), IngenioRx shall have the right to contract directly with pharmacies (*e.g.*, including retail, mail, specialty, long term care, home infusion, 340B, etc.) when it is more advantageous than such contracting secured by PBM, in which case PBM shall administer such contract(s) in accordance with this <u>Exhibit 1-E</u> (Pharmacy Network).
- 4.5 <u>Provision of Pharmacy Contracts</u>. PBM shall provide to IngenioRx a copy of its template contract(s) with PBM Contracted Pharmacies and related documents (*i.e.*, pharmacy manual), which PBM acknowledges and agrees IngenioRx may submit to Governmental Bodies. PBM shall promptly provide

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F ch template contracts and related documents, which in all cases shall be provided in sufficient time for IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups to comply with their submission and/or notification obligations to Governmental Bodies. PBM shall provide IngenioRx with copies of any and all contracts between PBM and PBM Contracted Pharmacy upon IngenioRx's request, as well as any other PBM Contracted Pharmacy documents required by Governmental Bodies or as necessary for IngenioRx's ongoing compliance with Law.

Pharmacy Payments and Recoupment of Overpayments. PBM shall pay to PBM Contracted Pharmacies the amounts required under the contracts with the PBM Contracted Pharmacies. PBM shall pay IngenioRx Contracted Pharmacies in accordance with the rates and fees specified by IngenioRx. PBM shall pay IngenioRx Owned Pharmacies and IngenioRx Customer Pharmacies in accordance with IngenioRx specifications, which may include a "no bill" arrangement whereby no billing or payment is processed with the pharmacy for the drug cost itself. With respect to all payments due to Participating Pharmacies, PBM shall pay all Participating Pharmacies in accordance with Law, including prompt pay Laws (which includes, for avoidance of doubt, the prompt pay Laws of the applicable situs state). PBM shall be solely responsible for compensating Participating Pharmacies in a timely manner and shall be responsible for any penalties associated with late Claims payments. Upon identification of an overpayment to a Participating Pharmacy, PBM shall recoup such overpayments from Participating Pharmacies and return 100% of the overpayment to IngenioRx. With the exception of overpayments identified through PBM audits of Participating Pharmacies (which shall be handled in accordance with Section 6 (Pharmacy Auditing) below, all other identified overpayments shall be returned to IngenioRx within thirty (30) days of identification of the error by PBM or within thirty (30) days of receipt of notice of the error by IngenioRx to PBM. PBM will indemnify, defend, and hold harmless IngenioRx and Designated Affiliates for, from, and against any claims or demands from pharmacies arising out of PBM's failure to timely pay pharmacies for Claims in accordance with these requirements and for any penalties, interest, or other charges assessed by a Governmental Body due to PBM's failure to timely pay Claims hereunder and/or failure to timely recoup overpayments.

6. Pharmacy Auditing.

- 6.1 <u>Audit Requirements</u>. PBM shall perform audits (desk/electronic and on-site) of Participating Pharmacies to determine compliance with their provider agreements, including all coupon and co-pay assistance prohibitions (to the extent IngenioRx does not allow coupon and/or copay assistance (or the like) programs under <u>Section 2.3.3</u> (Coupon/Copay Assistance Prohibitions) of <u>Exhibit 1-E</u> (Pharmacy Network), and applicable Law. The audit services provided to PBM pursuant to this section shall be the highest level of audit services provided by PBM to any other client. Such audits shall include a representative sample of Claims from each Covered Plan, IngenioRx Customer, and Group, and shall meet the minimum audit requirements set forth in the Performance Guarantees. As part of the auditing process, PBM shall audit for compliance with fraud, waste, and abuse prohibitions, including fraud, waste, and abuse training requirements.
- 6.2 <u>Audits of PBM Owned Pharmacies</u>. The audits shall include a proportionate number of audits of PBM Owned Pharmacies serving IngenioRx Members. PBM Owned Pharmacies shall be subject to audit and recovery standards and policies no less stringent than those utilized for other network pharmacies and such audits shall be conducted by an independent third-party auditor.
- 6.3 <u>Audit Recoveries</u>. 100% of recovered overpayments from Participating Pharmacies shall be promptly credited and/or paid to IngenioRx within forty-five (45) days. PBM shall make commercially reasonable efforts to collect all overpayments from Participating Pharmacies identified through the audit.
- 6.4 <u>Audit Reports.</u> Quarterly (and upon IngenioRx's request), PBM shall provide an audit results report acceptable to IngenioRx, identifying at a minimum: (a) the pharmacy audited; (b) date of audit; (c) date of final audit report; (d) the total audit discrepancy overpayment amount with respect to IngenioRx Claims; (e) amount of and date audit discrepancy overpayments were recovered; (f) amount of and date audit discrepancy overpayments were credited/paid to IngenioRx; (g) the outstanding amount of any audit discrepancy overpayment amounts not yet recovered.
- 6.5 <u>Inventory Audits.</u> PBM audits shall include inventory audits, pursuant to which PBM compares Participating Pharmacy purchase invoices to Claims and prescriber authorizations to identify

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nere are recoveries related to inventory audits, IngenioRx DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F shall be promptly credited and/or paid 100% of its pro rata share of the inventory audit recoveries. PBM shall provide IngenioRx with documentation to support and validate IngenioRx's pro rata share.

- IngenioRx Oversight. PBM understands that IngenioRx maintains oversight responsibility 6.6 for audits pursuant to regulatory requirements, and PBM shall cooperate with IngenioRx to assist in meeting such requirements. PBM shall provide IngenioRx a copy of its pharmacy audit procedures (onsite, desk/electronic, and inventory) and modify its pharmacy audit procedures as required by Section 5.8 (Compliance with Policies and Procedures) of the Agreement. Upon IngenioRx's request based on reasonable suspicion of fraud, waste, or abuse, PBM shall audit Participating Pharmacies identified by IngenioRx. Such audits shall be commenced within thirty (30) days and completed within sixty (60) days thereafter (unless a longer time is required by Law). PBM shall provide IngenioRx with a status of such audit activities upon IngenioRx's request, and shall include the status of such audits on the quarterly audit report. Notwithstanding the foregoing, PBM agrees that IngenioRx also has the right to audit Participating Pharmacies, either directly or through a third-party auditor.
- Governmental Body Requirements. As part of the auditing process, PBM shall comply with all requirements imposed by Law, including compliance with CMS requirements for monitoring and auditing of providers with respect to federal programs, including Chapter 9 of Medicare Part D Prescription Drug Manual (or its successor thereto). In addition, PBM shall perform all Governmental Body required and recommended audits in accordance with Governmental Body guidance.
- Access to Pharmacy Records. Separate from the pharmacy auditing requirements set forth in Section 6 (Pharmacy Auditing) above, PBM acknowledges and agrees that IngenioRx may need to promptly receive copies of prescription and/or other records from PBM Contracted Pharmacies and PBM Owned Pharmacies to, among others, verify quantity, dosage, directions, and other prescription items, respond to a Governmental Body, and/or as part of an investigation or audit. PBM acknowledges and agrees that, upon three (3) days advance notice to PBM, IngenioRx may contact PBM Contracted Pharmacies and PBM Owned Pharmacies directly to obtain such documentation (including Member prescription record), in which case PBM shall require such PBM Contracted Pharmacies and PBM Owned Pharmacies to provide the requested documentation to IngenioRx within three (3) Business Days. PBM further acknowledges and agrees that IngenioRx may contact PBM to obtain the documentation in addition to and/or instead of PBM Contracted Pharmacies and/or PBM Owned Pharmacies, in which case PBM shall obtain from PBM Contracted Pharmacies and PBM Owned Pharmacies the required documentation and provide such documentation to IngenioRx within five (5) Business Days of IngenioRx's request, or such shorter period required by Law. Failure of PBM to provide the requested pharmacy records within five (5) Business Days shall be deemed a non-compliance and subject to the fines and penalties (and other rights and remedies) set forth in Section 5.12 (PBM Non-Compliance/Errors) of the Agreement.

8. **Pharmacy Suspensions and Termination.**

- Suspension of Pharmacy Payment/Participation by IngenioRx. Upon IngenioRx's request, PBM shall suspend payment to such Participating Pharmacy and/or suspend such Participating Pharmacy's participation in IngenioRx networks. In addition, upon IngenioRx's request, PBM shall suspend payment to Participating Pharmacies and/or suspend Participating Pharmacies' participation in IngenioRx networks when there is reasonable suspicion of fraud, waste, or abuse. PBM shall effectuate such suspensions in the System within five (5) Business Days of IngenioRx's request (or such longer time period specified by IngenioRx) and such suspensions shall continue in effect until such documentation has been provided by the pharmacy and/or the suspicions of fraud, waste, or abuse have been resolved.
- Termination of Pharmacy by IngenioRx. IngenioRx shall have the right to terminate any pharmacy, including PBM Contracted Pharmacies, from any PBM networks utilized by IngenioRx. Within thirty (30) days of IngenioRx's request (which such request may be with or without cause to the extent not prohibited by Law), PBM shall terminate any such pharmacy from participation in networks utilized by IngenioRx.
- 8.3 Termination of Pharmacy by PBM. Without limiting PBM's obligations under Section 2.2 (Network Changes) above, PBM shall notify IngenioRx in writing in the event PBM terminates (or does not renew) any PBM Contracted Pharmacy's participation in a network utilized by IngenioRx, which such notice shall be provided as soon as practical, but in all cases within thirty (30) days of notice of the termination (or

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BM Contracted Pharmacy being terminated by PBM is a chain pharmacy or a pharmacy services administrative organization or affiliation that contracts on behalf of a number of pharmacies, then PBM shall provide no less than twelve (12) months' advance written notice of termination of such pharmacies to IngenioRx.

- 8.4 Pharmacy Termination from PBM Network(s). Without limiting PBM's obligations under Section 2.2 (Network Changes) above, PBM shall notify IngenioRx in writing in the event a PBM Contracted Pharmacy terminates or does not renew its participation in a network utilized by IngenioRx, which such notice shall be provided as soon as practical, but in all cases within thirty (30) days of notice of the termination (or non-renewal); except that in the event that the PBM Contracted Pharmacy terminating its participation is a chain pharmacy or a pharmacy services administrative organization or affiliation that contracts on behalf of a number of pharmacies, then PBM shall provide written notice of such termination or non-renewal within one (1) Business Day of receipt of notice of such termination or non-renewal. PBM contracts with chain pharmacies and pharmacy services administrative organizations or affiliations shall not allow such pharmacies and/or organizations/affiliations to terminate the contract for no-cause at least with respect to IngenioRx's book of business and shall require twelve (12) months' notice of non-renewal at least with respect to IngenioRx's book of business.
- 8.5 <u>Member Disruption Analysis/Reports</u>. In connection with any Participating Pharmacy termination, PBM shall provide a Member disruption analysis to IngenioRx, which such Member disruption analysis shall be provided sixty (60) days prior to termination date of Participating Pharmacy except in cases of fraud, waste, or abuse, in which case the report shall be provided upon notification of a pharmacy termination. In addition, Member disruption reports shall be provided within five (5) Business Days of IngenioRx's request.
- 8.6 <u>Effectuation of Termination</u>. PBM shall timely effectuate the termination of a pharmacy in the System in accordance with these provisions, and PBM shall be responsible for any IngenioRx Claims processed after the scheduled termination date unless otherwise approved by IngenioRx.
- 9. Participating Pharmacy Database/Directories. PBM shall maintain an up to date and accurate database of Participating Pharmacies so as to provide for compliance with provider directory Laws applicable to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups, which such database shall be available to IngenioRx, Members, and the general public through a website pursuant to which Participating Pharmacies can be located (which such directories and websites shall be branded in accordance with IngenioRx's requirements as set forth in Exhibit 1-O (Private Label / Branding Services). Without limiting the generality of the foregoing, PBM shall provide IngenioRx with a webaccessible database, updated daily for Claims that are adjudicated on the claims System that includes number of Participating Pharmacies, distribution by pharmacy type, and distribution of Participating Pharmacies by state in each network for each Covered Plan, IngenioRx Customer, and Group. This database shall be accompanied by a PBM-provided query tool that permits IngenioRx to generate ad-hoc reports, sortable by each data element in the database. In addition, PBM shall provide to IngenioRx electronic listings that shall include, at a minimum, the following content with respect to each Participating Pharmacy: Participating pharmacy names; addresses; hours of operation; languages supported; handicap accessibility; ability to receive and recognize e-prescriptions; NCPDP/NPI numbers; type of pharmacy (i.e., retail, mail order, specialty, 340B); all such other data or information required by IngenioRx and Law. PBM acknowledges and agrees that IngenioRx is relying on the accuracy of this data and information and that this data and information may be used by IngenioRx to produce printed, on-line, or other pharmacy directories. PBM shall ensure that IngenioRx has legal rights to use names and/or logos of Participating Pharmacies for directories and related IngenioRx customer and prospective customer materials; in the event that a Participating Pharmacy refuses to provide such rights, PBM shall make commercially reasonable efforts to facilitate IngenioRx's direct communication with such participating pharmacy with respect to securing such rights.
- **10. Concurrent DUR Edits.** PBM shall provide information to Participating Pharmacies via the online real-time claims processing System concerning potential drug interactions, safety edits, and generic substitution opportunities in accordance with <u>Section 9</u> (Concurrent Drug Utilization Review ("DUR") Services) of <u>Exhibit 1-D</u> (Claims Processing).
- 11. Pharmacy_Help Desk. PBM shall operate a dedicated toll-free call center ("Pharmacy Help Desk") to respond to inquiries from Participating Pharmacies and other providers regarding Services

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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, page 401 of Attachment C.21.a-1 contains Proprietary Data and is being submitted under separate sealed cover marked "Proprietary Data."

- Docusign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F ies. In addition to having the right to include IngenioRx Owned Pharmacies and IngenioRx Customer Pharmacies in networks utilized by Covered Plans, IngenioRx Customers, and Groups, PBM acknowledges and agrees that IngenioRx can contract directly with pharmacies for the provision of services to IngenioRx Members. Such direct contracting rights may be exercised by IngenioRx at the Covered Plan level, by Line of Business, and/or for any combination thereof, or for all Covered Plans and all Lines of Business. These direct contracting rights apply in connection with all pharmacy types, at IngenioRx's election, including retail pharmacies, 340B Pharmacies, HIF Pharmacies, LTC Pharmacies, ITU Pharmacies, mail order pharmacies, specialty pharmacies, etc.
 - 17.1.1 Retail pharmacies, 340B Pharmacies, HIF Pharmacies, LTC Pharmacies, ITU Pharmacies. PBM acknowledges and agrees that IngenioRx may exercise its direct contracting rights: (a) on a one-off basis, (b) for purposes of establishing a wrap network to a PBM network, (c) as a primary network using a PBM network as a wrap network, (d) for an entire network, and/or (e) for a performance or preferred/non-preferred arrangement or network. For example, IngenioRx may establish a retail network for a Marketplace Plan with the use of a PBM wrap network; and also may establish a 340B Network for use by a Medicaid Plan).
 - 17.1.2 Mail and Specialty Pharmacies. With respect to mail and specialty pharmacies, IngenioRx may utilize IngenioRx Contracted Mail Order Pharmacies and/or IngenioRx Contracted Specialty Pharmacies for Covered Plan(s) or Line(s) of Business exclusively or may add such pharmacies for Covered Plan(s) and/or Line(s) of Business in addition to the PBM Mail Order Pharmacies and/or PBM Specialty Pharmacies, as designated by IngenioRx. In the event IngenioRx elects to use IngenioRx Contracted Mail Order Pharmacies and/or IngenioRx Contracted Specialty Pharmacies exclusively, PBM shall work with IngenioRx to transition from the PBM Mail Order Pharmacies and/or PBM Specialty Pharmacies to the IngenioRx Contracted Mail Order Pharmacies and/or IngenioRx Contracted Specialty Pharmacies, as applicable.
 - 17.2 <u>Direct Contract "Paper"</u>. At IngenioRx's discretion, the direct contracting under this <u>Section</u>
 17 (IngenioRx Direct Contracting Rights) can be achieved as follows:
 - 17.2.1 *IngenioRx "Paper"*. IngenioRx can contract directly with an IngenioRx Contracted Pharmacy by entering into a stand-alone agreement with the pharmacy.
 - 17.2.2 Joint IngenioRx/PBM "Paper". IngenioRx can contract directly with an IngenioRx Contracted Pharmacy by entering into an agreement with the pharmacy using the PBM pharmacy contract (base agreement and provider manual) as the underlying basis for the contract ("PBM Pharmacy Contract"). IngenioRx's agreement with the pharmacy would specify the rates and other performance related terms and conditions required by IngenioRx, but the PBM Pharmacy Contract would be the underlying agreement establishing credentialing, pricing defined terms, etc. PBM shall be responsible for ensuring that its PBM Pharmacy Contracts are consistent with the pricing definitions and adjudication logic required under this Agreement and all other pharmacy contract obligations hereunder (see, e.g., Section 4.1 (Standard Terms and Conditions), above). PBM acknowledges and agrees that the PBM Pharmacy Contract will be incorporated into and become a part of IngenioRx's agreement with pharmacies, which at IngenioRx's election, would survive termination of this Agreement.
 - 17.2.3 Whether contracts with IngenioRx Contracted Pharmacies are accomplished through Section 17.2.1 (IngenioRx "Paper") or Section 17.2.2 (Joint IngenioRx/PBM "Paper") above, PBM acknowledges and agrees that IngenioRx owns the contracts with IngenioRx Contracted Pharmacies and such contracts may be utilized by IngenioRx even after termination of this Agreement.
 - 17.3 Administration of Contracts with IngenioRx Contracted Pharmacies.
 - 17.3.1 Administration Support. PBM will administer IngenioRx's contracts with IngenioRx Contracted Pharmacies, including adjudicating Claims based upon IngenioRx Contracted Pharmacy rates (as communicated by IngenioRx to PBM), and, unless otherwise directed by IngenioRx, each of the Service described in this Exhibit 1-E (Pharmacy Network) (e.g., pharmacy credentialing, pharmacy auditing, pharmacy help desk, pharmacy payment and remittance, etc.).
 - 17.3.2 Loading IngenioRx Contracted Pharmacies. IngenioRx will provide written notice to PBM of IngenioRx Contracted Pharmacies with which IngenioRx contracts, including identification of

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- Docusign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F overed Plan(s), IngenioRx Customer(s), Group(s), and/or Line(s) of Business such pharmacies are permitted to serve. PBM shall load such IngenioRx Contracted Pharmacies in its Systems in connection with the applicable Covered Plan(s), IngenioRx Customer(s), Group(s), and/or Line(s) of Business at the correct rates (including IngenioRx MAC List(s) if applicable) specified by IngenioRx within thirty (30) days of receipt of such information from IngenioRx.
 - 17.3.3 Changes to IngenioRx Contracted Pharmacies. PBM shall implement changes in its Systems with respect to IngenioRx Contracted Pharmacies (e.g., additions/deletions of pharmacies, change in rates) by the first day of the month following receipt of such notice from IngenioRx provided that PBM receives the notice by the 15th of the month (otherwise such change will be made by the first day of the following month) unless such shorter time is required by Law and/or because of a termination of the IngenioRx Contracted Pharmacy from the network.
 - 17.3.4 IngenioRx MAC List Support. Within one (1) Business Day of receipt of an IngenioRx MAC List(s) or updates (e.g., additions, deletions, changes in unit price) to an IngenioRx MAC List(s), PBM shall accurately load, implement, and administer the IngenioRx MAC List(s) and/or updates to IngenioRx MAC List(s) in the PBM Systems as directed by IngenioRx in connection with each IngenioRx Contracted Pharmacy arrangements. PBM shall provide IngenioRx with an online tool for use by IngenioRx to review changes to IngenioRx MAC Lists. There are no limits on the number of IngenioRx MAC Lists that may be utilized in connection with IngenioRx Contracted Pharmacy arrangements. PBM shall provide an online tool for use by IngenioRx to notify IngenioRx Contracted Pharmacies of the IngenioRx MAC List(s) and changes thereto in order for IngenioRx to comply with Laws related to notification requirements to pharmacies in connection with MAC lists and changes to MAC lists.
 - 17.4 <u>Direct Contracting Services</u>. For avoidance of doubt, Claims processes and Services provided by PBM in connection with IngenioRx's direct contracting rights are subject to the term and conditions set forth in this Agreement (*e.g.*, Claims processing requirements under <u>Exhibit 1-D</u> (Claims Processing); Performance Guarantees; etc.) unless otherwise directed by IngenioRx.
 - PBM Non-Compliance/Error Administration of IngenioRx Contracted Pharmacy 17.5 Arrangements. In the event of a failure by PBM to accurately and timely load, implement, and/or administer the IngenioRx Contracted Pharmacy arrangements as set forth in this Exhibit 1-E (Pharmacy Network), without limiting any other rights or remedies of IngenioRx under this Agreement and/or at law or in equity, PBM shall be responsible for: (a) any shortfall due to an IngenioRx Contracted Pharmacy as a result of such PBM non-compliance/error (e.g., failure to load the correct pricing); and (b) any shortfall due to IngenioRx as a result of such PBM non-compliance/error (e.g., IngenioRx margin losses) (individually and collectively "Direct Contracting Shortfall"). For example, in the event a PBM non-compliance/error results in IngenioRx not achieving an effective rate committed to an IngenioRx Contracted Pharmacy (e.g., IngenioRx Contracted pharmacy pricing required a GER of AWP-85%, but due to PBM noncompliance/error, the GER achieved was AWP-84%), PBM shall reimburse IngenioRx the difference between the actual effective rate achieved for the IngenioRx Contracted and the effective rate required for the IngenioRx Contracted Pharmacy (e.g., the value of the AWP-1%). Similarly, for example, in the event a PBM non-compliance/error results in IngenioRx not achieving its expected margin in connection with an IngenioRx Contracted Pharmacy arrangement (e.g., IngenioRx Contracted Pharmacy pricing required a GER of AWP-85%, but due to PBM non-compliance/error, the GER achieved was AWP-88%), PBM shall reimburse IngenioRx the difference between the actual effective rate achieved for the IngenioRx Contracted Pharmacy and the effective rate required for the IngenioRx Contracted Pharmacy (e.g., the value of the AWP-3%). For avoidance of doubt, any excess/over-performance in connection with PBM noncompliance/errors (including related to IngenioRx Contracted Pharmacy pricing arrangements), there shall be no offsets between IngenioRx Contracted Pharmacies.
 - **18. BIN/PCN Numbers.** PBM acknowledges and agrees that IngenioRx may own its own BIN/PCN numbers which, upon IngenioRx's election, PBM shall utilize in connection with IngenioRx's Services hereunder. PBM acknowledges and agrees that such IngenioRx BIN/PCN numbers shall remain the property of IngenioRx. In the alternative, IngenioRx may require PBM to assign dedicated BIN/PCN numbers, which IngenioRx shall own and have all rights to such BIN/PCN numbers, and IngenioRx shall continue to own and have the right to use such BIN/PCN numbers after termination of this Agreement. For avoidance of doubt, IngenioRx can use this BIN/PCN numbers post-termination in connection with another vendor's PBM services.

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| | Report | Requirements | Frequency |
|---|---|--|---|
| 1 | Retail Network - Geo Access Reports (ad hoc) | Each Covered Plan Retail Network | Within five (5) Business Days of request |
| 2 | Retail Network - Geo Access Reports (monthly) | Each Covered Plan Retail Network | Monthly |
| 3 | Retail Network - Geo- Access Summary Reports | Each Covered Plan Retail Network | Monthly |
| 4 | Pharmacy Listings | Pharmacy listings by Covered Plan and/or Line of Business, as designated by IngenioRx, formatted for geo-access loading | Monthly |
| 5 | Pharmacy Listings – Retail Extended Day Supply | Pharmacy Listings by Covered Plan and/or Line of Business, as designated by IngenioRx, identifying Retail Participating Pharmacies offering 90-day supply at retail | Monthly |
| 6 | Network Composition Reports – Adds/Deletes | NCPDP/NABP additions/deletions for all networks utilized by IngenioRx | Monthly |
| 7 | Network Composition Reports – NCPDP/NABP Distribution | Number of pharmacies and percentage of network by type (i.e., top 20 chains, non-top 20 chains, independents); Report shall include LTC Pharmacies, HIF Pharmacies, and ITU Pharmacies | Monthly |
| 8 | Member Disruption Reports | Report identifying Members who have utilized a Participating Pharmacy within six (6) months prior to the termination date of the Participating Pharmacy from the network | Sixty (60) days prior to termination date of Participating Pharmacy except in cases of FWA, in which case the report shall be provided upon notification of a pharmacy termination; Otherwise provided within five (5) Business Days of IngenioRx's request |
| 9 | Prompt Pay | Report identifying the prompt pay required time period(s) for each Covered Plan, IngenioRx Customer, and Group, and identifying all Claims that were not paid within the required prompt pay time period, including a Claim file containing the date the Claim was received by PBM, the date payment of the claim was submitted to the pharmacy (if not yet paid, then indicating such), and the amount of any interest paid on such claims. | Monthly |

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| DocuSign Envel | ope II | D: 6CCA7275-5359-45E3-94E9-452 | 9E4B30C2F !S | Frequency |
|----------------|--------|--------------------------------------|--|---|
| | 10 | Pharmacy Audit Reports | See <u>Section 6.4</u> (Audit Reports) of this <u>Exhibit 1-E</u> (Pharmacy Network) | Quarterly |
| | 11 | Network Utilization Reports | Network utilization, cost, or related information to support Governmental Body reporting requirements | Monthly and within ten (10) Business Days of request |
| | 12 | Narrow and Custom Network Reports | Utilization detail by Pricing Component (i.e., Brand Drug, Generic Drug (non-MAC), MAC and U&C) for each narrow network Reports and analysis for custom networks Reports and analysis for each narrow network, including GER reports | Monthly and within ten (10) Business Days of request |
| | 13 | MAC Performance | IngenioRx-specified data regarding the performance of each MAC List (including PBM MAC Lists and IngenioRx MAC Lists) | Monthly |



As designated by IngenioRx, Members may have prescriptions filled through the PBM Mail Order Pharmacy and/or through IngenioRx Contracted Mail Order Pharmacies. This <u>Exhibit 1-F</u> (PBM Mail Order Pharmacy Services) applies when Members are getting prescriptions filled through the PBM Mail Order Pharmacy.

- 1. Licensure/Compliance with Laws. PBM Mail Order Pharmacies shall comply with all applicable Laws and Covered Plan requirements. PBM Mail Order Pharmacy and its pharmacists and technicians have and shall maintain at all times during the Term of this Agreement and any Extended Services period all required licenses, certifications, and/or permits required to provide the services under this Addendum in all U.S. states (without restrictions), including Medicaid provider number. Upon request, PBM Mail Order Pharmacy shall provide copies of such licenses, certifications, permits, and pharmacy inspections (i.e., State Board of Pharmacy inspection).
- 2. Accreditation. PBM Mail Order pharmacy is and shall remain at all times during the Term of this Agreement and any Extended Services period accredited by one or more of the following: (i) the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or (ii) URAC Accreditation for Mail Service Pharmacy.
- **3. Offshore Prohibitions**. For avoidance of doubt, PBM Mail Order Pharmacy shall abide by the offshore restrictions set forth in <u>Section 4.7</u> (Performance Outside of the United States) of the Agreement, including in connection with drug purchases, dispensing, and call centers.
- **4. Mail Pharmacy Standards.** PBM Mail Order Pharmacies shall provide pharmacy services in such a manner that is no less stringent than the terms and conditions PBM imposes on non-Affiliated PBM contracted mail order pharmacies.
- **5. Member Customer Services.** PBM Mail Order Pharmacy shall provide Member and IngenioRx Customer Services, including clinical support staff for Members, with respect to PBM Mail Order Pharmacy Services in accordance with <u>Exhibit 1-L</u> (Member and Customer Services) (*e.g.*, toll-free phone line, IVR, email inquiry, website, mobile applications, etc.).
- **6. Dispensing.** PBM Mail Order Pharmacy shall dispense new or refill prescription orders upon receipt from a Member or prescriber of a prescription and completed order or refill order and the applicable Cost Share. PBM Mail Order Pharmacy shall fill prescriptions subject to the professional judgment of the dispensing pharmacist, good pharmacy practices in accordance with applicable Law, and product labeling guidelines. PBM Mail Order Pharmacy shall ensure that prescription day supply and quantity are clinically appropriate, and shall only dispense Covered Drugs that are clinically appropriate for extended day supply and quantity. PBM Mail Order Pharmacy shall support all IngenioRx Formulary initiatives and inform Members when a non-Formulary product has been prescribed and shall use best efforts to contact the Prescriber to encourage Formulary compliance; provided, however, the final choice of product selection rests solely with the Prescriber. PBM Mail Order Pharmacy shall perform the services required of it under this Agreement with at least the same standard of care, skill, and diligence that is customarily used by pharmacies in the community and that PBM Mail Order Pharmacy uses in serving other customers.
- **7. Drug Substitution.** If the prescription, applicable Law, and Plan Design requirements do not prohibit substitution of a Generic Drug equivalent to the prescribed drug, PBM Mail Order Pharmacy will dispense the Generic Drug substitute to the Member; provided, that in all cases any such substitutions shall be in compliance with the applicable Formulary. Notwithstanding the foregoing, PBM Mail Order Pharmacy shall not substitute products for the originally prescribed drug when such substitution would result in a higher Member Cost Share.
- **8. Patient Counseling.** PBM Mail Order Pharmacy will provide reasonable consultation services with regard to Covered Drugs that the Member is taking. Reasonable consultation services shall include, at a minimum, such consultation as is required under applicable Law.

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- hall ship all Covered Drugs to Members via United States DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F postal service or other appropriate carriers, consistent with PBM's standard policies (which shall not be inconsistent with this Agreement) to the address provided by IngenioRx or the Member. To the extent practicable, prescriptions shall be dispensed and shipped from the PBM Mail Order Pharmacy located in closest proximity to the Member. PBM Mail Order Pharmacy shall ship prescriptions in appropriate packing materials that are durable, weather resistant, water resistant, and tamper evident. Temperature sensitive drugs shall be shipped in appropriate materials and use an appropriate delivery service to ensure the drugs maintain the manufacturer required temperature range until received by the Member. When dispensing high cost Covered Drugs, PBM Mail Order Pharmacy will make reasonable attempts to contact the Member to notify him/her when the medication is shipped to ensure that someone will be available to receive the package when it is delivered. PBM shall include the following communications and educational materials in each medication package: (i) summary statement of benefit account; (ii) drug information leaflet with each new prescription; and (iii) refill or renewal form (when appropriate). PBM Mail Order Pharmacy shall utilize the carrier (e.g., FedEx, UPS, USPS) specified by IngenioRx at the Group level for purposes of shipment to Members within such Group.
 - **10. Lost/Damaged Shipments.** PBM Mail Order Pharmacy shall replace, at no additional charge, Covered Drugs (and related supplies) reasonably confirmed to be lost or damaged in shipment.
 - 11. Incomplete Orders and Order Cancellations. In the event a prescription order cannot be filled for any reason, PBM Mail Order Pharmacy shall make reasonable attempts either to obtain information necessary to allow the prescription to be filled or to notify the Member if such prescription cannot be filled within forty-eight (48) hours of receipt of a prescription or refill order. In the event that a Member elects not to have a prescription filled at PBM Mail Order Pharmacy and the prescription has not yet been shipped, PBM shall reverse the Claim and adjust any amounts paid by IngenioRx within fourteen (14) days.
 - 12. Out of Stock Orders. In the event a Covered Drug is out of stock at PBM Mail Order Pharmacy and the Member needs it prior to when PBM Mail Order Pharmacy can get the Covered Drug to the Member, PBM Mail Order Pharmacy shall make arrangements for Members to receive the Covered Drug at a Participating Pharmacy at no additional cost. In the event the Covered Drug is not available at a Participating Pharmacy, PBM Mail Order Pharmacy shall make arrangements for the Member to receive the Covered Drug at a non-Participating Pharmacy at no additional cost (neither IngenioRx nor Member shall be charged an out-of-network price). In all cases, Member shall only be charged the Member Cost Share one time in connection with such order, and such Member Cost Share shall not be based on an out-of-network price.
 - 13. Delays Due to PBM or PBM Mail Order Pharmacy Errors. In the event there is a delay or error in processing or shipping due to PBM or PBM Mail Order Pharmacy actions or omissions, PBM shall provide a short-term retail supply of the Covered Drug at a Participating Pharmacy and/or expedited shipping of the drug at no charge to the Member or IngenioRx as required to ensure no disruption in Member's treatment. In the event the Covered Drug is not available at a Participating Pharmacy, PBM Mail Order Pharmacy shall make arrangements for the Member to receive the Covered Drug at a non-Participating Pharmacy at no additional cost (neither IngenioRx nor Member shall be charged an out-of-network price). In all cases, Member shall only be charged the Member Cost Share one time in connection with such order, and such Member Cost Share shall not be based on an out-of-network price.
 - 14. Fill and Refill Authorizations. PBM acknowledges and agrees that neither IngenioRx nor Members will be financially responsible for prescriptions shipped by PBM Mail Order Pharmacy without the Member's express/documented confirmation that he/she wants the fill or refill. PBM Mail Order Pharmacy acknowledges and agrees that Members shall have the right to opt-out or opt-in to auto-refill programs at any time, which such selection shall be immediately honored by PBM Mail Order Pharmacy.
 - **15. Member Communications.** PBM and PBM Mail Order Pharmacy shall not communicate with Members regarding Plan Design, cost savings, availability, and/or use of the PBM Mail Order Pharmacy without IngenioRx's express written consent as to such communication (which such consent may be withdrawn at any time). Notwithstanding the foregoing, PBM Mail Order Pharmacy may send communications to Members without IngenioRx's approval in situations of a drug recall and other instances where the immediate health and safety of a Member may be at risk, and standard documents of an operational nature such as drug safety information and information on the use of the drug and side effects.

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PBM Mail Order Pharmacy shall not engage in prescribing prescription drugs or in referring Members to physicians or other medical professionals for prescriptions for Covered Drugs.

- 17. Claim Submission. PBM Mail Order Pharmacies shall: (a) submit the Claim online via the point of sale System at the time the Covered Drug is dispensed; (b) submit the PBM Mail Order Pharmacy's NPI with each Claim; (c) submit the prescriber's NPI with each Claim; and (d) submit information identifying the source of the payment for COB purposes, including BINs to which such Claim has been submitted and the amount paid through such BIN. PBM Mail Order Pharmacies shall accept secondary payer programs (e.g., Ryan White). PBM Mail Order Pharmacies shall bill Medicare Part B as applicable. PBM Mail Order Pharmacies acknowledge and agree that this Agreement relates only to pharmacy benefits (not medical benefits) and, as such PBM Mail Order Pharmacy shall not dispense and submit claims for products covered under medical benefits (as opposed to pharmacy benefits).
- **18. Concurrent DUR Edits.** PBM shall provide information to PBM Mail Order Pharmacies via the online real-time claims processing System concerning potential drug interactions, safety edits, and generic substitution opportunities in accordance with <u>Section 9</u> (Concurrent Drug Utilization Review ("DUR") Services) of <u>Exhibit 1-D</u> (Claims Processing).
- 19. Member Cost Share. PBM Mail Order Pharmacy shall collect all applicable Cost Shares from Members, including any outstanding Cost Share balance owed by the Member to PBM Mail Order Pharmacy. In the event the full Cost Share amount is not received from Member, PBM Mail Order Pharmacy shall, within forty-eight (48) hours of receipt of the prescription or refill order, make reasonable attempts to secure payment of the full Cost Share amount, and if unable to do so, shall ship the prescription order provided that the total amount owing to PBM Mail Order Pharmacy by such Member does not exceed \$200 or such other amount specified by IngenioRx (which may vary by Group). Subject to applicable Law and IngenioRx's consent, PBM may suspend PBM Mail Order Pharmacy services to a Member who is in default of any Cost Share amount due PBM Mail Order Pharmacy. PBM Mail Order Pharmacy will promptly credit or return any amount submitted by Member in excess of the Member's Cost Share. Under no circumstances will IngenioRx be responsible for any delinquent or unpaid Member Cost Share amounts.
- 20. PBM Mail Order Pharmacy Audits. PBM shall have an independent third-party auditor audit PBM Mail Order Pharmacies to determine compliance with this Agreement and applicable Law, or at IngenioRx's election, IngenioRx may initiate its own the audit of PBM Mail Order Pharmacy in accordance with this Section 20 (PBM Mail Order Pharmacy Audits). Such audits shall include a representative sample of Claims from each Covered Plan and shall be subject to audit and recovery standards and policies no less stringent than those utilized for Retail Participating Pharmacies. 100% of PBM Mail Order Pharmacy audit discrepancies/overpayments shall be promptly credited and/or paid to IngenioRx. PBM shall provide information concerning the audit of PBM Mail Order Pharmacies in its audit reports provided under Section 6.4 (Audit Reports) under Exhibit 1-E (Pharmacy Network). As part of the auditing process, PBM shall comply with all requirements imposed by Law, including compliance with CMS requirements for monitoring and auditing of providers with respect to federal programs, including Chapter 9 of Medicare Part D Prescription Drug Manual (or its successor thereto) In addition, PBM shall perform all Governmental Body required and recommended audits in accordance with Governmental Body guidance. Notwithstanding the foregoing, PBM agrees that IngenioRx also has the right to separately audit (either directly or through a third-party Auditor) the PBM Mail Order Pharmacies.
- 20.1 <u>Access to Pharmacy Records</u>. Separate from the pharmacy auditing requirements set forth above and elsewhere in this Agreement, PBM Mail Order Pharmacies shall provide IngenioRx with copies of prescription and other records of PBM Mail Order Pharmacies in accordance with <u>Section 7</u> (Access to Pharmacy Records) of <u>Exhibit 1-E</u> (Pharmacy Network).
- 21. Complaints Regarding PBM Mail Order Pharmacies. PBM shall cooperate with and provide all necessary research, explanation, and support to IngenioRx with respect to any grievances, appeals and complaints by Designated Affiliates, Covered Plans, IngenioRx Customers, and Members relating to the PBM mail Order Pharmacy, in a timely manner and in all cases in such a manner and time for IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers to comply with Law. All such issues shall be input and tracked in IngenioRx Designated Issue Tracking Management System.

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 PBM shall not implement or promote any incentive or other program (e.g., reduced or waived Cost Share) that provides incentives or encourages Members to utilize PBM Mail Order Pharmacies without IngenioRx's prior written consent (which consent may be withdrawn at any time upon written notice to PBM).
 - 23. Clinical and Formulary Compliance. PBM Mail Order Pharmacy shall not implement and/or administer any program or service in a manner that is inconsistent with the IngenioRx Clinical Programs and/or Formulary.
 - **24. Translation Services.** PBM Mail Order Pharmacy shall provide translation services in connection with the Services under this <u>Exhibit 1-F</u> (PBM Mail Order Pharmacy Services) in accordance with <u>Section 2.5</u> (Translation Services) of <u>Exhibit 1-L</u> (Member and Customer Services).
 - 25. Private Label/Branding of PBM Mail Order Pharmacy Services. All PBM Mail Order Pharmacy Services shall be branded in accordance with IngenioRx's requirements as set forth in <u>Exhibit 1-O</u> (Private Label / Branding Services), which for avoidance of doubt, means such branding requirements shall apply to PBM Specialty Pharmacy call center, Member communications, prescription labels on bottles (to the extent not prohibited by Law), web portals, mobile applications, etc.
 - 26. Front End/Back End Pharmacy Services Arrangement. Upon IngenioRx's election, PBM Mail Order Pharmacies and IngenioRx Owned Mail Order Pharmacies shall enter into a front end/back end arrangement, whereby IngenioRx Owned Mail Order Pharmacies shall be responsible for the "front end" pharmacy services (e.g., prescription order intake; obtain Member demographic and allergy information; prescription order review; verification of coverage; DUR; claim submission) and PBM Mail Order Pharmacy shall be responsible for "back end" pharmacy services (e.g., fulfillment and shipping through a central fill arrangement), in which case the Parties will amend the Agreement to the extent required by Law to comply with central fill requirements. PBM Mail Order Pharmacy shall have the capability and required licensure in place to implement a front end/back end arrangement with IngenioRx and shall transition to this arrangement within an IngenioRx specified time frame.
 - **27. House Generics.** Use of a Brand Drug as a "house generic" in place of a Generic Drug in connection with fulfillment to IngenioRx Members, PBM Mail Order Pharmacy shall obtain IngenioRx's prior written consent.
 - **28. Member Outbound Campaigns.** Upon IngenioRx's request, PBM Mail Order Pharmacy shall engage in proactive outbound campaigns approved by IngenioRx to promote cost savings initiatives, including mail order pharmacy conversions and other lower cost alternatives with respect to PBM Mail Order Pharmacy Services. All such communications shall be subject to IngenioRx's review and prior written consent.
 - **29. PBM Mail Order Pharmacy Reporting.** PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this <u>Exhibit 1-F</u> (PBM Mail Order Pharmacy Services), including the following, all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|---|---|--|-----------|
| 1 | Member Delinquent Cost Share Report | Report identifying Members who are delinquent on payment of Cost Share amounts to PBM Mail Order Pharmacy, identifying Member, amount, and aging of delinquent amount, and identification of any prescriptions not dispensed due to delinquency. | Weekly |

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As designated by IngenioRx, Members may have prescriptions filled through the PBM Specialty Pharmacy and/or through IngenioRx Contracted Specialty Pharmacies, as defined by IngenioRx. This Exhibit 1-G (PBM Specialty Pharmacy Services) applies when Members are getting prescriptions filled through the PBM Specialty Pharmacy.

- 1. Licensure/Compliance with Laws. PBM Specialty Pharmacies shall comply with all applicable Laws and Covered Plan requirements. PBM Specialty Pharmacy and its pharmacists, technicians, and nurses have and shall maintain at all times during the Term of this Agreement and any Extended Services period all required licenses, certifications, and/or permits required to provide the services under this Addendum in all U.S. states (without restrictions), including Medicaid provider number. Upon request, PBM Specialty Pharmacy shall provide copies of such licenses, certifications, permits, and pharmacy inspections (i.e., State Board of Pharmacy inspection).
- 2. Accreditation. PBM Specialty Pharmacy is and shall remain at all times during the Term of this Agreement and any Extended Services period accredited by one or more of the following: (i) the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), (ii) Accreditation Commission for Health Care (ACHC) in Pharmacy Services areas of Specialty Pharmacy, Infusion Pharmacy, and Ambulatory Infusion Center, and (iii) URAC Accreditation for Specialty Pharmacy
- **3. Offshore Prohibitions**. For avoidance of doubt, PBM Specialty Pharmacy shall abide by the offshore restrictions set forth in <u>Section 4.7</u> (Performance Outside of the United States) of the Agreement, including in connection with drug purchases, dispensing, and call centers.
- **4. Specialty Pharmacy Standards.** PBM Specialty Pharmacies shall provide pharmacy services in such a manner that is no less stringent than the terms and conditions PBM imposes on non-Affiliated PBM contracted specialty pharmacies.
- **5. Member Customer Services.** PBM Specialty Pharmacy shall provide Member and IngenioRx Customer Services, including clinical support staff for Members, with respect to PBM Specialty Pharmacy Services in accordance with Exhibit 1-L (Member and Customer Services) (e.g., toll-free phone line, IVR, email inquiry, website, mobile applications, etc.).
- **6. Dispensing.** PBM Specialty Pharmacy shall dispense new or refill prescription orders upon receipt from a Member or prescriber of a prescription and completed order or refill order and the applicable Cost Share. PBM Specialty Pharmacy shall fill prescriptions subject to the professional judgment of the dispensing pharmacist, good pharmacy practices in accordance with applicable Law, and product labeling guidelines. PBM Specialty Pharmacy shall ensure that prescription day supply and quantity are clinically appropriate, PBM Specialty Pharmacy shall support all IngenioRx Formulary initiatives and inform Members when a non-Formulary product has been prescribed and shall use best efforts to contact the Prescriber to encourage Formulary compliance; provided, however, the final choice of product selection rests solely with the Prescriber. PBM Specialty Pharmacy shall perform the services required of it under this Agreement with at least the same standard of care, skill, and diligence that is customarily used by pharmacies in the community and that PBM Specialty Pharmacy uses in serving other customers.
- 7. **Drug Substitution.** If the prescription, applicable Law, and Plan Design requirements do not prohibit substitution of a Generic Drug or Biosimilar Product equivalent to the prescribed drug, PBM Specialty Pharmacy will dispense the Generic Drug substitute to the Member; provided, that in all cases any such substitutions shall be in compliance with the applicable Formulary. Notwithstanding the foregoing, PBM Specialty Pharmacy shall not substitute products for the originally prescribed drug when such substitution would result in a higher Member Cost Share.
- **8. Patient Counseling.** PBM Specialty Pharmacy will provide reasonable consultation services with regard to Covered Drugs that the Member is taking. Reasonable consultation services shall include, at a minimum, such consultation as is required under applicable Law.

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- DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F nall ship all Covered Drugs to Members via United States postal service or other appropriate carriers, consistent with PBM's standard policies (which shall not be inconsistent with this Agreement) to the address provided by IngenioRx or the Member. Specialty Drugs shall be shipped so as to ensure delivery to the Member or the Member's prescriber by the delivery date agreed upon with the Member or the Member's prescriber. Unless otherwise instructed by IngenioRx, PBM Specialty Pharmacy shall require a signature for proof of delivery of every Specialty Drug to a Member. IngenioRx shall not be responsible for payment of any Specialty Drug that is not supported by a signature showing proof of delivery to the correct Member, except for when otherwise instructed by IngenioRx in writing. To the extent practicable, prescriptions shall be dispensed and shipped from the PBM Specialty Pharmacy located in closest proximity to the Member. PBM Specialty Pharmacy shall ship prescriptions in Prescriptions shall be shipped in appropriate packing materials that are durable, weather resistant, water resistant, and tamper evident. Temperature sensitive drugs shall be shipped in appropriate materials and use an appropriate delivery service to ensure the drugs maintain the manufacturer required temperature range until received by the Member. When dispensing a drug requiring refrigeration or high cost Covered Drugs, PBM Specialty Pharmacy will make reasonable attempts to contact the Member to notify him/her when the medication is shipped to ensure that someone will be available to receive the package when it is delivered. PBM shall include the following communications and educational materials in each medication package: (i) summary statement of benefit account; (ii) drug information leaflet with each new prescription; and (iii) refill or renewal form (when appropriate). PBM Specialty Pharmacy shall utilize the carrier (e.g., FedEx, UPS, USPS) specified by IngenioRx at the Group level for purposes of shipment to Members within such Group.
 - **10. Lost/Damaged Shipments.** PBM Specialty Pharmacy shall replace, at no additional charge, Covered Drugs (and related supplies) reasonably confirmed to be lost or damaged in shipment.
 - 11. Incomplete Orders and Order Cancellations. In the event a prescription order cannot be filled for any reason, within forty-eight (48) hours of receipt of the prescription or refill order, PBM Specialty Pharmacy shall make reasonable attempts to obtain information necessary to allow the prescription to be filled and/or shall notify the Member and IngenioRx if such prescription cannot be filled. In the event that a Member elects not to have a prescription filled at PBM Specialty Pharmacy and the prescription has not yet been shipped, PBM shall reverse the Claim and adjust any amounts paid by IngenioRx within fourteen (14) days.
 - 12. Out of Stock Orders. In the event a Covered Drug is out of stock at PBM Specialty Pharmacy and the Member needs it prior to when PBM Specialty Pharmacy can get the Covered Drug to the Member, PBM Specialty Pharmacy shall make arrangements for Members to receive the Covered Drug at a Participating Pharmacy at no additional cost. In the event the Covered Drug is not available at a Participating Pharmacy, PBM Specialty Pharmacy shall make arrangements for the Member to receive the Covered Drug at a non-Participating Pharmacy at no additional cost (neither IngenioRx nor Member shall be charged an out-of-network price). In all cases, Member shall only be charged the Member Cost Share one time in connection with such order, and such Member Cost Share shall not be based on an out-of-network price.
 - 13. Delays Due to PBM or PBM Specialty Pharmacy Errors. In the event there is a delay or error in processing or shipping due to PBM or PBM Specialty Pharmacy actions or omissions, PBM shall provide a short-term retail supply of the Covered Drug at a Participating Pharmacy and/or expedited shipping of the drug at no charge to the Member or IngenioRx as required to ensure no disruption in Member's treatment. In the event the Covered Drug is not available at a Participating Pharmacy, PBM Specialty Pharmacy shall make arrangements for the Member to receive the Covered Drug at a non-Participating Pharmacy at no additional cost (neither IngenioRx nor Member shall be charged an out-of-network price). In all cases, Member shall only be charged the Member Cost Share one time in connection with such order, and such Member Cost Share shall not be based on an out-of-network price.
 - **14. Fill and Refill Authorizations.** PBM acknowledges and agrees that neither IngenioRx nor Members will be financially responsible for prescriptions shipped by PBM Specialty Pharmacy without the Member's express/documented confirmation that he/she wants the fill or refill. PBM Specialty Pharmacy acknowledges and agrees that Members shall have the right to opt-out or opt-in to auto-refill programs at any time, which such selection shall be immediately honored by PBM Specialty Pharmacy.

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- DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30CZF I PBM Specialty Pharmacy shall not communicate with Members regarding benefit design, cost savings, availability, and/or use of the PBM Specialty Pharmacy without IngenioRx's express written consent as to such communication (which such consent may be withdrawn at any time). Notwithstanding the foregoing, PBM Specialty Pharmacy may send communications to Members without IngenioRx's approval in situations of a drug recall and other instances where the immediate health and safety of a Member may be at risk, and standard documents of an operational nature such as drug safety information and information on the use of the drug and side effects. PBM and PBM Specialty Pharmacy shall do regular and consistent proactive outreach to Members via letters, phone calls, texts, and such other communications authorized by IngenioRx for purposes of encouraging adherence and educating Members on specialty fulfillment processes, all of which such communications shall be reviewed and approved by IngenioRx in writing in advance. PBM and PBM Specialty Pharmacy shall track all such communications, which such tracking log shall be provided to IngenioRx upon request.
 - **16. Prescribing and Member Referrals.** PBM Specialty Pharmacy shall not engage in prescribing prescription drugs or in referring Members to physicians or other medical professionals for prescriptions for Covered Drugs.
 - 17. Claim Submission. PBM Specialty Pharmacies shall: (a) submit the Claim online via the point of sale System at the time the Covered Drug is dispensed; (b) submit the PBM Specialty Pharmacy's NPI with each Claim; (c) submit the prescriber's NPI with each Claim; and (d) submit information identifying the source of the payment for COB purposes, including BINs to which such Claim has been submitted and the amount paid through such BIN. PBM Specialty Pharmacies acknowledge and agree that this Agreement relates only to pharmacy benefits (not medical benefits) and, as such PBM Specialty Pharmacy shall not dispense and submit claims for products covered under medical benefits (as opposed to pharmacy benefits).
 - **18. Concurrent DUR Edits.** PBM shall provide information to PBM Specialty Pharmacies via the online real-time claims processing System concerning potential drug interactions, safety edits, and generic substitution opportunities in accordance with Section 9 (Concurrent Drug Utilization Review ("DUR") Services) of Exhibit 1-D (Claims Processing).
 - 19. Member Cost Share. PBM Specialty Pharmacy shall collect all applicable Cost Shares from Members, including any outstanding Cost Share balance owed by the Member to PBM Mail Order Pharmacy. In the event the full Cost Share amount is not received from the Member, PBM Specialty Pharmacy shall within forty-eight (48) hours of receipt of the prescription or refill order, make reasonable attempts to secure payment of the full Cost Share amount, and if unable to do so, shall nonetheless ship the prescription order, and shall notify the Member and IngenioRx of the default amount. PBM Specialty Pharmacy will promptly credit or return any amount submitted by Member in excess of the Member's Cost Share. Under no circumstances will IngenioRx be responsible for any delinquent or unpaid Member Cost Share amounts.
 - 20. PBM Specialty Pharmacy Audits. PBM shall have an independent third-party auditor audit PBM Specialty Pharmacies to determine compliance with this Agreement and applicable Law, or at IngenioRx's election, IngenioRx may initiate its own audit of PBM Specialty Pharmacy in accordance with this Section 20 (PBM Specialty Pharmacy Audits). Such audits shall include a representative sample of Claims from each Covered Plan and shall be subject to audit and recovery standards and policies no less stringent than those utilized for Retail Participating Pharmacies. 100% of PBM Specialty Pharmacy audit discrepancies/overpayments shall be promptly credited and/or paid to IngenioRx. PBM shall provide information concerning the audit of PBM Specialty Pharmacies in its audit reports provided under Section 6.4 (Audit Reports) of Exhibit 1-E (Pharmacy Network). As part of the auditing process, PBM shall comply with all requirements imposed by Law, including compliance with CMS requirements for monitoring and auditing of providers with respect to federal programs, including Chapter 9 of Medicare Part D Prescription Drug Manual (or its successor thereto) In addition, PBM shall perform all Governmental Body required and recommended audits in accordance with Governmental Body guidance. Notwithstanding the foregoing, PBM agrees that IngenioRx also has the right to separately audit (either directly or through a third-party auditor) the PBM Specialty Pharmacies.
 - 20.1 <u>Access to Pharmacy Records.</u> Separate from the pharmacy auditing requirements set forth above and elsewhere in this Agreement, PBM Specialty Pharmacies shall provide IngenioRx with

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F 3M Specialty Pharmacies in accordance with Section 7 (Access to Pharmacy Records) of Exhibit 1-E (Pharmacy Network).

- 21. Complaints Regarding PBM Specialty Pharmacies. PBM shall cooperate with and provide all necessary research, explanation, and support to IngenioRx with respect to any grievances, appeals and complaints by Designated Affiliates, Covered Plans, IngenioRx Customers, and Members relating to the PBM Specialty Pharmacy, in a timely manner and in all cases in such a manner and time for IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers to comply with Law. All such issues shall be input and tracked in IngenioRx Designated Issue Tracking Management.
- **22. Prohibition of Pharmacy Incentives.** PBM shall not implement or promote any incentive or other program (*e.g.*, reduced or waived Cost Share) that provides incentives or encourages Members to utilize PBM Specialty Pharmacies without IngenioRx's prior written consent (which consent may be withdrawn at any time upon written notice to PBM).
- 23. Specialty Services/Clinical and Formulary Compliance. Unless otherwise directed by IngenioRx, and subject to IngenioRx's prior approval and requirements, PBM Specialty Pharmacy will provide to Members the following Services, depending on the particular therapy class or disease state: ASES; patient intake services; pharmacy dispensing services and/or social services (patient advocacy, hardship reimbursement support, and indigent and patient assistance programs); clinical support that includes: (i) Member tele-counseling from specially trained pharmacists and nurses; (ii) care management, including information and support directly to the Member; (iii) assisting Members in better understanding and managing their condition through specialized care teams; (iv) coordination of care with the Member's provider, Individual's case manager and/or home care agency; and (v) Specialty Drug educational materials and product information. PBM Specialty Pharmacy shall not implement and/or administer any program or service in a manner that is inconsistent with the IngenioRx Clinical Programs and/or Formulary. Without limiting any other obligation set forth herein, PBM Specialty Pharmacy will provide to Members with rare disease states clinical support that includes enhanced care management, which provides a comprehensive, coordinated care service model, identifying special requirements and needs for the Member, focused on reducing the burden of the disease and increasing therapy adherence.
- **24. ASES.** Subject to IngenioRx's approval and requirements, PBM Specialty Pharmacy shall provide ASES for Members at no charge to Members when ASES is required.
- Prior Authorization Process. PBM Specialty Pharmacy shall dispense Covered Drugs in accordance with IngenioRx's prior authorization requirements. PBM Specialty Pharmacy shall obtain prior authorizations for those products designated by IngenioRx as requiring such authorization or as defined by certain conditions or criteria as established by IngenioRx as requiring a prior authorization. PBM Specialty Pharmacy shall cooperate and follow-up with IngenioRx to efficiently expedite such prior authorizations and, where such prior authorizations are required of the Prescriber, PBM Specialty Pharmacy will assist in expediting the process with the Prescriber by following up with and obtaining the required documentation and/or information from the Prescriber and/or Member and providing such documentation and/or information to IngenioRx in a form and manner required by IngenioRx. PBM Specialty Pharmacy shall follow-up with prior authorizations and proactive renewal services prior to the existing prescription prior authorization expiring to help ensure continuous uninterrupted therapy. To assist in the prior authorization process, IngenioRx may provide PBM Specialty Pharmacy with the prior authorization criteria and related forms for purposes of gathering the required documentation and/or information. PBM Specialty Pharmacy acknowledges and agrees that it must promptly update such criteria and forms when provided by IngenioRx so that such criteria and forms are always up to date. PBM Specialty Pharmacy shall obtain all required documentation and/or information for prior authorizations and submit it to IngenioRx in a prompt and timely manner in a form and manner required by IngenioRx. Notwithstanding the foregoing, PBM Specialty Pharmacy acknowledges and agrees that IngenioRx (not Member Pharmacy) shall make all decisions as to whether to deny or approve such prior authorization requests. PBM Specialty Pharmacy further acknowledges and agrees that any criteria and/or forms provided to PBM Specialty Pharmacy are confidential and proprietary to IngenioRx and shall only be shared with those employees of PBM Specialty Pharmacy who need to have access to such criteria and/or forms to provide the services hereunder. PBM Specialty Pharmacy agrees that it will not reproduce, disclose, or share the criteria and/or forms provided hereunder with others in violation of this Agreement or Law.

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- DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F an IngenioRx dedicated escalation unit with IngenioRx dedicated staff to support and resolve Member and Participating Pharmacy Specialty Drug issues. An IngenioRx only dedicated email box and an IngenioRx only dedicated phone line shall be utilized in connection with the Escalation Unit.
 - **27. Translation Services.** PBM Specialty Pharmacy shall provide translation services in connection with the Services under this <u>Exhibit 1-G</u> (PBM Specialty Pharmacy Services) in accordance with <u>Section 2.5</u> (Translation Services) of <u>Exhibit 1-L</u> (Member and Customer Services).
 - 28. Private Label/Branding of PBM Specialty Pharmacy Services. All PBM Specialty Pharmacy Services shall be branded in accordance with IngenioRx's requirements as set forth in <u>Exhibit 1-O</u> (Private Label / Branding Services), which for avoidance of doubt, means such branding requirements shall apply to PBM Specialty Pharmacy call center, Member communications, web portals, mobile applications, prescription labels on bottles (to the extent not prohibited by Law), etc.
 - 29. Front End/Back End Pharmacy Services Arrangement. Upon IngenioRx's election, PBM Specialty Pharmacies and IngenioRx Owned Specialty Pharmacies shall enter into a front end/back end arrangement, whereby IngenioRx Owned Specialty Pharmacies shall be responsible for the "front end" pharmacy services (e.g., prescription order intake; obtain Member demographic and allergy information; prescription order review; verification of coverage; DUR; claim submission) and PBM Specialty Pharmacy shall be responsible for "back end" pharmacy services (e.g., fulfillment and shipping through a central fill arrangement), in which case the Parties will amend the Agreement to the extent required by Law to comply with central fill requirements. PBM Specialty Pharmacy shall have the capability and required licensure in place to implement a front end/back end arrangement with IngenioRx and shall transition to this arrangement within an IngenioRx specified time frame.
 - **GareTeam Choice**. Upon IngenioRx's election, which may be by disease state, PBM Specialty Pharmacy shall provide nurse-based rare condition care management services for Engaged Members (defined below) with the following rare conditions pursuant to the CareTeam Choice program as established and amended from time to time by PBM Specialty Pharmacy and IngenioRx: Crohn's Disease, Cystic Fibrosis, Gauchers Disease, Hemophilia, Lupus, Multiple Sclerosis, Rheumatoid Arthritis, and Ulcerative Colitis ("CareTeam Choice Program"). IngenioRx acknowledges that (i) unless otherwise specified by IngenioRx, PBM Specialty Pharmacy will use Specialty Drugs filled by PBM Specialty Pharmacies to identify and outreach to Members determined are likely to have one of the above conditions ("Eligible Members"), (ii) PBM Specialty Pharmacy may communicate with healthcare providers and any health plans providing benefits to Engaged Members in accordance with a process and protocol and communications approved by IngenioRx, and (iii) the program is intended solely to provide education of, and support to, Engaged Members in the diagnosis and treatment provided by their healthcare providers. ("Engaged Members") means Eligible Members who elect the CareTeam Choice Program services.
 - **31. PBM Specialty Pharmacy Reporting.** PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this <u>Exhibit 1-G</u> (PBM Specialty Pharmacy Services), including the following, all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|---|---|---|--|
| 1 | Utilization Reports | See Attachment 1 to Exhibit 1-G (Utilization Reports) | See Attachment 1 to Exhibit 1-G (Utilization Reports) |
| 2 | Preferred Product Reports | See Attachment 2 to Exhibit 1-G (Preferred Product Reports) | See Attachment 2 to Exhibit 1-G (Preferred Product Reports) |
| 3 | Operational Service Reports | See Attachment 3 to Exhibit 1-G (Operational Service Reports) | See Attachment 3 to Exhibit 1-G (Operational Service Reports) |
| 4 | Clinical Reports | See Attachment 4 to Exhibit 1-G (Clinical Reports) | See Attachment 4 to Exhibit 1-G (Clinical Reports) |
| 5 | Ad Hoc Reports | IngenioRx specifications | Upon request |
| 6 | Member Delinquent Cost Share Report | Report identifying Members who are delinquent on payment of Cost Share amounts to PBM Specialty | Weekly |

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|-----------------------|---------|--------------------------|--|-----------|--|
| | | | | | |
| Pharmacy, identifying | | | Pharmacy, identifying Member amount, and aging of delinqui amount. | | |

- 31.1 <u>Frequency</u>. All bi-weekly reports are due within seven (7) days following the end of the reporting period. All monthly reports are due within thirty (30) days following the end of the month to which the report relates. All quarterly reports are due within forty-five (45) days following the end of the Contract Quarter to which the report relates. Upon notification by IngenioRx of any reporting discrepancies, PBM will correct and resubmit a new report within thirty (30) days. All annual reports are due within sixty (60) days following the end of the preceding Contract Year.
 - 31.2 Report population. The report population shall be as specified by IngenioRx for each report.



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Utilization Reports (excel spreadsheet)

| | Report | Requirements | Frequency |
|-----|--|--|----------------------|
| 1.1 | Specialty Utilization, Trend and Metric Reports | Specialty utilization, trend and metric reports at a drug and disease state level including but not limited to all of the following specialty disease states and related drugs: Asthma/Respiratory, Cystic Fibrosis, Growth Hormone & Related Disorders, Inflammatory diseases (i.e., Rheumatoid Arthritis, Psoriasis, Crohn's, Ulcerative Colitis, Psoriatic Arthritis) Hematopoietic Growth Factors, Hemophilia, Hepatitis, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, Multiple Sclerosis, Oncology, Osteoporosis, Pulmonary Arterial Hypertension, Retinal Eye Disorders, Respiratory Syncytial Virus, Transplant, Lysosomal Storage disorders, Immune Deficiencies & Related Disorders, Botulinum Toxins, Hereditary Angioedema, Infertility& Visco supplements (e.g. hyaluronic acid). | Quarterly |
| 1.2 | Prescriber Detail Report | Top prescriber detail report for both drug and disease state level including but not limited to all of the following specialty disease states and related drugs: Asthma/Respiratory, Cystic Fibrosis, Growth Hormone & Related Disorders, , Inflammatory diseases (i.e., Rheumatoid Arthritis, Psoriasis, Crohn's, Ulcerative Colitis, Psoriatic Arthritis) Hematopoietic Growth Factors, Hemophilia, Hepatitis, Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, Multiple Sclerosis, Oncology, Osteoporosis, PAH, Retinal Eye Disorders, Respiratory Syncytial Virus, Transplant, Lysosomal Storage disorders, Immune Deficiencies & Related Disorders, Botulinum Toxins, Hereditary Angioedema, Infertility& Visco supplements (e.g. hyaluronic acid). Provide prescribing provider by total drug cost and, number of Members utilizing such products. | Monthly Quarterly |
| 1.3 | Top 20 Therapeutic Classes | Top Twenty Therapeutic Classes report containing number of claims per class and number of claims per drug in class, number of Members per drug, total cost per utilizing member per month, and annual adherence information. The reports should compare IngenioRx's membership to bench mark. | Quarterly |

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Preferred Product Reports listed below are for certain products in the IVIG therapeutic category. IngenioRx may designate additional preferred product reports for any additional therapeutic classes.

| | Report | Requirements | Frequency |
|-----|--------|---|----------------------------|
| 2.1 | Ad Hoc | Other management reports as requested by IngenioRx, and mutually agreed to in advance by PBM, which agreement shall not be unreasonably withheld. | As designated by IngenioRx |



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| | Report | Requirements | Frequency |
|-------|--|--|--|
| 3.1.1 | PG Metrics: Total Shipments | The number of orders filled on a monthly basis and total % of increase or decrease from previous month. | Monthly Quarterly |
| 3.1.2 | PG Metrics: Total Reship | The orders that must be reshipped for any reason-temperature compromised, Member request, different days' supply, signature was required and no one was at home. Reports to include total dispenses, total reshipments, reshipments per 1000 Rx. Reshipment detail – event and number of Rx's. | Monthly Quarterly |
| 3.1.3 | PG Metrics: Prescription Accuracy | The number/percentage of orders filled accurately | Monthly Quarterly |
| 3.1.4 | PG Metrics: On Time Delivery | Orders that were delivered to the Member or physician office by agreed upon need by date. Report consists of total dispensed, total errors, accuracy rate %, uncontrolled missed on time delivery, what event type, number of Rx's, and % of increase /decrease of missed on time delivery from previous month. | Monthly Quarterly |
| 3.1.5 | PG Metrics: Customer Service Call metrics | Upon implementation of an IngenioRx specific toll free customer service line, this measures from the time the Member/provider first enters the telephone system and concludes when the call is answered by a live person. The report includes average Speed of Answer (ASA)-calls answered within 30 seconds and % of increase /decrease from previous month, Call Blockage - number and % of all calls blocked and Abandonment rate – Number and % of calls abandoned | Monthly Quarterly |
| 3.2 | Issue/Escalation Report | This report lists all inquiry/escalations forwarded to PBM Specialty Pharmacy by IngenioRx and/or received directly through Client Services, included in the report is Member demographics, drug name, issue, action items and root cause (i.e., wrong address or orders not shipped on time). | Bi Weekly |
| 3. 3 | Synagis Dosing/Accuracy Dispensing Report | PBM Specialty Pharmacy shall provide the report attached hereto as Attachment 3.1 to Exhibit 1-G (End of Season Report) | Weekly Mid- Season/Post Season End of Season |
| 3.4 | Limited Specialty Pharmacy Drug List and Activity | Manufacturer Limited Distribution Drug and Exclusive pharmacy arrangement drug list that includes all contracted specialty pharmacy names and locations with indication of providers in Limited Drug Distribution network. | Quarterly |
| 3.5 | Exclusive Specialty Benefit Mailing Report | Tracking of all exclusive specialty benefit member mailings, by plan, and pull through by specialty pharmacy | Monthly |

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| | Report | Definition | Frequency |
|-----|---|---|----------------------------|
| 4.1 | Hemophilia Inventory Report | The Hemophilia inventory report will include assay management performance, Hemophilia Treatment Center relationship, and Member assessment and ER visits. | Quarterly Annually |
| 4.2 | Hemophilia Home Visit Report | PBM Specialty Pharmacy will conduct home visits and provide IngenioRx with a Member detail report of its findings that will include an action plan if needed. | Quarterly |
| 4.3 | Hemophilia Discrepancy Reports | This report will include the Member bleed and order history, with resolution and follow up action plan. | Quarterly |
| 4.4 | Assay Management Performance (PG) | The weight management report will include Member weight and date of measurement. The assay management report will compare the variance between the aggregate units dispensed compared to aggregated units prescribed. The actual variance will be reported along with the estimated savings compared to industry standards and the savings from +/-1% variance guarantee. | Quarterly Annually |
| 4.5 | Health Plan Hemophilia Utilization Report | Summarize assay management results, estimated avoided units based off number of allowable units with the +/-1% variance, cost savings stemming from inventory and assay management, utilization trends (number of units and Members receiving factor), estimated cost savings, cost drivers, cost trends, factor cost per member by different age bands, quality indicators, other performance guarantee results. | Quarterly |
| 4.6 | Ad Hoc Shortage Reports | Identify drug inventory issues, potential short and long term solutions, as mutually agreed to in advance by PBM Specialty Pharmacy. | As designated by IngenioRx |

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| | Reports | Requirements | Frequency |
|-----|---------|--|---|
| 5.1 | Ad Hoc | Including but not limited to the following example: Member impact reports (i.e., Members impacted when PBM Specialty Pharmacy no longer has access to Specialty Drug), as mutually agreed to in advance by PBM Specialty Pharmacy. | As designated by IngenioRx and mutually agreed to by PBM |



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PBM Services Agreement (Caremark)

This document contains confidential and proprietary information, including trade secrets, and commercial and financial information,

any and all of which are protected from disclosure under the Freedom of Information Act (FOIA, pursuant to 5 USC Section 552(b)(4)

and 45 CFR Part 5), and any and all state equivalents.

Attachment 3.1 to Exhibit 1-G

Wkly IngenioRx Synagis

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IngenioRx Mid-Season & Post-Season Accuracy Report

| PAT_SEQ _ID | PAT_LAST_N AME | D1 Date of Baseline Weight | D1 Baseli ne Wt in KG | D1 Date of Anticipat ed Injection | D1 Estimat ed Wt in KG | D1 Estimat ed Dose in MG | D2 Date of Baseli ne Weight | D2 Baseli ne Wt in KG | D2 Date of Anticipat ed Injection | D2 Estimat ed Wt in KG | D2 Estimat ed Dose in MG |
|----------------|-------------------|-------------------------------------|--------------------------------|---|---------------------------------|-----------------------------------|---|--------------------------------|---|---------------------------------|-----------------------------------|
| | | 09/22/20 | | 11/01/20 | | | | | | | |
| | | 14 | 19.5 | 14 | 19.89 | 298.4 | | | | | |
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Provided 2x per RSV Season

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Exhibit 1-H 340B PHARMACY SERVICES (All Lines of Business)

- 1. 340B Pharmacy Network. PBM shall provide IngenioRx with a custom 340B pharmacy network in accordance with the requirements set forth in <u>Exhibit 1-E</u> (Pharmacy Network). PBM shall contract with 340B Pharmacies in accordance with IngenioRx requirements, including custom rate schedules, custom claims processing requirements (see <u>Section 2</u> (340B Claims Processing) below), custom encounters requirements (see <u>Section 3</u> (340B Encounters (both medical and pharmacy encounter files)) below), and custom reporting specific to 340B. In addition, PBM shall also provide, upon IngenioRx's request, a preferred network of pharmacies (specialty, HIV, 340B) for use by a subset of IngenioRx 340B eligible Members, including (a) a subset of Members who are patients of a 340B clinic; (b) a subset of Members who are beneficiaries of an employer group that owns a 340B Pharmacy; and (c) a subset of members assigned to a shared risk PCP group that is associated with a 340B Covered Entity (as defined by HRSA) (closed model, low costs system of drug acquisition).
- **2. 340B Claims Processing.** PBM shall implement and maintain IngenioRx customizable 340B Claim rules, which may include one or more of the following:
 - Custom 340B rate schedules (based on AWP, or 340B pricing files)
 - Custom 340B administrative fee
 - Custom 340B dispensing fee
 - Custom specialty pharmacy network to promote 340B Pharmacies as preferred specialty pharmacy vendor
 - Modify processing rules for select drug groups only (340B drug)
 - Modify processing rules for select prescribers (employees of the entity, dynamic listing)
 - Modifying processing rules for select members (patients of the entity, dynamic listing)
 - Modify processing rules if select 340 B claim indicators as found
 - o NCPDP field 420-DK, Submission Clarification Code '20,'
 - o NCPDP field 423-DN, Basis of Cost Determination '08'
 - Modify processing rules for select clients (FHQC employer groups, for example)
- 3. 340B Encounters (both medical and pharmacy encounter files)
 - Ability to segregated encounters files according to 340B claim indicators
 - Ability to segregated encounters files according to 340B claim status
 - Ability to update post-payment claims records from 340B pharmacies, adding in 340B claim indicators
 - o as indicated by presence of the NABP on a 340B pharmacy list, or
 - o as indicated by a 340B claims administrator after 340B eligibility has been established
- **4. Rebates.** PBM shall have the ability to exclude Claims from rebate submission that contain select 340B indicators as determined by IngenioRx.
- **340B Reporting.** PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this <u>Exhibit 1-H</u> (340B Pharmacy Services).

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Exhibit 1-I REBATE CONTRACTING AND ADMINISTRATION (All Lines of Business)

- 1. Rebate Administration System. PBM shall have and maintain a rebate invoicing and administration computer System ("Rebate Administration System") in order to administer the billing, collection, and remittance of all PBM Administered Rebates. The Rebate Administration System shall: (i) meet the highest industry standards for such systems in the administration of rebates for companies of the size and scope of PBM; (ii) be compliant with SSAE 18; and (iii) be compliant with all applicable Laws. PBM shall provide designated IngenioRx personnel with access to the Rebate Administration System in connection with the Services under this Exhibit 1-1 (Rebate Contracting and Administration) and shall train such IngenioRx personnel on the Rebate Administration System. PBM shall ensure that the Rebate Administration System has the capabilities to invoice, collect, reconcile, and allocate all PBM Administered Rebates at the IngenioRx Book of Business, Designed Affiliate level, Covered Plan, IngenioRx Customer, Group, and Line of Business levels, and, at a minimum, shall:
 - Identify rebate-eligible Claims and excluded/ineligible Claims
 - Calculate earned PBM Administered Rebates
 - Calculate IngenioRx share of PBM Administered Rebates and Covered Plan and Group level share of Rebates
 - Invoice Manufacturers for rebates
 - Provide PBM Administered Rebates data/reporting to IngenioRx
 - Identify % of total rebates that are Manufacturer Administrative Fees
 - Identify type of rebates (e.g., inflation rebates, price protections, etc.)
 - Perform WAC calculations
 - Perform ASP calculations (to the extent applicable)
 - Identify rebates per package size or by strength
 - Identify value-based rebates including but not limited to: rebates based on member-level criteria and over a period of time, PMPM caps, PMPY caps, or a class or drug
 - Identify rebates based on usage
 - · Have the ability to utilize medical data for proving contract eligibility, such as identifying events
 - Perform market share calculations for current and prior period comparisons
 - Incorporate medical data in rebate calculations
 - Must have the ability to calculate price protection on a drug or contract level specific basis (price point based on different periods such as anchor dates and different percentages and calculation methodologies)
 - Perform System-based formulary rebate checking and calculations
 - Calculate rebate at the NDC level
 - Calculate net effective price calculations
 - Reference pricing/fixed-price rebate guarantees
 - House information such as formulary management details including formulary drug position
 - House information concerning membership at the formulary level and at the BPL level to enable all types of calculations

2. Rebate Contracting.

2.1 <u>IngenioRx Rebate Contracting.</u> PBM acknowledges and agrees that IngenioRx is not required to utilize PBM to contract for rebates related to utilization by its Members. IngenioRx has the option, in whole or in part (e.g., on a drug-by-drug basis, or Manufacturer by Manufacturer basis, or by Line of Business basis), in its sole discretion, to negotiate and contract independently with Manufacturers for rebates ("IngenioRx Rebate Contracts"). Rebates under IngenioRx Rebate Contracts shall be referred to herein as "IngenioRx Contracted Rebates". For any drug, Manufacturer, or Line of Business which IngenioRx intends to contract directly with Manufacturers for IngenioRx Contracted Rebates, IngenioRx will provide PBM with ninety (90) days written notice prior to the effective date of the IngenioRx Rebate

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Contracts (the "Designated Period"). Thereafter, IngenioRx may directly contract with Manufacturers for IngenioRx Contracted Rebates. Such notice shall identify the drug (the "Designated Drug") and the Manufacturer (the "Designated Manufacturer") for which and with whom IngenioRx will directly contract and shall also designate which Covered Plans, Groups, and/or Lines of Business the contract covers. Beginning with each Designated Period and thereafter, PBM shall not submit any IngenioRx utilization under any PBM Rebate Contracts for PBM Contracted Rebates for the Designated Drug of the Designated Manufacturer for the applicable Covered Plans, Groups, and/or Lines of Business.

- PBM Rebate Contracting. Upon IngenioRx's election, and subject to Section 2.1 (IngenioRx Rebate Contracting) above, PBM shall use its best efforts (including coordinating with and involving IngenioRx in such efforts) to enter into agreements with Manufacturers that secure the most advantageous Rebates and other related terms and conditions for IngenioRx ("PBM Rebate Contracts"). For purposes of this Exhibit 1-I (Rebate Contracting and Administration), Rebates under PBM Rebate Contracts shall be referred to herein as "PBM Contracted Rebates". Further, upon IngenioRx's request, PBM shall negotiate and contract with Manufacturers for Rebates on an individual drug and/or Manufacturer level basis specifically on behalf of IngenioRx (as opposed to PBM's book of business ("PBM IngenioRx-Specific Rebate Contracts"), which such contracts and/or amendments to such contracts shall be included within the definition of PBM Rebate Contracts. In connection herewith, IngenioRx authorizes PBM or its Approved Subcontractor or PBM Affiliates to contract with Manufacturers for PBM Contracted Rebates as a group purchasing organization for Covered Plans. PBM shall ensure that each PBM Rebate Contract that it enters into will include a provision that requires the Manufacturer to treat as confidential and prevent disclosure and use of the invoices and supporting documentation submitted to Manufacturer by PBM for any purpose other than the administration and payment of PBM Contracted Rebates. PBM shall not provide any Confidential Information of IngenioRx or any PHI related to any Member to a Manufacturer. Subject to the terms of this provision, PBM shall promptly respond and provide required data to Manufacturers upon a Manufacturer's request to support the payment of Rebates hereunder. In addition, upon IngenioRx's request, PBM shall use medical data for value based Rebate contracting.
- 2.2.1 To the extent PBM provides Rebates contracting services under this Agreement, IngenioRx acknowledges PBM will contract with Manufacturers for Rebates as a group purchasing organization for IngenioRx.
- 2.3 <u>PBM Rebate Contract Transparency</u>. PBM shall provide IngenioRx with such information as is necessary for IngenioRx to have full disclosure and understanding of PBM Rebate Contracts and PBM IngenioRx-Specific Rebate Contracts, including NDC level information in accordance with the following:
- 2.3.1 Within ten (10) Business Days of IngenioRx's request, and thereafter upon any change to the Rebate Guarantees (which any such change shall only occur in accordance with the terms of this Agreement), PBM shall provide IngenioRx with: (a) the assumptions underlying its Rebate Guarantees; and (b) the rebate guarantee amounts assumed by PBM in connection with the Rebate Guarantees at the NDC level for the entire Term of the Agreement ("Core Rebate Guarantee Assumptions"), which shall include at a minimum the information contained on, and be provided in the format of, Annex 15 (Rebate Guarantees and Assumptions Information Template (Transparency). The purpose of this provision is to ensure that IngenioRx is not losing economics from the original commitment from PBM as Rebate Guarantees evolve over the Term of the Agreement.
- 2.3.2 Within five (5) Business Days of the Effective Date, and on a quarterly basis thereafter, PBM shall provide IngenioRx a summary of all PBM Rebate Contracts and PBM IngenioRx-Specific Rebate Contracts, setting forth all key terms and conditions of each PBM Rebate Contract and IngenioRx-Specific Rebate Contract, including market share requirements. In addition, PBM shall provide IngenioRx with access to IngenioRx-Specific Rebate Contracts for purposes of validating compliance with this Agreement, validating compliance with the IngenioRx-Specific Rebate Contract terms, and/or for financial forecasts purposes. Further, unless prohibited by a PBM Rebate Contract, PBM shall provide IngenioRx with access to PBM Rebate Contracts for purposes of validating compliance with this Agreement, validating compliance with the PBM Rebate Contract terms, and/or for financial forecasts purposes. To the extent a PBM Rebate Contract prohibits PBM from providing IngenioRx with access to the PBM Rebate

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Contract for such validation/forecast purposes, PBM shall provide an IngenioRx Auditor with access to such PBM Rebate Contract for purposes of conducting such validation/forecasts for IngenioRx (in no case shall this be considered or deemed to be an audit or part of an audit under <u>Section 11.1</u> (Audits) of this Agreement).

3. Rebate Invoicing and Collection.

- 3.1 <u>Invoicing/Collection of PBM Contracted Rebates</u>. PBM shall prepare and timely submit all invoices and supporting documentation for all PBM Contracted Rebates that are eligible for payment under the PBM Rebate Contracts in accordance with all PBM Rebate Contract requirements (and in all cases at least quarterly). All invoices and supporting documentation shall be submitted in accordance with applicable Laws, including HIPAA.
- 3.2 <u>Invoicing/Collection of IngenioRx Contracted Rebates</u>. IngenioRx may administer, invoice, and collect IngenioRx Contracted Rebates under the IngenioRx Rebate Contracts separate and independent from PBM. In the alternative, upon IngenioRx's election, providing at least three (3) months' notice to PBM:
- 3.2.1 Access to Rebate Administration System. PBM shall provide IngenioRx with access to the Rebate Administration System or install the Rebate Administration System in IngenioRx's data center for use by IngenioRx to invoice and collect IngenioRx Contracted Rebates. Upon IngenioRx's request, PBM shall train IngenioRx staff on the Rebate Administration System.
- 3.2.2 PBM Invoice IngenioRx Rebate Contracts. PBM shall prepare and timely submit all invoices and supporting documentation for all IngenioRx Contracted Rebates that are eligible for payment under the IngenioRx Rebate Contracts in accordance with all IngenioRx Rebate Contract requirements. All invoices and supporting documentation shall be submitted in accordance with applicable Laws, including HIPAA.
- 3.2.3 PBM Administered Rebates. IngenioRx Contracted Rebates administered under Section 3.2.1 (Access to Rebate Administration System) and/or Section 3.2.2 (PBM Invoice IngenioRx Rebate Contracts) above, along with the PBM Contracted Rebates shall be referred to collectively herein as "PBM Administered Rebates".
- 3.3 <u>340B Pharmacy Claims</u>. PBM shall ensure that claims from 340B pharmacies will not be excluded and/or deemed ineligible for rebates solely because such drug was dispensed by a 340B pharmacy unless such claim meets the definition of a 340B Claim.
- 4. Rebate Allocation. PBM shall accurately allocate all PBM Administered Rebates to IngenioRx and, in connection with the reporting hereunder, shall allocate the PBM Administered Rebates at each applicable Covered Plan and Group level, as indicated by IngenioRx, and at the NDC, drug name, and Manufacturer levels. In the event that any Manufacturer disputes an invoice with respect to a PBM Manufacturer rebate agreement that is not IngenioRx-specific or such dispute is not solely attributable to Claims to which the applicable PBM Manufacturer rebate agreement pertains, PBM shall accurately allocate such disputed amount to the appropriate PBM Customer on a claim-by-claim basis based upon the reason for such dispute rather than allocating such disputed amount on an extrapolated or pro rata basis.
- **5. Rebate Remittance.** IngenioRx Contracted Rebates will be remitted directly to IngenioRx from the Manufacturers pursuant to the terms of the IngenioRx Rebate Contracts. Within sixty (60) days of the end of each month, PBM shall remit (or, upon IngenioRx's election, credit) to IngenioRx the greater of (i) IngenioRx's percentage share (as set forth in the applicable Fee Schedule) of the actual PBM Contracted Rebates received by PBM, PBM Affiliates, and/or Approved Subcontractors (which percentage share shall be based upon the total amount of *all* Rebates *paid by* Manufacturers) and (ii) the Rebate Guarantee amounts for that month. Notwithstanding the foregoing, in the event the Service Commencement Date occurs in 2019, the Rebate remittance for PBM Contracted Rebates shall occur within ninety (90) days of the end of each month in 2019.

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By way of example, for 2019, for the month of June, for PBM Contracted Rebates, PBM will remit to IngenioRx by the end of September the greater of (i) IngenioRx's percentage share (as set forth in the applicable Fee Schedule) of the actual PBM Contracted Rebates received by PBM, PBM Affiliates, and/or Approved Subcontractors (which percentage share shall be based upon the total amount of all Rebates paid by Manufacturers) and (ii) the Rebate Guarantee amounts for June. If IngenioRx receives a minimum guarantee at first payment, collections will be remitted to IngenioRx once the percentage share of Rebates collected exceed the amount already paid to IngenioRx. For avoidance of doubt, IngenioRx's percentage share of actual PBM Contracted Rebates for June received by PBM in later months shall continue to be remitted to IngenioRx each month until the Rebates are fully collected for the month of June. For example, Rebates for June received by PBM in July will be remitted to IngenioRx by the end of October, and so on (with PBM Contracted Rebates still subject to Rebate Guarantees), until the Rebates for June are fully collected.

By way of further example, for 2020 and subsequent Contract Years, for the month of January, for PBM Contracted Rebates, PBM will remit to IngenioRx by the end of March the greater of (i) IngenioRx's percentage share (as set forth in the applicable Fee Schedule) of the actual PBM Contracted Rebates received by PBM, PBM Affiliates, and/or Approved Subcontractors (which percentage share shall be based upon the total amount of all Rebates paid by Manufacturers) and (ii) the Rebate Guarantee amounts for January. For avoidance of doubt, IngenioRx's percentage share of actual PBM Contracted Rebates for January received by PBM in later months shall continue to be remitted to IngenioRx each month until the Rebates are fully collected for the month of January. If IngenioRx receives a minimum guarantee at first payment, collections will be remitted to IngenioRx once the percentage share of Rebates collected exceed the amount already paid to IngenioRx. For example, Rebates for January received by PBM in February will be remitted to IngenioRx by the end of April, and so on (with PBM Contracted Rebates still subject to Rebate Guarantees), until the Rebates for January are fully collected.

Thus, further following the examples through, by end of March 2020, for PBM Contracted Rebates, PBM will remit to IngenioRx the greater of (i) IngenioRx's percentage share (as set forth in the applicable Fee Schedule) of the actual PBM Contracted Rebates received by PBM, PBM Affiliates, and/or Approved Subcontractors (which percentage share shall be based upon the total amount of all Rebates paid by Manufacturers) and (ii) the Rebate Guarantee amounts for December 2019 and for January 2020. For avoidance of doubt, as noted above, IngenioRx's percentage share of actual PBM Contracted Rebates for December 2019 and January 2020 received by PBM in later months shall continue to be remitted to IngenioRx each month until the Rebates are fully collected for those months. If IngenioRx receives a minimum guarantee at first payment, collections will be remitted to IngenioRx once the percentage share of Rebates collected exceed the amount already paid to IngenioRx. For example, Rebates for December 2019 and for January 2020 received by PBM in February will be remitted to IngenioRx by the end of April, and so on (with PBM Contracted Rebates still subject to Rebate Guarantees), until the Rebates for December 2019 and January 2020 are fully collected.

With each remittance, PBM shall provide IngenioRx with summary Rebate data in a file format defined by IngenioRx, including at a minimum, the amount of PBM Contracted Rebates invoiced and collected, each by Covered Plan, IngenioRx Customer, and Group, in order to allow IngenioRx to accurately disperse PBM Administered Rebates to individual Covered Plans, IngenioRx Customer, and Groups ("Rebate Remittance Report"). PBM Administered Rebates shall not be deemed remitted unless and until the PBM Administered Rebates and the corresponding Rebate Remittance Report balance to each other. On a quarterly basis, PBM will provide IngenioRx with detailed transactional Claim level data at the NDC, drug name, and Manufacturer level, in a file format defined by IngenioRx. For avoidance of doubt, IngenioRx is entitled to PBM Administered Rebates payable with respect to all diabetic test strips and diabetic supplies (e.g., lancets, etc.) with respect to any Covered Plan and Groups.

6. Financial Impact of Plan Design and/or Formulary Changes.

6.1 <u>Rebate Guarantee Impact Notice/Analysis</u>. In the event a Plan Design or Formulary change is anticipated to result in a material increase or decrease in aggregate Rebates under this Agreement, PBM shall notify IngenioRx in writing of such anticipated material impact on Rebates within ten (10) Business Days of receipt by PBM of the Plan Design or Formulary change. Such notification shall include at the NDC and Manufacturer level: (a) identification of the anticipated increase or decrease in

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Rebates; (b) PBM's corresponding proposed adjustment to the Rebate Guarantee; and (c) PBM's financial modeling assumptions, trends, and other information utilized in connection with (a) and (b), including any historical utilization relied upon, adjustments to historical data, drug utilization assumptions under the proposed modified Plan Design or Formulary, projected drug utilization, and such other criteria, assumptions, trends, and information necessary to support the financial modeling analysis. Such notification shall be referred to as the "PBM Proposed Rebate Guarantee Modification".

- 6.2 <u>Financial Modeling Analysis</u>. Within ten (10) Business Days of IngenioRx's request, PBM shall provide analytical and pricing support to advise IngenioRx on any Rebate impact and other cost considerations based on various Plan Design and/or Formulary changes at the NDC and Manufacturer level for each applicable Covered Plan, IngenioRx Customer, Group, and/or Line of Business. In addition, within ten (10) Business Days of IngenioRx's request, PBM shall provide IngenioRx with a PBM Proposed Rebate Guarantee Modification in connection with a Plan Design and/or Formulary. In addition to the foregoing, PBM shall provide IngenioRx with a formulary modification modeling tool to allow IngenioRx to conduct similar analysis.
- 7. Rebate Projections. On a quarterly basis and as otherwise requested by IngenioRx, PBM shall prepare a forecast of projected Rebate dollars that PBM expects to receive during the Contract Year and the following two (2) Contract Years after the then-current Contract Year (e.g., a projection provided in 2018 shall address expected Rebates during 2020). In making such projections, PBM shall apply underwriting practices and guidelines that are consistent with those used by PBM in projecting rebates for its own internal purposes and for other PBM Customers. These projections shall be based upon assumptions determined by PBM, subject to IngenioRx's prior written approval, that take into account historical experience and information then available, including the then-current PBM Rebate Contracts (including those that would apply during the future years) that would generate the greatest amount of Rebates and projected drug utilization assumptions (e.g., Generic Drug dispensing rate, market share shifts in therapeutic categories, the impact of any loss of patent exclusivity with respect to any Brand Drug, AWP inflation, mail order penetration rates, and other factors reasonably determined by PBM, subject to IngenioRx's prior written approval). PBM shall make available to IngenioRx or its designees any information as IngenioRx shall request in connection with the determination of such projections.
- Rebate Firewall. In connection with IngenioRx Rebate Contracts and PBM IngenioRx-Specific 8. Rebate Contracts, PBM will implement and maintain a firewall (including for both operational processes and Systems) to ensure that IngenioRx Rebate Contract and PBM IngenioRx-Specific Rebate Contract information is not shared with or made available to any employee that does not need to know the information in order to provide the administration services under this Exhibit 1-I (Rebate Contracting and Administration) and shall ensure that in no case is IngenioRx Rebate Contract and PBM IngenioRx-Specific Rebate Contract information shared with anyone outside of PBM or with any employee or contractor within PBM that is responsible for, involved with, or oversees the PBM rebate contracting and related arrangements. In the event IngenioRx elects to negotiate and enter into IngenioRx Rebate Contracts, IngenioRx will implement and maintain a firewall to ensure that the individual(s) negotiating IngenioRx Rebate Contracts do not receive (and have not had access to for a one (1) year period) drug level rebate information received from PBM in connection with the PBM Rebate Contracts. IngenioRx shall have a firewall policy and procedure in place to manage dissemination of this data, which such policy and procedures shall be shared with PBM upon request. At a minimum, such firewall policy and procedure shall require any IngenioRx employee who has access to PBM Rebate Contract rates, including NDC level information, to execute a non-disclosure agreement with IngenioRx which shall protect such PBM Rebate Contract rate information from disclosure during and after employment at IngenioRx. On an annual basis, upon request, IngenioRx will provide a written certification from its Vice President Pharmacy Contract Compliance and Audit certifying compliance with its policy and procedure, as well as provide a list of the names of the individuals at IngenioRx that receive the PBM Rebate Contract rates.
- **9. PBM Rebate Administration.** PBM shall diligently and in good faith work with IngenioRx to administer the pharmacy benefits of Members so that IngenioRx may qualify for the most favorable PBM Administered Rebates. Such cooperation shall occur through the other services set forth in this Agreement including account management and reporting.

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- **10. Rebate Projections.** PBM shall determine the projected Rebates that PBM expects to receive during the Contract Year that is two (2) Contract Years after the then-current Contract Year (e.g., a projection provided in 2020 shall address expected Rebates during 2022). In making such projections, PBM shall apply underwriting practices and guidelines that are consistent with those used by PBM in projecting rebates for its own internal purposes and for other PBM Customers. These projections shall be based upon assumptions determined by PBM in accordance with the terms and conditions of this Agreement that take into account historical experience and information then available, including the thencurrent PBM Rebate Contracts (including those that would apply during the future years) that would generate the greatest amount of Rebates and projected drug utilization assumptions (e.g., Generic Drug dispensing rate, market share shifts in therapeutic categories, the impact of any loss of patent exclusivity with respect to any Brand Drug, AWP inflation, mail order penetration rates, and other factors reasonably determined by PBM). PBM shall make available to IngenioRx or its designees any information as IngenioRx shall request in connection with the determination of such projections, including PBM's assumptions.
- **11. Rebate Only Services.** PBM acknowledges and agrees that for certain Covered Plans, IngenioRx Customers, and/or Groups, only rebate contracting/administration services may be provided under this Agreement (e.g., such Covered Plan, IngenioRx Customer, and/or Group utilizes a different vendor for claims processing and/or other general pharmacy benefit management services).
- 12. PBM Non-Compliance/Errors. PBM shall be responsible for any IngenioRx Contracted Rebate Losses and/or PBM Contracted Rebate Losses that result from errors (including contracting errors), omissions, miscalculations, misalignment, and/or mistakes or other mishaps by PBM, including errors and/or mistakes related to Claims processing, Formulary implementations, assignment of Plan Design or Cost Share tiers, clinical services and program application, rebate invoicing and administration, misalignment of PBM recommendations with rebate contracts, misalignment between rebate contract administration and intent of rebate contract.
- 13. PBM Manufacturer Relationships. PBM represents, warrants, and covenants that it and its Approved Subcontractors will not negotiate or contract with a Manufacturer, distributor, PBM Contracted Pharmacy, or PBM Owned Pharmacy and/or redistribute rebate amounts in a manner that: (a) results in an increase in data and service fees, clinical service fees, drug procurement discounts, or other Manufacturer Revenue that is intended to reduce the Rebates or Manufacturer Administrative Fees which IngenioRx could otherwise receive pursuant to PBM's rebate contracting and/or administration; and/or (b) results in a reduction of PBM Administered Rebate amounts that is intended to increase other Manufacturer Revenue, rebates, fees, payments, remuneration, or other compensation or consideration from Manufacturers or PBM Contracted Pharmacies or PBM Owned Pharmacies for PBM, Approved Subcontractors, and/or other PBM clients. On an annual basis and otherwise upon IngenioRx's request, PBM will provide a written certification from its Chief Financial Officer or Chief Operating Officer, or his/her designee who is a corporate officer of PBM, representing and warranting PBM's compliance with this Section 13 (PBM Manufacturer Relationships).
- **14. Rebate and Manufacturer Revenue Disclosures.** On an annual basis, PBM shall disclose in writing to IngenioRx all Rebates and Manufacturer Revenues and shall provide IngenioRx with complete access to and visibility regarding all Rebates and Manufacturer Revenues, including Manufacturer contract details, payment details, and any and all information related to Manufacturer contracts wherein revenue is derived based upon IngenioRx Claims and/or IngenioRx data.
- **15. Governmental Body Rebate Inquiry/Dispute Resolution.** PBM shall work diligently, timely, and in good faith with IngenioRx to resolve any inquiries from and/or disputes with Governmental Bodies related to PBM Administered Rebates.
- **16. Rebate Records Availability/Access.** PBM shall maintain in the Rebate Administration System all records related to the PBM Administered Rebate Services hereunder in accordance with <u>Section 10</u> (Record Retention, Use, and Access) of the Agreement and for as long as required by applicable Law, but in any event PBM shall ensure that the most recent three (3) years of PBM Administered Rebate related

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data are readily available in the Rebate Administration System, and for the period beyond the three (3) years of availability, PBM shall otherwise retain the PBM Administered Rebate related data for the period for which Records are required to be retained pursuant to Section 10 (Record Retention, Use, and Access) of the Agreement. PBM shall store for IngenioRx in the Rebate Administration System complete and accurate records, generated on behalf of IngenioRx, regarding PBM Administered Rebates, including (i) calculation; (ii) preparation of invoice and invoice revisions; (iii) collections; (iv) remittance; and (v) other records related to determining performance under this Exhibit 1-I (Rebate Contracting and Administration).

17. Rebate Reporting. PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this Exhibit 1-I (Rebate Contracting and Administration), including the following, all of which shall be in a format and delivered in a manner acceptable to IngenioRx. PBM shall also post these reports to the IngenioRx FTP site or provide the data through alternative IngenioRx-approved means.

| | Report | Requirements | Frequency |
|---|--|--|---|
| 1 | Rebate Invoice File | Transactional Claim level data in a file format defined by IngenioRx reflecting Rebates invoiced | Monthly |
| 2 | Rebates Paid File | Transactional Claim level data in a file format defined by IngenioRx reflecting payment of Rebates. | Quarterly |
| 3 | Rebates Earned | Identifies all PBM Administered Rebates "earned" during the preceding quarter for each Covered Plan and Group (as indicated by IngenioRx) at the NDC, drug name, and Manufacturer levels by Line of Business and Covered Plan at the Formulary level. A Rebate is "earned" if the conditions required to receive a PBM Administered Rebate under any PBM Rebate Contract or IngenioRx Rebate Contract are satisfied. | Quarterly |
| 4 | Rebate Reconciliation | Reconciliation reports to include information at drug name level and Manufacturer level that reconciles any variances between the PBM Administered Rebate amounts invoiced to a Manufacturer and the PBM Administered Rebate amounts actually collected for the reporting period. In addition, PBM shall provide an Aging Report along with an explanation as to any variance. | Quarterly |
| 5 | Rebate Invoicing Performance Reports | Reports providing IngenioRx with data regarding PBM performance in all areas of invoice processing of PBM Administered Rebates (e.g., turnaround times for processing, invoice accuracy levels). | Quarterly |
| 6 | Rebate Allocation Report | Invoice amounts by Line of Business, Covered Plan, IngenioRx Customer and Group. | Monthly |
| 7 | Rebate Remittance Reports | In accordance with <u>Section 5</u> (Rebate Remittance) of <u>Exhibit 1-I</u> (Rebate Contracting and Administration) | Thirty (30) days after the end of each Month |
| 8 | Rebate Minimum Reports | Drug Rebate Rate File by Line of Business and IngenioRx specifications | Monthly |

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| | Report | Requirements | Frequency |
|----|--|---|-------------|
| 9 | Report monthly to CPM management on financial performance | IngenioRx specifications | Monthly |
| 10 | Ad Hoc Query Reporting | Capability for ad hoc data queries as required by IngenioRx to generate reports at the Manufacturer, Covered Plan, and Group level. | Per Request |

^{*}Quarterly reports to be delivered to IngenioRx within thirty (30) days of the close of the Contract Quarter.

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Exhibit 1-J FORMULARY ADMINISTRATION (All Lines of Business)

- 1. **IngenioRx Formularies.** Without limiting the provisions of <u>Section 13</u> (Confidential Information) of the Agreement, IngenioRx Formularies are confidential and proprietary to IngenioRx. PBM has no right or interest in or to IngenioRx Formularies. IngenioRx Formularies may only be used by PBM for the sole purpose of carrying out the requirements of this Agreement, and may not be used by or sold to others.
- **2. Formulary Control.** Without limiting <u>Section 7.1</u> (IngenioRx Authority) of the Agreement, PBM acknowledges and agrees that IngenioRx will have sole control over its Formularies.
- 3. Formulary Updates and Administration. IngenioRx will notify PBM of updates and changes to Formularies (including Formulary Edits) and PBM shall implement, maintain, and administer IngenioRx's Formularies (including Formulary Edits) on IngenioRx's behalf in accordance with this Agreement, including Exhibit 1-C (Plan Design Set-Up/Changes) and the Performance Guarantees. "Formulary Edits" are point of sale utilization management edits such as prior authorization, step therapy, quantity limits, and dose management, including Smart Edits. "Smart Edits" are Formulary edits that allow for the determination of a prior authorization for a Member based upon data analytics using integrated pharmacy and medical data to identify Members who meet prior authorization criteria for select drugs (e.g., ICD-10 diagnosis, ICD-10 procedure codes, labs, etc.) so that prior authorization can be granted for the Member without impacting the Member and provider experience at the pharmacy. PBM shall have and maintain an automated process for Formulary administration (including application of Formulary Edits), which identifies Formulary tiers to ensure an automated process for linking the appropriate tier to the rebate administration services under Exhibit 1-I (Rebate Contracting and Administration).
- **4. Formulary Change Notice.** PBM shall notify Participating Pharmacies, Members, and Prescribers regarding Formulary changes in accordance with Law, and as specified by IngenioRx. Without limiting the generality of the foregoing, such notice shall be provided to Participating Pharmacies, Members, and Prescribers within the time period specified by IngenioRx and in all cases within such time and manner to comply with Law.
- **5. Formulary Recommendations.** At a frequency to be determined by IngenioRx (but which shall not be more often than monthly), PBM shall provide clinically appropriate Formulary recommendations to IngenioRx designed to lower the overall cost of pharmaceuticals. Such recommendations shall include specific Covered Drug placement opportunities and/or clinical services and program suggestions within specific therapeutic classes and the corresponding incremental Rebate amounts. Notwithstanding anything to the contrary in the Agreement, IngenioRx shall maintain the sole and exclusive decision-making authority regarding Plan Design information and placement of Covered Drugs on the applicable Formularies.
- **6. Formulary Booklets, Accessibility, and Branding.** PBM shall make each Formulary available as follows: (a) printed Formulary booklets; and (b) via a website with Formulary search capabilities as well as PDF print capabilities. The Formulary and the website shall be branded in accordance with Exhibit 1-O (Private Label / Branding Services), and shall be structured and made available in accordance with Law and Accreditation Standards. The Formulary information available through the website shall be accurate, complete, and current, allowing for real time online look-up of the most current Formulary and print capability.
- 7. **Formulary Administration Reporting.** PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this <u>Exhibit 1-I</u> (Rebate Contracting and Administration), including the following, all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|---|---------------------------|--|-----------|
| 1 | Smart Edit Approvals | Identify all Claims approved as a result of the application of Smart Edits | Monthly |
| 2 | Smart Edit Utilization | Identifies Claims processed with Smart Edits | Monthly |

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| | Report | Requirements | Frequency |
|---|---|---|---|
| 3 | Formulary Financial Reports | IngenioRx specifications | IngenioRx Specifications |
| 4 | Ad Hoc Formulary Reports | As specified by IngenioRx | Ad Hoc |
| 5 | Drug File Update Report | Identifies all updates, adds, and changes to drug files, including new approvals | Weekly Monthly |
| 6 | Formulary Files | Formulary files showing all changes | Monthly |
| 7 | Formulary Compliance Report | Showing the percentage of drugs dispensed that were on Formulary versus off-Formulary at the Covered Plan, IngenioRx Customer, Group, and Formulary level | Monthly |
| 8 | State and Federal Formulary Reporting | Support state and federal reporting for formulary reporting, including governmental body and contract requirements. | As required by law, governmental bodies and governmental contracts. |

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Exhibit 1-K CLINICAL SERVICES AND PROGRAMS (All Lines of Business)

- IngenioRx Clinical Programs. Without limiting the provisions of Section 13 (Confidential Information), IngenioRx Clinical Programs are confidential and proprietary to IngenioRx. PBM has no right or interest in or to IngenioRx Clinical Programs. IngenioRx Clinical Programs may only be used by PBM for the sole purpose of carrying out the requirements of this Agreement, and may not be used by or sold to others. For purposes of this Agreement, "IngenioRx Clinical Programs" mean any and all programs developed by or for IngenioRx (including clinical programs developed by PBM for IngenioRx) regarding the clinical care of Members, which may include (but are not limited to) any of the following, whether now in existence or developed in the future, and which may apply to the pharmacy benefit: proactive, concurrent, and retrospective programs; Formularies, including Formulary Edits (including Smart Edits); quality programs such as medication therapy management; adherence and gaps in care and clinical cost of care programs such as generic drug promotion, therapeutic interchanges, tablet splitting, compound drug management, and fraud, waste, and abuse; and other like programs and initiatives. PBM acknowledges and agrees that IngenioRx Clinical Programs are not Exclusive Services, and as such, for avoidance of doubt, regardless of whether PBM has a similar clinical program or service available, IngenioRx shall have no obligation to utilize any such PBM clinical program or service, and PBM shall be obligated to support IngenioRx's Clinical Program in accordance with this Agreement, including Section 4 (IngenioRx Clinical Program Enablement) below.
- 2. PBM Clinical Programs. PBM shall make available to IngenioRx PBM's clinical, safety, adherence, standard PBM edits (including but not limited to age, refill too soon, duplicate therapy, drugdrug interactions, excessive dosing, etc.), and other like programs and services ("PBM Clinical Programs"), which IngenioRx may, at its sole discretion, elect to utilize at the Covered Plan, IngenioRx Customer, and/or Group level. PBM shall not implement and/or administer any PBM Clinical Program without IngenioRx's prior written consent, which such consent can be withdrawn at any time upon notice to PBM).
- 3. Control of Clinical Programs. Without limiting Section 7.1 (IngenioRx Authority) of the Agreement, PBM acknowledges and agrees that IngenioRx shall retain full discretion to conduct all clinical programs or to delegate clinical programs to PBM. IngenioRx will have sole control over its IngenioRx Clinical Programs (whether administered by IngenioRx or PBM) and any PBM Clinical Programs performed on behalf of IngenioRx. PBM shall not implement and/or administer any program or service in a manner that is inconsistent with the IngenioRx Clinical Programs. Without limiting the generality of the foregoing, PBM will not implement or administer any program that results in the therapeutic switching of Members from lower net cost products to higher net cost products or in a manner that is inconsistent with the Formulary.
- 4. IngenioRx Clinical Program Enablement. Upon IngenioRx's request, PBM shall enable, implement, and administer IngenioRx Clinical Programs in coordination with PBM Services hereunder, which may include point of sale messaging, electronic medical records, mobile applications, websites, text messages, mail/faxes, phone calls, virtual interactions, and adherence packaging/dispensing of drugs from a source other than PBM, steerage/preferred arrangements, and the like, and which may require interfacing with IngenioRx and/or Covered Plans' systems. In addition, PBM shall cooperate with Integrated Services related hereto in accordance with Section 8.6 (Cooperation with Integrated Services) of the Agreement, and shall provide such reporting, data, file/feeds, etc. to IngenioRx Authorized Designees in accordance with Section 4.15 (IngenioRx Authorized Designees) of the Agreement. PBM shall implement and administer updates and changes to the IngenioRx Clinical Programs in accordance with this Agreement, including Exhibit 1-C (Plan Design Set-Up/Changes), Exhibit 1-J (Formulary Administration), and the Performance Guarantees.
- **5. Clinical Coordination.** PBM shall participate in clinical coordination meetings at a frequency specified by IngenioRx that include clinicians from PBM and IngenioRx to discuss clinical related matters including: status of new drugs; new indications; new safety/black box warnings; new clinical programs being utilized for IngenioRx Members; any clinical programs that PBM has in development; trends; review of existing clinical activities; review of new edits; and other clinical matters.

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- **6. New to Market Drugs.** When a new to market drug becomes available, PBM shall implement the clinical protocols/edits at the point of sale, effective immediately upon entry of the drug in the market, and shall not delay the implementation of the point of sale clinical protocols/edits by waiting until such clinical protocols/edits appear in the next Formulary update.
- 7. **Delegated Services.** PBM acknowledges and agrees that in the event IngenioRx elects to utilize PBM Clinical Programs and/or depending on the delegation of IngenioRx Clinical Programs to be administered by PBM, as and to the extent required by Law and Accreditation Standards, the Parties shall enter into a Delegated Services addendum to this Agreement.
- **8. Drug Recall and Withdrawals.** PBM shall provide communications to IngenioRx regarding drug recalls or withdrawals. PBM shall provide Member and provider communications in accordance with Law and so as to satisfy Accreditation Standards.

9. Prior Authorization Services and Support.

- 9.1 Prior Authorization Support and Systems. Upon IngenioRx's request and three (3) months' notice to PBM, PBM shall provide to IngenioRx a real-time online prior authorization System that is directly accessible to an unlimited number of IngenioRx staff. PBM's Systems supporting prior authorization support and services shall: (a) store and access historical prescription Claims in real time; (b) have the ability to run claim tests; (c) shall deliver reject reason codes in one response in real time; (d) provide for eligibility to be checked in real time; (e) accept authorizations and process Claims in real time; (f) feed the data back to the IngenioRx data warehouse systems in real time; (g) send Formulary and benefit code linking back to the prior authorization system to support hierarchy; and (h) ensure prior authorization is available for reporting and is included on the Claim.
- 9.2 <u>Prior Authorization Services</u>. In the event IngenioRx elects to have PBM perform some or all prior authorization services, the Parties shall enter into a written Delegated Services addendum to this Agreement, pursuant to which PBM shall provide prior authorization services in accordance with Law, Accreditation Standards, and the Delegated Services addendum to this Agreement, which shall be provided for no additional fees or costs. Upon IngenioRx's request, PBM shall promptly enter into a Delegated Services addendum to this Agreement consistent with Law and Accreditation Standards. No prior authorization services shall be provided unless and until a written Delegated Services addendum to this Agreement for such service is fully executed by the Parties. In the event PBM receives a prior authorization request from a Member during any time during which PBM has not been delegated prior authorization services, PBM shall promptly (and in all cases by the beginning of the next Business Day) deliver such prior authorization request to IngenioRx according to the contact information for such requests provided by IngenioRx to PBM. PBM acknowledges and agrees that failure to promptly provide such requests to IngenioRx in the manner set forth herein could impact IngenioRx's ability to meet turnaround times required by Law with respect to such requests.
- **10. Clinical Services Branding**. All Services provided under this <u>Exhibit 1-K</u> (Clinical Services and Programs) shall be branded in accordance with <u>Exhibit 1-O</u> (Private Label / Branding). For example, drug recall letters, websites, text messages, emails, mail/faxes, phone calls, etc. shall be branded in accordance with Exhibit 1-O (Private Label / Branding).
- 11. EMR. PBM shall accept electronic medical records ("EMR") through IngenioRx's outbound medical claims format specified by IngenioRx, at a frequency to be determined by IngenioRx, to foster IngenioRx's objective of maximizing clinical integration. PBM shall provide alternative and/or customized messaging options to accommodate EMR as required by IngenioRx.
- **12. Protection of IngenioRx Clinical Programs and Initiatives.** Without limiting the provisions of Section 12 (Intellectual Property and Service Marks) of the Agreement, PBM shall not use for itself, its customers, or any other person or entity, any clinical studies/pilots; papers or other publications; trend or analytics; algorithms; or other processes, programs, edits, initiatives; etc. of IngenioRx, whether developed by IngenioRx alone, by IngenioRx in collaboration with PBM, or by PBM on behalf of IngenioRx. Any and all such clinical studies/pilots; papers or other publications; trend or analytics; algorithms; or other processes, programs, edits, initiatives; etc. are IngenioRx's sole, proprietary property.
- 13. Clinical Programs and Services Reporting. PBM shall provide reporting in connection with all IngenioRx Clinical Programs and PBM Clinical Programs administered by PBM on behalf of IngenioRx, including metrics that demonstrate the administration of the program aligns with the requirements of the program. In addition, PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this Exhibit 1-K (Clinical Services and Programs), including the following, all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

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| | Report | Requirements | Frequency |
|---|-------------------------------------|---|----------------------------------|
| 1 | P&T Committee Materials | All PBM P&T committee standard clinical monographs developed by PBM and all PBM P&T Committee minutes and decisions | Quarterly Annually |
| 2 | Pipeline Reports | Report of drugs in the pharmaceutical pipeline, including Specialty Drugs, with expected impact to current trends | Monthly Quarterly Annually |
| 3 | Non-FDA Approved Drugs Report | List of all non-FDA approved drugs, including updates | Monthly |
| 4 | Clinical Edit ROI | Provide data elements for calculating ROI in connection with Formulary Edits at the Covered Plan, IngenioRx Customer, and Group level | Monthly |

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Exhibit 1-L MEMBER AND CUSTOMER SERVICES (All Lines of Business)

1. Member Customer Services. PBM shall provide Member customer services as set forth herein, which shall include Member call centers, Member website (via IngenioRx and/or Covered Plans' websites), Member mobile applications, Member inquiry responses via email/fax/letter, and online live Member chat customer services to Members in accordance with IngenioRx requirements ("Member Customer Services"). In addition, PBM shall provide a call center for IngenioRx customer service representatives ("IngenioRx CSRs") to contact PBM with inquiries regarding Member issues ("IngenioRx Customer Services"). Member Customer Services and IngenioRx Customer Services are collectively referred to herein as "Member and IngenioRx Customer Services". IngenioRx may utilize Member Customer Services in its sole discretion, which it may elect do so at the entire book of business level, Line of Business level, and/or for a particular Designated Affiliate, Covered Plan, IngenioRx Customer, and/or Group.

2. General Member and IngenioRx Customer Services Requirements.

- 2.1 <u>IngenioRx Branding</u>. All Member and IngenioRx Customer Services shall be branded in accordance with IngenioRx's requirements as set forth in <u>Exhibit 1-O</u> (Private Label / Branding Services). For avoidance of doubt, this means that all phone calls will be answered and all Member communications and websites will be branded with and reflect the IngenioRx specific Covered Plan name and/or tagline in accordance with IngenioRx specifications.
- 2.2 <u>IngenioRx Privacy Policies and Procedures.</u> PBM shall have, maintain, and comply with policies and procedures that are consistent with IngenioRx's privacy and other procedures and protocols, which shall be provided to PBM by IngenioRx, including procedures for: (a) authenticating the identity of callers/inquirers, (b) determining persons to whom PHI may be provided, (c) informing callers/inquirers that calls or inquiries may be monitored or recorded, and (d) implementing passwords, blocks, or other restrictions on PHI. PBM shall inform IngenioRx, in a format and media designated by IngenioRx, any time a Member requests: (i) that his/her protected health information be restricted from use or disclosure; or (ii) that a restriction on the use or disclosure of his/her protected health information be deleted or revised. PBM shall accept a HIPAA privacy restriction file from IngenioRx in accordance with mutually agreeable specifications and apply it to PBM's applications to recreate privacy restrictions in accordance with HIPAA regulations and applicable IngenioRx policies.
- 2.3 <u>Seamless Member Experience.</u> PBM acknowledges and agrees that the requirements set forth in this <u>Section 2</u> (General Member and IngenioRx Customer Services Requirements) are essential to ensure a seamless and smooth transition and ongoing experience for IngenioRx Members. In this regard, without limiting PBM's obligations in this <u>Section 2</u> (General Member and IngenioRx Customer Services Requirements), PBM shall work together in good faith with IngenioRx to ensure the "look and feel" to Members is consistent with (or better than, as determined by IngenioRx) the "look and feel" of the Member facing experience just prior to the Service Commencement Date. In addition, PBM shall work together in good faith with IngenioRx to ensure that the communications between IngenioRx and PBM (*e.g.*, warm transfer of calls) provides for a seamless Member experience, not a divided member experience between IngenioRx and PBM, along with an exchange of information between IngenioRx and PBM to have a unified Member experience. Without limiting PBM's obligations elsewhere in this Agreement, PBM agrees that Member Customer Service metrics shall continue to be as good as or better than the Member Customer Service metrics achieved just prior to the Service Commencement Date.
- 2.4 <u>Customer Service Representatives ("CSR")</u>. PBM shall staff its Member and IngenioRx Customer Service call centers with dedicated qualified PBM CSRs specifically trained to handle IngenioRx calls and who meet the IngenioRx qualifications and requirements as set forth herein to become resident experts on IngenioRx's business. The foregoing shall not preclude PBM from allowing CSRs to work from home provided such CSRs are dedicated to IngenioRx and meet all of the same qualifications,

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requirements, and standards, and operate in a professional, focused environment (e.g., no barking dogs, crying babies, etc.).

- 2.4.1 *CSR Qualifications*. IngenioRx-designated PBM CSRs shall meet the following minimum qualifications: (a) minimum of six (6) months prior pharmacy and/or healthcare customer service experience; (b) demonstrated ability to handle multiple assignments competently, accurately, and efficiently; (c) excellent oral and written communication skills; (d) strong customer service skills; (e); and computer literacy in order to navigate through internal/external computer systems.
- CSR Training. Prior to taking any IngenioRx calls, PBM CSRs shall be fully trained in connection with each IngenioRx Plan Design (via in person training sessions, and intranet or internet training sessions), including simulated member calls specific to Covered Plans, IngenioRx Customers, and Groups. The PBM CSR training content shall be: (a) approved by IngenioRx in writing in advance; (b) based on IngenioRx culture, values, and branding; and (c) structured so as to create subject matter expertise in connection with at least the following subjects: (i) knowledge of Plan Design, including Formulary and Cost Share look-up; (ii) research and resolution of eligibility status issues; (iii) knowledge of prior authorization, step therapy, and other IngenioRx specific programs and processes, including status look-up; (iv) research and resolution of Member pricing/billing issues and inquiries; (v) Accumulators; (vi) COB processing rules; (viii) research and resolution of commercial subrogation claims; (viii) PBM Mail Service Pharmacy and PBM Specialty Pharmacy ordering, order status, and dispensing issues; (ix) how to handle requests for clinical consultations; (x) how to handle pre-enrollment inquiries; (xi) how/when to make outbound calls to prescribers and pharmacies on behalf of Member in an effort to obtain a quality resolution; (xii) point of sale issue resolution; and (xiii) the processes to warm transfer Members to IngenioRx CSRs and to other PBM CSRs for quality efficient resolution (including routing to appropriate areas for resolution - e.g., eligibility, prior authorization, claims, etc.). PBM CSRs shall be trained in accordance with IngenioRx requirements on IngenioRx systems necessary for performing the functions hereunder, which may include G/A, financial payments, CEO Inquiries, RxTicket, Prior Auth/PA TATs. PBM CSRs shall not handle any IngenioRx's Member calls unless and until the required IngenioRx specific training has been successfully completed. PBM shall require IngenioRx dedicated PBM CSRs to complete ongoing and refresher training in a time, manner, and frequency as requested by IngenioRx, but no less frequently than once a quarter.
- 2.4.3 *CSR Supervisors.* The PBM customer service departments shall also be staffed with IngenioRx subject matter expert supervisors who meet the minimum requirements of <u>Section 2.4.1</u> (CSR Qualifications) and who shall be responsible for having extensive expertise in each of the areas set forth in <u>Section 2.4.2</u> (CSR Training).
- 2.4.4 *CSR Staffing.* PBM shall ensure that it is sufficiently staffed with PBM CSRs and supervisors who meet the foregoing requirements to handle IngenioRx's call volume, including during high peak volume periods (which PBM shall anticipate and prepare for based on PBM experience, IngenioRx historical experience, and IngenioRx anticipated volume increases as communicated to PBM), in accordance with Law, Accreditation Standards, and this Agreement, including the Performance Guarantees.
- 2.4.5 Priority Group CSR Staffing. Upon IngenioRx's request, PBM shall establish a sub-set of PBM CSR staffing that is specifically trained to handle calls for priority groups designated by IngenioRx.
- 2.5 <u>Translation Services</u>. PBM shall make available to Members multilingual translation services for both verbal and written communications, which shall include providing interpreters for non-English speaking or limited English proficient Members. PBM shall provide all written printed Member communications (*e.g.*, letters, EOBs, surveys, etc.) in both English and Spanish, and such other languages required pursuant to applicable Law. In the event that PBM utilizes non-English speaking PBM CSRs, relevant supervisory and quality assurance staff shall be fluent in the same language(s) as such PBM CSRs.

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- 2.6 <u>Scripting</u>. All PBM CSR and other customer service scripting to be used when answering calls, responding to emails, and responding via other customer service mechanisms with respect to IngenioRx Members must be approved in advance and in writing by IngenioRx. PBM shall provide IngenioRx with copies of all such scripting and any modifications thereto prior to use for IngenioRx's review and approval.
- 2.7 <u>Pre-Enrollment Inquiries/Capabilities</u>. PBM CSRs and Systems shall be capable of supporting inquiries with respect to Members with future start dates and/or for upcoming Plan Design changes such that CSRs can access that information for purposes of responding to inquiries.
- 2.8 <u>System Access</u>. PBM CSRs shall have read access to all Claims and prior authorization information and write access to eligibility, overrides, and notes.
- 2.9 <u>Test Claim Capabilities</u>. All PBM CSRs shall have the ability to run test claims to assist in Member inquiries.
- 2.10 <u>Access to Member Facing Website, Online Chat, and Mobile Applications</u>. PBM CSRs shall have access to the Member website services, online chat, and mobile application services as they are available to Members so that PBM CSRs can have access to view what the Member is viewing or has access to view when responding to Member inquiries.
- 2.11 <u>Eligibility Overrides</u>. Upon IngenioRx's request, PBM CSRs shall process eligibility overrides as required by and in accordance with IngenioRx requirements.
- 2.12 <u>First Call / Issue Resolution</u>. If a PBM CSR cannot resolve the Member's issue on the initial communication, the PBM CSR shall work with a PBM CSR supervisor to resolve the inquiry. If unable to resolve, it shall be escalated in accordance with <u>Section 2.14</u> (Member Escalation Matters).
- 2.13 Complaints, Grievances, and Appeals. Upon receipt of a Member complaint, grievance, or appeal (each as defined by IngenioRx): (a) PBM CSR shall immediately route all grievances and appeals to IngenioRx or its designated representative, including all information and/or documentation reasonably available to PBM related to such grievance or appeal, in the manner and format required by IngenioRx; and (b) PBM CSR shall handle all complaints in accordance with IngenioRx policies and procedures. In the event that PBM receives a complaint from a Covered Plan, IngenioRx Customer, or Group, PBM shall immediately route all such complaints, including all information and/or documentation reasonably available to PBM related to such complaint, to IngenioRx in the manner and format required by IngenioRx. PBM shall provide such information and documentation promptly and, in all cases, within turn-around times reasonably prescribed by IngenioRx. PBM shall track and report all complaints, grievances, and appeals received by PBM in a manner and format required by IngenioRx.
- 2.14 <u>Member Escalation Matters</u>. PBM CSRs shall follow IngenioRx's approved processes for Member escalation matters, utilizing PBM senior leaders and operational experts to handle first level escalation prior to engaging IngenioRx support. If unresolved, PBM will coordinate with and assist IngenioRx in promptly responding to all escalated Member inquiries related to the Services provided under this Agreement. All Member escalation matters shall be tracked through RxTicket or such other mutually accepted issue resolution system that tracks member services issues, reports trends, and escalates issues.
- 2.15 <u>Member Distress Communications</u>. When a Member expresses confusion, depression, or distress as reasonably determined by the PBM CSR, so that IngenioRx CSRs can assist the Member with behavioral health benefits/services, the PBM CSR shall: (a) if via a call, warm transfer the call to an IngenioRx CSR in accordance with IngenioRx protocols and requirements; or (b) if via a live chat, email, fax, or other written or electronic communication, immediately transfer the substance of the communication to an IngenioRx CSR in accordance with IngenioRx protocols and requirements. In life-threatening emergency situations (e.g., Member is threatening to hurt self or others), PBM CSRs shall contact 911 emergency services for assistance for the Member. This provision is not intended to replace the judgment of the PBM CSR, but the action taken should be documented in all cases.

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- 2.16 <u>Use/Promotion of Only IngenioRx Customer Service Offerings</u>. PBM, PBM Mail Order Pharmacies, and PBM Specialty Pharmacies shall direct Members only to IngenioRx customer service offerings (e.g., IngenioRx websites, IngenioRx mobile applications), not PBM, PBM Mail Order Pharmacy, or PBM Specialty Pharmacy separate customer service offerings (e.g., PBM Mail Order Pharmacy general website).
- 2.17 <u>Compliance</u>. Without limiting PBM's obligations under <u>Section 5</u> (Compliance) of the Agreement, PBM shall perform and operate all Member and IngenioRx Customer Services in accordance with Law, Accreditation Standards, and Government Contracts. Upon election of IngenioRx (in its sole discretion) to utilize Member Customer Services hereunder for one or more parts of its business, IngenioRx may amend the Agreement to incorporate any regulatory requirements related thereto in accordance with Section 21.14 (Amendment) of the Agreement.

3. General Call Center Requirements.

- 3.1 <u>Dedicated Toll-Free Numbers.</u> PBM shall maintain and operate unique and separate dedicated toll-free customer service lines for general Member customer services, PBM Mail Order Pharmacy customer services, and PBM Specialty Pharmacy customer services in the United States for use by Members and IngenioRx (and when permitted by IngenioRx, for use by Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups) as set forth herein. IngenioRx may specify toll-free phone numbers for PBM to utilize (e.g., transferring over existing toll-free numbers utilized by IngenioRx). IngenioRx shall own and have all rights to the dedicated telephone numbers under this Agreement, which IngenioRx shall continue to own and have the rights to use after termination of this Agreement. For avoidance of doubt, IngenioRx can use these dedicated telephone numbers post termination for itself or in connection with another vendor's PBM services.
- 3.2 <u>Hours of Operation</u>. Each dedicated toll-free phone line shall operate and provide live coverage operating twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
- 3.3 <u>Translation Services Call Centers</u>. The translation services set forth in <u>Section 2.5</u> (Translation Services) above shall include multilingual interpretive services for callers, including Spanish and over 200 other languages, twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year.
- 3.4 <u>TDD/TYY</u>. PBM shall provide TDD/TTY services for callers who are deaf or hearing impaired or who have speech disabilities.
- 3.5 <u>Warm Transfers Between PBM and IngenioRx</u>. In the event a caller has an inquiry that is not related to the pharmacy benefit, PBM shall warm transfer the call to IngenioRx in accordance with IngenioRx protocols and requirements. In addition, PBM shall accept and handle warm transfer calls from IngenioRx to PBM's call centers in accordance with IngenioRx protocols and requirements. PBM CSRs shall follow IngenioRx policies and procedures and approved scripting in connection with all calls that require a warm transfer, whether the warm transfer is coming to IngenioRx call centers from PBM general Member customer services, PBM Mail Order Pharmacy customer services, or PBM Specialty Pharmacy customer services, or from one PBM call center (e.g., general Member customer services) to another PBM call center (e.g., PBM Mail Order Pharmacy customer services). Warm transfers are subject to the same service metrics as incoming calls. The warm transfer process shall not require Members to re-authenticate during the transfer.
- 3.6 <u>Call Center Sites.</u> PBM agrees that all call centers handling IngenioRx calls will be located within the United States and no calls will be routed to non-U.S. off-shore locations and no calls will be proactively blocked. PBM shall maintain multiple call center sites to manage workload balance and to provide for immediate disaster back-up recovery. PBM shall support virtual call routing between call center sites.

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- 3.7 Tracking and Recording. All calls (100%) to the IngenioRx dedicated toll-free phone lines shall be digitally recorded, and twenty percent (20%) of calls to the IngenioRx dedicated toll-free phone lines shall be recorded as a screen capture. PBM shall retain, store, and make available to IngenioRx the digital recordings and screen capture within one (1) Business Day of request. In addition, calls shall be documented in a call tracking system for each dedicated line, which must track: (a) call arrival through transfer or completion, along with the reason for the call (differentiating between inquiries vs. complaints); (b) first call resolution; and (c) escalated calls. Each call shall be documented in the Member record in the System.
- 3.8 <u>Call Quality Monitoring</u>. PBM shall regularly monitor call quality of the dedicated toll-free phone line in accordance with Law (including disclosures required by HIPAA), Accreditation Standards, and a call quality program that IngenioRx has approved in writing.
- 3.9 <u>Member Survey/Feedback/Analytics Software</u>. PBM shall have and maintain software to provide for real time Member satisfaction surveys following each Member call and analytics and reporting related thereto (e.g., Medallia or Convergys), which such software and messaging shall be subject to IngenioRx's approval. All reporting related thereto shall be provided to IngenioRx in accordance with IngenioRx requirements.

4. Member Customer Services.

- 4.1 <u>PBM Member Call Centers</u>. Member call centers include, for a particular Line of Business, Covered Plan, IngenioRx Customer, and/or Group: (a) upon IngenioRx's election (in its sole and absolute discretion), general member customer service call center; (b) so long as PBM Mail Order Pharmacy services are being provided hereunder, PBM Mail Order Pharmacy member customer service call center; and (c) so long as PBM Specialty Pharmacy services are being provided hereunder, PBM Specialty Pharmacy member customer service call center.
- General Member Customer Services Call Center. PBM CSRs shall respond to 4.1.1 Members' calls related in any manner to pharmacy benefits and prescription matters, including such issues as Plan Design, including Formulary and Member Cost Share; eligibility; pre-enrollment inquiries; prior authorization and step therapy status; status of submitted paper Claims; recoveries related to retroactive eligibility terminations; completing a Claim form; pricing/billing issues; Participating Pharmacy locations, including locating Participating Pharmacies in the Member's zip code area (which shall be updated as changes occur in the Participating Pharmacy network), and Member website support issues. PBM CSRs responding to calls received through the general Member customer service toll-free number shall respond to inquiries regarding PBM Mail Order Pharmacy and PBM Specialty Pharmacy order status, but shall warm transfer more complex and clinical calls to the PBM Mail Order Pharmacy or PBM Specialty Pharmacy Member call centers, as applicable. As part of its dedicated toll-free service lines, PBM shall support and provide interactive voice response ("I<u>VR</u>") technology in accordance with IngenioRx protocols and requirements and as approved by IngenioRx, which shall include Participating Pharmacy locator (which shall be updated real time as changes occur in the Participating Pharmacy network) and such other pharmacy benefit related data required by IngenioRx. In addition, upon IngenioRx's request, PBM CSRs shall make outbound calls to Members in connection with Services hereunder (e.g., outreach to Members because of a particular pharmacy's removal from the network).
- 4.1.2 PBM Mail Order Pharmacy Call Center. PBM CSRs with the PBM Mail Order Pharmacy call center shall respond to Members' calls related to prescription order forms, prescription order requests, prescription refill requests, order status, Member Cost Share in connection with mail orders, billing issues in connection with mail orders, special delivery requests, and dispensing inquiries and issues. PBM Mail Order Pharmacy shall also provide on-call pharmacist services who shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. As part of its dedicated toll-free service lines, PBM shall support and provide IVR technology in accordance with IngenioRx protocols and requirements and as approved by IngenioRx, which shall include order refills and order status.

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- 4.1.3 PBM Specialty Pharmacy Call Centers. PBM CSRs with the PBM Specialty Pharmacy call centers shall respond to Members' calls related to prescription order forms, prescription order requests, prescription refill requests, order status, Member Cost Share in connection with specialty orders, billing issues in connection with specialty orders, special delivery requests, and dispensing inquiries and issues. PBM Specialty Pharmacy shall also provide on-call pharmacist services who shall be available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. As part of its dedicated toll-free service lines, PBM shall support and provide IVR technology in accordance with IngenioRx protocols and requirements and as approved by IngenioRx, which shall include order refills and order status.
- 4.2 <u>IngenioRx Member Call Centers Support.</u> In the event IngenioRx elects not to use PBM Member Customer Services in its sole discretion for the entire book of business level, at IngenioRx's request, PBM agrees to place CSRs in IngenioRx Member Call Centers to assist with increased call volume during peak seasons, which shall be determined by IngenioRx based on IngenioRx historical experience and IngenioRx anticipated volume increases, and which shall be communicated to PBM reasonably in advance of the need for such CSRs, PBM shall ensure that all CSRs placed in IngenioRx Member Call Centers meet the requirements set forth in <u>Section 2.4.1 (CSR Qualifications)</u> and <u>Section 2.4.2 (CSR Training)</u> above.
- 4.3 <u>Member Website Services</u>. PBM shall provide Members access through an application program interface (API) or service-based integration to IngenioRx Member web portal (fully branded as IngenioRx in accordance with <u>Exhibit 1-O</u> (Private Label / Branding Services) of the Agreement)) through which Members can access information related to their prescription benefit, including, at IngenioRx's election, prescription ordering capability; refill and order status; shipping tracking status; patient balance; drug, health, and wellness information; Participating Pharmacies directory; and Formulary. Members shall have access to PBM's web services through API or service-based integration.
- 4.4 <u>Member Online Chat Services.</u> PBM shall make available to Members through the Member website services the capability for real time, online chat with a Member. PBM CSRs shall respond to Members' online chat, responding to such issues as Plan Design, including Formulary and Member Cost Share; eligibility; pre-enrollment inquiries; prior authorization and step therapy status; status of submitted paper Claims; recoveries related to retroactive eligibility terminations; completing a Claim form; pricing/billing issues; Participating Pharmacy locations, including locating Participating Pharmacies in the Member's zip code area (which shall be updated as changes occur in the Participating Pharmacy network), and Member website support issues.
- 4.5 <u>Member Mobile Application Services</u>. PBM shall make available to Members mobile applications portal (fully branded as IngenioRx in accordance with <u>Exhibit 1-O</u> (Private Label / Branding Services) of the Agreement)) through which Members can access information related to their prescription benefit, including, at IngenioRx's election, prescription ordering capability; refill and order status; shipping tracking status; patient balance; drug, health, and wellness information; Participating Pharmacies directory; and Formulary. The mobile application shall be developed by PBM for direct use by IngenioRx Members or, upon IngenioRx's election, shall be accessible by IngenioRx Members through an API or service-based integration on to an IngenioRx mobile application.
- 4.6 <u>Member Surveys Pharmacy Benefit Services</u>. PBM will assist IngenioRx in conducting a Member survey. The purpose of the survey will be to elicit Members' perception of their pharmacy benefit and their experience at the physician (or other treating health care provider) and the pharmacy. The survey will be conducted in accordance with IngenioRx requirements and guidelines and in accordance with the Performance Guarantees.
- 4.7 <u>Member Electronic and Written Communications (Emails/Mail/Fax)</u>. PBM CSRs shall respond to Member inquiries made via regular mail/fax, email, or other electronic transmission through the Member website utilizing IngenioRx approved templates and in accordance with IngenioRx specifications and requirements. PBM shall acknowledge receipt of all Member internet/email inquiries

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within the time frame specified in the Performance Guarantees. PBM shall respond in writing to all Member email, mail, fax, and other written and electronic inquiries within the time frame specified in the Performance Guarantees. Such response shall resolve the Member's inquiry.

- 4.8 Other Member Communications. PBM shall support IngenioRx pharmacy benefit initiatives with mailings as directed by IngenioRx. In addition, PBM shall design and print materials to be included in the Member welcome packet (e.g., introductory cover letter, brochure, paper claim form), which such materials shall be subject to IngenioRx's prior review and written approval. PBM acknowledges and agrees that all Member communications and IngenioRx-specific communications and materials shall be submitted to IngenioRx for review and written approval by IngenioRx prior to use (excluding the safety communications made by PBM Mail Order Pharmacy and PBM Specialty Pharmacy), which such communications and materials may include, but is not limited to, Formulary communications, identification cards, website content, and mobile application content. With respect to Member communications and materials, the preparation of which is PBM's responsibility under this Agreement, PBM agrees to submit all such communications and materials to IngenioRx for prior review and written approval. In no case will PBM utilize Member Social Security numbers on ID cards and/or Member communications.
- 4.9 <u>Member Demographic Information</u>. In the event PBM (and/or Approved Subcontractors, including PBM Mail Order Pharmacies and PBM Specialty Pharmacies) captures new and/or different demographic data of Members (e.g., email addresses, phone numbers, allergic information, etc.), upon IngenioRx's request, PBM shall provide such information to IngenioRx in a format and at a frequency required by IngenioRx. Notwithstanding PBM (and/or its Approved Subcontractors) receipt of different demographic data of Members, for purposes of mailings to IngenioRx Members (e.g., shipping of prescriptions, mailing of letters, etc.), PBM (and its Approved Subcontractors), PBM shall utilize the mailing address information received from IngenioRx.

5. IngenioRx Customer Services.

- 5.1. <u>IngenioRx Customer Services Call Center.</u> PBM CSRs shall be available to IngenioRx CSRs (and upon IngenioRx's designation, customer service representatives of specified Covered Plans, IngenioRx Customers, and/or Groups) for the purpose of responding to inquiries regarding Member issues and inquiries. PBM CSRs shall promptly assist IngenioRx CSRs (and customer service representatives of Covered Plans, IngenioRx Customers, and/or Groups specified by IngenioRx) in the same manner as such PBM CSRs assist Members under <u>Section 4.1</u> (Member Call Centers) above.
- 5.2. <u>IngenioRx CSR System Access, Functionality, and Capabilities.</u> IngenioRx CSRs designated by IngenioRx shall have access to the same Systems, information, functionality, and capabilities, including access to Member facing customer service offerings (*e.g.,* member website services, online chat, mobile applications) as those provided to PBM CSRs under this <u>Exhibit 1-L</u> (Member and Customer Services) and all communications directed to Members. PBM shall fully and continually, upon IngenioRx's request, train IngenioRx CSRs designated by IngenioRx on PBM Systems related hereto.

6. All Member Communications.

- 6.1. <u>IngenioRx Approval of All Member Communications</u>. IngenioRx-shall have the right to review and approve, within mutually agreed timelines, the creation, content, format, and method of distribution or dissemination (subject to <u>Section 6.2</u> (Member Communication Preferences) below), including customization to conform to IngenioRx branding requirements as set forth in <u>Exhibit 1-O</u> (Private Label / Branding Services), applicable Law, and any other IngenioRx business interest or goal) of all communications directed to Members. For purposes of this <u>Section 6.1</u> (IngenioRx Approval of All Member Communications), the term "communications" means all communications directly or indirectly relating to PBM Services (including brochures, letters and call center scripts) in any form, including written, verbal, electronic, and web-based.
 - 6.2. <u>Member Communication Preferences</u>. IngenioRx will provide PBM with individual

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preferences for the receipt of written communications (e.g., mail, email, etc.) for each Member. PBM agrees to retain each Member's individual communication preference and any changes to such preference with the Member information. Unless otherwise required by Law or otherwise directed by IngenioRx, PBM shall ensure that all written communications directed to Members be in conformity with the individual Members' communication preference.

- 6.3. <u>Member Communication Tracking.</u> PBM agrees to track and report to IngenioRx all written communications directed to any Member, including the date, subject matter, recipient, and method of dissemination of such communication. Copies of all such communications shall also be stored or electronically linked to individual Member's files in a manner readily accessible to IngenioRx CSRs in accordance with <u>Section 5.2</u> (IngenioRx CSR System Access, Functionality, and Capabilities) above.
- **7. Member and Customer Services Reporting.** PBM shall provide IngenioRx the following reports in connection with the Services under this <u>Exhibit 1-L</u> (Member and Customer Services), all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|----|--|---|--|
| 1 | Call Trends Report | Identification of call type patterns | Monthly |
| 2 | Complaints, Grievances, and Appeals Tracking Report | Identification of all complaints, grievances, and appeals received; For complaints, include date received, status, and disposition (including date); For grievances and appeals, include date/time received and date/time routed to IngenioRx | Monthly |
| 3 | Member Service Issues/Trends Report | Identification of Member service issues and trends | Monthly |
| 4 | Member Escalation Report | Identification of all Member issues escalated, including date received, summary of issue, date escalated, date resolved, summary of resolution | Weekly |
| 5 | Call Quality Monitoring Report | Identification of all call quality monitoring activities, the results of those activities, and trends | Monthly |
| 6 | IVR Trends Report | IVR closure rates and self- service trends by category | Monthly |
| 7 | Service Level Metrics Reports | Specific performance metrics for each Line of Business, Covered Plan, IngenioRx Customer, and Group | Monthly |
| 8 | Customer Service Reports required by Law, Governmental Bodies, and Accreditation Organizations | As required by Law, Governmental Bodies, and Accreditation Organizations | As required by Law, Governmental Bodies, and Accreditation Organizations |
| 9 | Member Survey/ Feedback/Analytics Software Reporting | As specified by IngenioRx | As specified by IngenioRx |
| 10 | Member Written Communication Report | Identification of the date, subject matter, recipient, and method of dissemination of all | Monthly |

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| Report | Requirements | Frequency |
|--------|--------------------------|-----------|
| | written communication to | |
| | Members | |



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Exhibit 1-M SALES AND MARKETING SUPPORT (All Lines of Business)

In furtherance of PBM's commitment to help IngenioRx grow and retain its pharmacy benefit business, PBM will provide the following sales and marketing support Services:

- 1. General Sales/Marketing Support. PBM will provide good faith, commercially reasonable support for IngenioRx's sales efforts, including new business development with prospective clients and on-going dialogue with broker, consultant, and other third-party communities. Such support will be designed to enhance IngenioRx's competitiveness (including assisting in the development of customized marketing materials that place IngenioRx in the best position to compete in its primary market areas). PBM shall work in good faith with IngenioRx to support retention and growth opportunities for existing clients and winning new clients.
- 2. Sales Tools and Programs. PBM will work with IngenioRx and IngenioRx's sales staff to develop additional tools and programs to promote carved-in pharmacy benefit services.
- **3. Competitive Intelligence.** PBM shall provide ongoing extensive sales support services that will include competitive intelligence, sales and marketing literature review and consultation, go-to-market strategy and planning, and continuing sales education.
- **4. RFP Support.** PBM shall assist IngenioRx with responses to Requests for Proposals (RFPs). In addition, PBM shall provide proposal-ready content that is accurate and up to date, and shall provide further support to review questions and responses and provide further support for IngenioRx's bid proposals, which such review and responses shall be provided promptly so as to allow IngenioRx to meet RFP deadlines.
- **5. Sales Meetings and Activities and Finalist Presentations.** Upon IngenioRx's request (in its absolute and sole discretion), PBM shall: (a) attend sales meetings with existing IngenioRx clients, potential clients, and brokers; (b) fully support IngenioRx's outreach to IngenioRx clients, potential clients, and brokers by attending meetings, seminars, and symposiums; and (c) prepare for and/or attend (as directed by IngenioRx) finalist presentations and meetings. PBM acknowledges and agrees that this provision does not create any right for PBM to attend any meetings or other activities with IngenioRx clients, potential clients, and/or brokers. PBM acknowledges and agrees that in all cases PBM remains responsible for and shall fully comply with Section 4.4 (Customer Non-Solicitation/Bidding), Section 4.5 (Firewalls), and Section 4.10 (Communications with Designated Affiliates, Covered Plans, IngenioRx Customers, and Members) of the Agreement. For avoidance of doubt, nothing herein shall be deemed, interpreted, or construed as giving PBM any right, power, or authority to bind, act, or speak on behalf of IngenioRx in connection with any sales and/or marketing activities hereunder.
- **6. Sales Team Incentives.** To the extent not prohibited by Law, PBM will provide adequate financial incentives to the IngenioRx Division personnel, including executives and sales teams in order to support the alignment of PBM with IngenioRx's sales strategy for carve-in pharmacy with combined medical and pharmacy administration.
- 7. **Private Label/Branding of Sales and Marketing Services.** All Sales and Marketing Services shall be branded in accordance with IngenioRx's requirements as set forth in <u>Exhibit 1-0</u> (Private Label / Branding Services).
- **8. Sales and Marketing Support Reports.** PBM shall provide IngenioRx the following reports in connection with the Services under this <u>Exhibit 1-M</u> (Sales and Marketing Support), all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|--|----------------------------|--------------|-----------|
| | Consultant Win/Loss Report | TBD | Quarterly |
| | Competitor Win/Loss Report | TBD | Quarterly |

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| Report | Requirements | Frequency |
|---|--------------|-------------|
| | | |
| New Business Win/Loss Report | TBD | Quarterly |
| Trend Insights & Analysis Report | TBD | Quarterly |
| Client Retention Win/Loss Report | TBD | Quarterly |
| PBM Competitor Landscape Intel Report | TBD | Semi-Annual |
| Consultant Landscape Intel Report | TBD | Semi-Annual |
| Underwriting/Pricing Landscape Intel Report | TBD | Semi-Annual |



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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 447-448 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

Exhibit 1-0 PRIVATE LABEL / BRANDING SERVICES (All Lines of Business)

In addition to complying with the Blues Brand Regulations as set forth in <u>Section 5.3</u> (Compliance with Blues Brand Regulations), PBM agrees as follows:

- 1. PBM acknowledges that IngenioRx, its Designated Affiliates, and Covered Plans require private labeling/branding of all PBM Services, and PBM shall private label all PBM Services as designated and specified by IngenioRx. Without limiting the generality of the foregoing, PBM acknowledges and agrees that such private labeling/branding shall be at the level designated by IngenioRx (e.g., a Covered Plan of a Designated Affiliate) and shall apply to all PBM Services related to such designated entity. Without limiting the generality of the foregoing, for ALL member communications, letters, emails, text, etc., ALL such communications shall be health plan branded for each health plan (not IngenioRx, Inc.), including the correct logo and legal tagline. ALL Member communications must be in the IngenioRx brand voice and meet the IngenioRx writing guidelines. ALL communications must go through the IngenioRx approval process and be approved by IngenioRx prior to use.
- 2. Unless otherwise agreed to in writing by IngenioRx, such private labeling shall be identified as having been provided by IngenioRx and branded to use one or more IngenioRx, Designated Affiliates, and Covered Plans trademarks, service marks, logos, trade names, or other intellectual property rights designated by IngenioRx, Designated Affiliates, and Covered Plans.
- **3.** Except as (and only to the extent) prohibited by Law, there shall be no display of PBM branding or identification of PBM in connection with PBM Services unless otherwise approved by IngenioRx in writing in its sole discretion (which such approval IngenioRx can withdraw at any time upon notice to PBM).
- **4.** The Parties shall work collaboratively to establish the "look and feel" of IngenioRx materials and websites to be consistent with the "look and feel" of other IngenioRx materials and websites.
- 5. IngenioRx shall have full discretion to impose requirements relating to Member, provider, Covered Plan, and IngenioRx Customer websites and branding requirements.
- **6.** For avoidance of doubt, the private labeling/branding requirements at the individual Designated Affiliate and/or Covered Plan level shall apply in connection with all PBM Services hereunder (except to the extent prohibited by Law or otherwise specified by IngenioRx), including the following, which shall be branded to identify the individual Designated Affiliate and/or Covered Plan name, logo, tag line, etc., as specified by IngenioRx:
 - Member written communications, including letters, emails, and other messaging (e.g., welcome letters, drug recalls, overpayment recoveries, etc.)
 - Formularies
 - Pharmacy directories
 - Check stock for Member reimbursements
 - EOBs
 - Prescriber written communications, including letters, emails, and other messaging
 - Clinical program materials
 - Check stock for Participating Pharmacy payments
 - · Member, Prescriber, and pharmacy call centers
 - Websites
 - Computer / mobile device applications
 - PBM Mail Order Pharmacy Services and PBM Specialty Pharmacy Services, including bottles, call
 centers, order forms, drug inserts, drug recalls, brochures, etc.

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- Reporting
- System/data portals
- Surveys
- Sales and marketing materials



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Exhibit 1-P REPORTING, DATA, AND SYSTEM ACCESS (All Lines of Business)

- General Requirements. In addition to the reporting, data, and System access requirements set 1. forth elsewhere in this Agreement (including Annex, Exhibits, Schedules, and Attachments hereto), PBM agrees to provide the reporting, data, and System access set forth herein in this Exhibit 1-P (Reporting, Data, and System Access). PBM shall provide whatever support is needed (e.g., incurring costs, Systems/IT requirements, etc.) to meet IngenioRx's unique data and reporting needs, including configuration regardless of format received from IngenioRx. All such reports, data, and System access shall be provided in a timely manner as required by IngenioRx to meet its business and legal requirements, and shall be provided in accordance with IngenioRx requirements and specifications (including format and content) and in accordance with Law and/or Governmental Body requirements. PBM shall provide IngenioRx with samples of all reports and data formats, which shall be subject to IngenioRx's review and approval. Unless otherwise specifically identified, all reports and data described herein shall be available: (a) across all IngenioRx business (collectively); (b) on a Designated Affiliate basis; (c) on a Covered Plan basis; (d) on an IngenioRx Customer specific basis; (e) on a Group specific basis; (f) on a regional basis; and (g) on a Line of Business basis. Required data fields include: all standard claim data elements and all group data, benefit data, clinical data, drug data, authorization data, pharmacy provider data, pharmacy network data, reject data, and physician data. Unless otherwise specifically identified, all reports, data, and System access described herein shall be provided to IngenioRx via an IngenioRx branded (in accordance with Exhibit 1-O (Private Label / Branding Services)) secure website. To the extent any information from Approved Subcontractors is required for the reporting, data, and/or System access, PBM will require such Approved Subcontractors to provide such reporting, data, and/or System access. Further, at IngenioRx's election, PBM shall provide the required information via a data feed rather than through a report format that can be loaded into IngenioRx's dedicated system(s) at a frequency required by IngenioRx.
- 2. Standard Reports. PBM will make available to IngenioRx PBM's on-line standard management information reporting applications, which in all cases shall not be less than the online standard management information reporting applications presented in connection with the Request for Proposal conducted with respect to this Agreement in 2016-2017 and/or shall not be less than the online standard management information reporting applications provided to any other PBM Customer. In addition, through the on-line standard management information reporting applications or otherwise, PBM will timely and accurately provide the following reports, which shall be provided (unless otherwise specified or required earlier for compliance with Law), fifteen (15) days after the end of the billing cycle for monthly reports and thirty (30) days after the end of the billing cycle for quarterly reports (utilization reports shall include web activity):
- **2.1** PBM will provide IngenioRx with a report demonstrating the performance of Pass Through Pricing (*i.e.*, Medicare Part D pricing) against Participating Pharmacy paid rates and contracted guarantees on at least a quarterly basis.
- **2.2** PBM will provide IngenioRx online management and utilization reports with real time Claims data at a frequency required by IngenioRx.
- **2.3** PBM will provide IngenioRx quarterly written reports updating the information contained in Annex 12 (PBM Diverse-Owned Business Participation Plan) in a form and media approved by IngenioRx.
- **2.4** PBM will provide IngenioRx with reports on a monthly basis identifying requests for proposals in progress in connection with IngenioRx Existing Customers and the status of each, in a format acceptable to IngenioRx.
- **2.5** PBM will provide IngenioRx with all testing results in connection with testing performed related to this Agreement within twenty-four (24) hours of completion of the testing unless otherwise specified by IngenioRx.

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- **2.6** PBM will provide the following TCPA reporting on an annual basis: (a) DNC requests, including date of request, requestor's name, and telephone number, received within prior 12 months; (b) complaints, including date of complaint, complainant's name, telephone number, and reason for complaint, received within prior 12 months; and (c) for each employee required to complete TCPA policy training within the prior 12 months, employee's name (or other unique employee identifier) and date TCPA training completed.
- **2.7** PBM shall continually and routinely monitor each of its Approved Subcontractors, provided, however, such monitoring shall formally occur on no less than a quarterly basis for so long as PBM provides Services to IngenioRx, and such quarterly monitoring shall be documented via written quarterly reports to IngenioRx delivered within thirty (30) days of the end of each Calendar Quarter.
- **2.8** PBM shall provide monthly coverage code membership report and should be reinstated for late addition or retro-term.
 - 2.9 PBM shall provide the following reports (upon IngenioRx's request):
 - Utilization Summary
 - Monthly Summary of Key Data
 - Executive Summary
 - Utilization Summary by Member (ranked by total benefit dollars paid)
 - Member Utilization Detail (Totals & Averages)
 - Member Utilization Detail
 - Group Utilization Summary (Totals & Averages)
 - Age/Sex Utilization Summary
 - Member Prior Authorization Detail
 - Monthly Utilization Summary
 - Therapeutic Class Profile Summary
 - Brand/Generic Summary
 - Product Cost Ranking Summary
 - Ranking Summary
 - Therapeutic Class Usage Ranking Summary
 - Pharmacy Provider Utilization Summary
 - Pharmacy Provider Utilization Summary with Averages
 - Drug list NDC download
 - Top Specialty Drugs report
 - Top Indication Report
 - Medication Possession Ratio (MPR)
 - Member EOBs
- 3. Custom Reports. PBM shall develop and provide to IngenioRx custom reports requested by IngenioRx in a format reasonably agreeable to the Parties. A custom report is a report created and provided to IngenioRx that is continuously maintained by PBM and provided periodically to IngenioRx as described herein.
- **4. Ad Hoc Reports.** PBM shall develop and provide to IngenioRx reports requested by IngenioRx on an ad-hoc basis. Unless otherwise mutually agreed to by the Parties, PBM shall deliver to IngenioRx each ad hoc report requested by IngenioRx within the IngenioRx approved time (and in all cases within such time required by Law). An ad hoc report is a report created and provided to IngenioRx one time and is not maintained on an ongoing basis. Without limiting the generality of the foregoing, PBM shall provide all ad-hoc data analysis reasonably agreeable to the Parties within the timeframes reasonably requested by IngenioRx.
- **5. Reports Required by Law/Governmental Bodies.** PBM shall develop and provide to IngenioRx upon request reports required by Law and/or Governmental Bodies as applicable to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups with respect to Services within reasonable

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time to allow to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups to review and submit such report to the applicable Governmental Body in accordance with the timeframe and format mandated by applicable Law. Without limiting the generality of the foregoing, PBM shall provide the following:

- **5.1** MLR. PBM shall provide to IngenioRx, on a monthly basis, a report detailing claim and administrative fees and cost spread to assist IngenioRx in MLR reporting.
- **5.2** Rebate Data and Utilization. PBM shall provide IngenioRx all reports regarding Rebate data, utilization data, and other data and information with respect to Services that IngenioRx is required to provide to any Governmental Body.
- **5.3** <u>Legal Compliance</u>. Reports to support all legal proceedings, state and federal filings, reporting, examinations, and other requirements, including regulatory and compliance reporting, state financial audits, and department of insurance pharmacy Claim audits.
- **6. Reporting Tools/System Access.** PBM shall provide to IngenioRx real-time, online remote access to IngenioRx Data and Information in PBM (and Approved Subcontractor) Systems, including the claims adjudication, clinical, and such other Systems containing IngenioRx Data and Information. In addition, PBM shall provide IngenioRx with access to tools necessary to do queries and reporting related to IngenioRx Data and the Services and compensation/pricing terms provided hereunder, including at the IngenioRx book of Business level, by Line of Business, by Designated Affiliate, by Covered Plan, by IngenioRx Customer, by Group, by region, and by state. All Claims data shall be provided using Medi-Span values in accordance with IngenioRx requirements, including the Medi-Span GPI code number and the Medi-Span Generic Indicator code and other IngenioRx specified fields. IngenioRx shall have view/edit access to Systems in accordance with the Service Schedules and for overriding clinical decisions. Without limiting the generality of the foregoing, such System access and tools shall provide view access for the following at a minimum:
 - Claims data
 - Claims adjudication logic
 - Claims payment information, including Participating Pharmacy payment information
 - Eligibility Information
 - Plan Design information, including visibility into all setup elements (e.g. drug lists copays, accumulators, hierarchy setup, network programs, costs of care programs, formulary attachment, specialty setup, and all other elements and configurations related thereto (identifying associated dates of changes in connection with each
 - Cost Share
 - Accumulators
 - Deductibles, out of pocket, benefit max
 - Clinical data
 - Prior authorizations/overrides
 - Banking and reconciliation
 - Operational reporting
 - Pharmacy demographics
 - Formulary tables
 - Drug files and coverage and exclusion tables for restrictions and Formularies
 - Drug databases for the purposes of drug lookup for detailed drug parameters including: drug pricing (AWP, WAC), therapeutic drug classification names and codes, drug status codes, J code conversion, distribution and packaging codes, Medicare indicators
 - AWP pricing
 - MAC Lists, including pricing
 - Online messages
 - All Member specific written or electronic communication sent to Members and Prescribers
 - Customer service information
 - PBM Mail Order and PBM Specialty Pharmacy WIMO information

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PBM data warehouse

PBM will provide access and training in connection with such Systems and tools. Access to such Systems and tools shall be provided to an unlimited number of users. IngenioRx shall have the right to make such Systems and tools available to Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups, in which case PBM shall ensure that such Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups have only access to its respective information.

7. Claims Data.

- 7.1 <u>Provision of Claims Data</u>. PBM will provide to IngenioRx a daily claims data file containing all of IngenioRx's Claims from the previous day. This file shall be supplied to IngenioRx (in the format and delivery method specified by IngenioRx) every morning by 5am EST. The file will contain 100% of the previous day's Claims and will not contain any errors.
- 7.2 <u>Claims-Level Utilization Data</u>. Claims-level utilization data will be provided monthly to IngenioRx in electronic format via FTP, secure email, or other accessible format.
- 7.3 <u>Claims Data to IngenioRx Designees</u>. Upon IngenioRx's request, PBM will provide Claims data in an IngenioRx approved format(s) to any IngenioRx Authorized Designees, including vendors, auditors, consultants, flexible savings account and other "payment," "treatment" and "healthcare operations" purposes (as defined under HIPAA), including without limitation Claims data feeds to Resolution Health, Inc., Health Management Corporation, and HealthCore. Such data shall be provided via electronic media transfer as required by IngenioRx.
- 7.4 J Code Conversion. Upon IngenioRx's request, PBM will perform and provide J code conversions.
- **8. Web-Based Applications.** All web-based applications and portals shall contain accurate, current information, in real-time, consistent with the information contained in the Systems. At a minimum, PBM shall provide the following:
 - 8.1 Jointly utilized Sharepoint site.
 - 8.2 An issue resolution systems (such as RxTicket).
 - 8.3 Benefit set-up tracking system.
 - 8.4 Access to Member facing websites and tools.
 - 8.5 Web based applications that connect to IngenioRx's medication search applications and prescription pricing applications for direct Member access.
 - 8.7 Web based applications that IngenioRx can utilize, which provides for medication and prescription pricing searches for direct Member access.
- **9. Web Services.** PBM shall build and maintain at no additional charge the required web services to replace all current PBM-based services, and to support the services it will provide, including frontend mail, specialty, clinical, provider / physician, web, call center, and mobile IngenioRx customer servicing applications.
 - 9.1 These shall include (but not be limited to):
 - Find member
 - Find member by DOB or ZIP
 - Get member details

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- Enroll member
- Request new ID card
- Add member notes
- Register caregiver
- Get caregiver
- Update caregiver
- Reset caregiver password
- Get claim history
- Get claim detail
- Get claim transactions
- Run test claim
- Search pharmacy claim
- Get coverage copay
- Get EOB reprint view
- Get EOB reprint request
- Get EOB reprint cancel
- Locate pharmacy
- Get pharmacy details
- Search pharmacy invoices
- Find prescriber
- Get prescriber details
- Search drug
- Get drug details
- Get plan details
- Search member overrides
- Search prior authorizations
- Create update overrides
- Reverse overrides
- Member person search
- Join initial membership
- Renew with update
- Update account
- Credit card authorization services
- Credit card authorization reversal services
- Register user
- Get all security questions
- Add user group membership
- Remove user group membership
- Create security question
- Remove user org unit ownership
- Add user org unit ownership
- Modify user
- Authenticate user
- Get user
- Change password by security question
- Change password by current password
- Get security question for user
- Validate user by security question
- Activate user
- Inactivate user
- Terminate user
- Unlock user
- Reset password

10. Access to Data Warehouse & Reporting Platform.

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- 10.1 PBM will provide IngenioRx with twenty-four by seven access to its reporting platform and data warehouse.
- 10.1.1 PBM will provide access to all reporting tools available to IngenioRx via a web browser.
 - 10.1.2 PBM will manage the provision of user IDs through the service ticketing system.
- 10.1.3 PBM will provide IngenioRx with complete access to all IngenioRx data and reports in real time, or in accordance with the reporting turnaround times prescribed elsewhere in the document.
- 10.2 PBM will provide IngenioRx with access to reporting tools and a suite of business intelligence capabilities inclusive of standard reports, ad hoc capabilities, and interactive and graphic dashboards.
 - 10.3 PBM and IngenioRx will coordinate to define primary keys and indexes within the data set.
 - 10.4 PBM will assist IngenioRx in designing of schema, tables, and inclusion of data elements.
- 10.5 PBM will provide IngenioRx with access to the data domains that are represented in any reports or dashboard sets, including a main summary of key performance indicators, including clinical, provider / physician, member, specialty, mail order, and retail network. Dashboards available should include trend/GDR, member age bands, cost drivers, disease categories, adherence, and formulary compliance.
- 10.6 PBM will provide IngenioRx with access to an ad hoc query tool that allows users to navigate the data structures to construct their own queries and create individual data sets.
 - 10.7 Data Maintenance & Updates.
- 10.7.1 PBM will maintain its data maintenance schedules based on its agreements with data providers and will communicate those schedules with IngenioRx.
- 10.7.2 The reporting platform and data warehouse release schedule will allow for monthly release cycles along with off-cycle releases throughout the month if required.
- 10.7.3 PBM will provide IngenioRx with a daily data feed into IngenioRx's enterprise data warehouse environment.
- 10.7.4 PBM will maintain a nightly data management process that initiates as source files arrive, and runs between 12:00 am EST and 6:00 am EST.
- 10.7.4.1 These processes will be completed by 7:00 am EST on the day the process is initiated.
- 10.7.4.2 The data management process loads the data only after auditing and balancing has completed on the received source data files.
 - 10.7.4.3 During the load process, the reporting tool will still be available to users.
- 10.7.4.4 PBM will enhance the data management process as needed to support IngenioRx custom extracts.

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Exhibit 1-Q INFORMATION TECHNOLOGY SYSTEMS AND SERVICES (All Lines of Business)

PBM agrees to provide information technology Systems and IT Services in accordance with this Agreement. Without limiting the generality of the foregoing and PBM's obligations under Section 8.7 (Material Changes to Services and/or Systems) of the Agreement, PBM agrees as follows:

- 1. Systems and IT Services Standards and Requirements. In addition to requirements set forth in the Agreement, PBM represents and warrants that its Systems comply with the requirements and standards set forth in Annex 8 (Information Technology and Systems) and Annex 10 (Required Information Security Controls). PBM agrees that its Systems will continue to comply and that its IT Services will be performed in accordance with the requirements and standards set forth in Annex 8 (Information Technology and Systems) and Annex 10 (Required Information Security Controls).
- Services General. Without limiting anything contained in the Agreement or any other Annex, Schedule, Exhibit or other attachment thereto, PBM shall perform the following Services:

S

| Servi | ce Availability |
|--------|--|
| | PBM will maintain System response time at levels designed to meet operational performance standards as set forth in the Agreement, including $\underline{\text{Exhibit 2}}$ (Implementation and Performance Guarantees) and the sub-exhibits thereunder. |
| Infras | structure |
| | PBM will maintain services and systems to ensure System availability requirements for the Systems, including without limitation, fault tolerant servers, switches and other network equipment, uninterruptible power systems (UPS), failover telephone and Internet access points. |
| | PBM will maintain security controls of highest industry standards to prevent malicious attacks on the PBM systems, including without limitation, virus, malware (malicious software) and intrusion detection devices and/or software. |
| | PBM will proactively monitor systems and infrastructure to ensure compliance with all requirements set forth in the Agreement. |
| Root | Cause Analysis |
| | PBM shall perform a root cause analysis of any issues resulting in a failure to meet Performance Guarantees or KPIs. |
| Testi | ng & Production Environments |
| | PBM will establish and maintain all necessary test and quality assurance environments for the |

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Services and for use by IngenioRx related to the Services. PBM shall provide to IngenioRx a dedicated production environment that will be configured to support the services set forth in the Agreement. The environment will include a high availability environment to support uninterrupted production services and a disaster recovery environment to support production service outages and/or System failures.

PBM will build and maintain development and quality assurance environments that may be used to support IT Projects and testing, including integrated testing and business user acceptance testing (performed by IngenioRx).

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| | PBM will build and deploy ample dedicated quality assurance environments to support benefit setup and transition, including benefit testing and parallel claim processing environments required to support a large scale rapid migration of IngenioRx's business. PBM will appropriately ensure that all test data is de-identified prior to PBM's access to or use thereof. PBM shall adhere to all IngenioRx requirements relating to test data assignments, refresh schedules, and software change management schedules. |
|-------|--|
| | PBM shall maintain test and quality assurance environment which shall be available 24x7x365. Data refresh and new software releases will be deployed during off-peak hours unless the Parties mutually agree to an alternative schedule in writing. |
| | Should IngenioRx require an additional test environments, IngenioRx will submit a written request to PBM. PBM shall provide a fully functional test or QA environment within ten (10) Business Days of receipt of written request. |
| | PBM shall ensure all software releases are quality assurance tested and volume tested using a system with regression testing capabilities in such a manner as requested by IngenioRx. |
| | All testing scripts and data will be made available to IngenioRx upon request, in the form and substance requested by IngenioRx. |
| | All test environments are listed as plural. |
| | A copy of production shall be available to IngenioRx as a test environment. |
| | PBM will have a process to rollback any code changes moved into production from the QA environment found to have severe defects impacting IngenioRx. |
| Syste | ems, Interfaces, and Tools |
| | PBM shall provide and maintain throughout the Term, data interfaces as required to integrate IngenioRx's systems and platforms with the PBM claims processing and dispensing platforms. Interfaces should include (but not be limited to) the following IngenioRx systems: |
| | Clinical rules Medical claims Customer service [Initial interfaces to be determined once business functionality ownership decisions have been made |
| | and business criticality has been assessed] |
| | PBM will establish and maintain a secure FTP file transfer capability. |
| | Claims Processing Platform. |
| | PBM will implement, maintain and utilize its claims processing platform to support the provision of claims processing services and the implementation of IngenioRx's benefit plan designs. |
| | PBM will deploy and manage the platform in accordance with a common release schedule determined by both IngenioRx and PBM. |
| | PBM will implement logic to re-direct or route claims by multiple variables such as account, group, member, and or BIN/PCN number so that members may be migrated off-renewal without the required re-issuance of a new member ID card. |
| | PBM will ensure that the claims processing platform and supporting systems have the capability to support the following services that the PBM will be providing to IngenioRx (including but not limited to): |

This document contains confidential and proprietary information, including trade secrets, and commercial and financial information, any and all of which are protected from disclosure under the Freedom of Information Act (FOIA, pursuant to 5 USC Section 552(b)(4) and 45 CFR Part 5), and any and all state equivalents.

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- Ongoing eligibility updates through both batch and online services.
- Standard file feeds, including prior authorization and accumulators.
- · Services required to determine coverage and pricing.
- The ability to apply online benefit plan updates.
- Physician data management services that enable regular updates from PBM's physician data management vendor.
- Services that support retail network maintenance and management.
- Services enabling financial accumulators that support HRA and HSA benefit plans. These services include both online and near real time information exchange services with payors.
- Services which enable regular drug file updates from Medi-Span, PBM's data provider.
- Formulary management services that enable formulary data to be managed and maintained on a real time basis.
- A benefit plan modeling tool that will allow IngenioRx to test benefit plan design parameters
 against an IngenioRx-specified pool of sample claims outside of a production environment.
- ☐ The PBM will provide full access to IngenioRx for the following applications:
 - Enrollment
 - · Claims processing adjudication system
 - Rebate management
 - ePrescribing
 - Specialty pharmacy
 - Mail order pharmacy
 - Ticketing services
 - Member portal
 - Provider portal
 - Pharmacy portal
 - File exchange services
 - Email
 - Impact analysis
 - · Business intelligence tools / reporting
 - [Other, PBM-specific applications that the PBM will provide]

Ticketing Services

| Relea | ase Schedule: |
|-------|--|
| | Support services available will include Help-Desk personnel, after-hours email contact (via PDA), and emergency cell-phone contact. |
| | PBM will maintain IT points of contact for all IngenioRx issues relating to IT Services. Such points of contact shall be available to IngenioRx on a 24x7x365 basis. |
| lelp | Desk / Support |
| | PBM and IngenioRx will work together to develop customized workflows and reporting to support ongoing management of all service requests. |
| | PBM will provide IngenioRx access to the ticketing system via a web-based interface. |
| | PBM will support the ability of both PBM and IngenioRx to exchange service tickets through a centralized ticketing system. |

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- PBM will deploy and manage its platforms and Systems in accordance with a common release schedule determined by both IngenioRx and PBM, agreed to through the implementation process:
 - [Placeholder for IngenioRx release schedule by system / platform]
 - [Placeholder for PBM release schedule by system / platform]
 - Changes to the release schedule requires at least 2 months' notice to IngenioRx and prior written approval by IngenioRx
- Prior to implementing a release, PBM will require written authorization from IngenioRx to proceed with release
- **3. System Integration.** PBM shall during the performance of the Implementation Services and thereafter throughout the Term, perform all such acts necessary to ensure that all Systems integrate seamlessly with the IngenioRx Systems so that IngenioRx may receive, and PBM may provide, the Services under this Agreement. All such implementation and integration activity shall be performed by PBM only to the extent authorized by IngenioRx, and in full compliance with all IngenioRx policies and procedures, including without limitation, those contained in Annex 10 (Required Information Security Controls).
- **4. System and IT Services and Changes Thereto.** PBM shall provide Systems and IT Services, and subject to Section 8.7 (Material Changes to Services and/or Systems) of the Agreement shall implement System and IT Service changes, as required for PBM to comply with this Agreement and for PBM and IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups to comply with Law with respect to Services provided under this Agreement (e.g., Medicaid Contract requirements) in such time frames required by Law. All System modifications and IT Services changes shall be completed and function in accordance with their intended purposes and, if applicable, SOW requirements.
- **5. System and IT Services Projects.** Without limiting the foregoing, upon IngenioRx's request, PBM shall perform such projects as requested by IngenioRx ("IT Projects") and documented in a mutually agreed statement of work substantially in the form attached hereto as Attachment 1 to Exhibit 1-Q (Form of Statement of Work) ("**SOW**"). All SOWs, including their statuses (*e.g.*, accepted, completed, etc.), shall be tracked and reported to IngenioRx at a frequency specified by IngenioRx. All SOWs between the Parties shall be governed by the terms of this Agreement and shall be deemed a part of this Agreement.

6. SOW Changes.

- 6.1 Requests by IngenioRx. IngenioRx may request changes or modifications to any SOW issued hereunder by delivering to PBM a written change order, describing the requested changes in such reasonable detail as to enable PBM to evaluate them ("Request"). Changes, modifications, or enhancements to the IT Services or Deliverables being provided pursuant to a SOW that are not material shall be deemed to be part of the IT Services or Deliverables, as the case may be, and shall not be subject to this Section 6 (SOW Changes) or any other change control provision. Changes, modifications, or enhancements to the IT Services being provided pursuant to a SOW that are material (a "Change") shall be subject to this Section. If the Parties are unable to agree whether a Change, modification or enhancement to the IT Services are material, the disagreement shall be subject to the dispute resolution procedures set forth in the Agreement.
- 6.2 <u>Process.</u> Within ten (10) Business Days after delivery of such a Request or as otherwise agreed by the Parties, PBM shall deliver to IngenioRx a proposed plan that: (i) assesses any impact of the Request on any IT Services or Deliverables already to be provided under such SOW; (ii) describes the Request and any new or additional IT Services or Deliverables to be provided pursuant to it; (iii) sets forth cost estimates (to the extent such costs are permitted under this Agreement), specifications, implementation plans, and time schedules with milestone and completion dates; (iv) contains completion and acceptance criteria; and (v) sets forth any other necessary and appropriate information ("*Change Order*"). PBM may also request changes or modifications to any SOW from time to time by preparing and delivering to IngenioRx a proposed SOW amendment that describes the proposed changes.

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Notwithstanding the foregoing, IngenioRx may, in its sole discretion, with a Change Order, extend any scheduled completion date under any SOW upon providing written notice thereof to PBM.

- 6.3 <u>Acceptance or Rejection</u>. IngenioRx may accept or reject the Change Order. PBM shall take no action with respect to a Change Order unless and until it is accepted by IngenioRx. If IngenioRx accepts PBM's Change Order in writing, then this Agreement and the applicable SOW shall thereby be amended in accordance with such Change Order, and such Change Order shall be deemed adopted and incorporated herein.
- 6.4 No Changes by PBM. Except as may be necessary on an emergency basis, as determined by IngenioRx, no changes, modifications, or enhancements in Systems or IT Services shall be made without IngenioRx's prior written consent, which shall be provided at its sole discretion, unless such change, modification or enhancement: (a) has no impact on the Systems and/or IT Services being provided by PBM; (b) has no impact on the security of IngenioRx Data and Information or IngenioRx systems; and (c) causes no increase in fees or other costs chargeable to IngenioRx hereunder.
- 7. Non-Compliance/Error Related to System and IT Service Changes. In the event a System or IT Service modification does not function in accordance with its intended purpose and/or SOW requirements, it shall be deemed a PBM non-compliance/error under Section 5.12 (PBM Non-Compliance/Errors) of the Agreement. PBM acknowledges and agrees that in connection with a non-compliance/error related to System and/or IT Service modifications and/or SOWs, PBM shall not wait for the next System release to correct the non-compliance/error, rather it shall be corrected immediately (and in all cases within twenty-four (24) hours) of identification of the non-compliance/error. The foregoing shall not relieve PBM of its obligation to timely comply with this Agreement or Law (including a Change of Law). This provision does not relieve PBM of liability for PBM non-compliance/errors in connection with System modifications and/or SOWs during the time the PBM non-compliance/error has not been cured.
- **8. IT SLAs/KPIs.** PBM agrees to the Key Performance Indicator Agreement attached hereto as Attachment 2 to Exhibit 1-Q (Key Performance Indicator Agreement).

9. Demand Management and Development.

- 9.1 PBM shall employ a standard pipeline management process and development methodology to manage IT Projects, subject to IngenioRx's prior written approval.
- 9.2 The pipeline management process shall permit IngenioRx to participate in both the pipeline management and business management and business requirements process.
- 9.3 IngenioRx may request changes to the pipeline management and business requirements process, and PBM shall implement all changes reasonably requested.
- 9.4 IngenioRx and PBM shall jointly work to establish a formal review and approval process, which shall involve at least weekly meetings to schedule pipeline enhancement projects based on the priority, available capacity and resource availability. PBM shall deliver each IT Project into production within the agreed upon schedule without error.
- 9.5 The status of each IT Project shall be determined by IngenioRx, after consideration of information provided by PBM, upon inception of each project; this status will be clearly identified in the portfolio management tool utilized by the PBM.
 - 9.6 The results of all IT Projects are Custom IP and PBM shall have no rights therein or thereto.
- 9.7 PBM shall perform, at no additional costs to IngenioRx, all IT Projects necessary for PBM to perform its obligations in its pipeline process.
- 10. Project Requests Process.

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- 10.1 IngenioRx may submit IT Project requests at any time and PBM agrees to enter into an SOW, prioritize, allocate resources to, build, and execute IngenioRx-requested IT Projects upon request.
- 10.2 PBM will, independently of the IngenioRx enhancement request process, make all necessary enhancements to its System, IngenioRx-requested or otherwise, to maintain regulatory compliance.
- 10.3 PBM shall, at no additional charge, assign a cross functional team from the COE comprised of business analysts, developers and quality assurance analysts to identify an appropriate solution in order to satisfy each IT Project request and SOW.

10.4 Delivery and Acceptance.

- 10.4.1 PBM shall deliver the project in a manner that meets the specifications and timelines determined.
 - 10.4.2 Acceptance will be as set forth in the SOW.

11. Agile Methodology.

- 11.1 If requested by IngenioRx, PBM will prioritize investment in capabilities and resources that enable it to perform software development, project management, and other technology functions in accordance with the Agile methodology.
- 11.2 PBM will develop and provide to IngenioRx a plan to ramp up its Agile capabilities and transition to Agile operations in its dealings with IngenioRx within 2 years of the Effective Date of this Agreement. Included in this will be a detailed plan to retrain the existing technology workforce, augment the technology workforce with additional skill sets required, a comprehensive change management plan to promote adoption, a defined target state and an established timeline to reach that target state.
- 11.3 PBM will collaborate with IngenioRx to establish a shared development process that meets IngenioRx's business needs and leverages Agile capabilities within the required timeline.

12. Reporting.

- 12.1 PBM shall, at no additional charge, develop reporting package enhancements or customizations at IngenioRx's request.
- 12.2 PBM shall provide IngenioRx with monthly reports that track capacity utilization (e.g. available capacity relative to demand including an analysis of the utilization of resources assigned to IngenioRx-related initiatives), for the trailing 12 months and a projection of utilization for the subsequent 12 months.
 - 12.3 PBM shall provide IngenioRx with weekly reports that document backlogs.
 - 12.4 PBM shall provide IngenioRx with weekly reports that show capacity.
- 12.5 PBM shall provide a weekly status update for deliverables with respect to all IngenioRx ongoing enhancement projects. Such reports will be used to provide decision support in the scheduling of work to releases and will provide information about the capacity for requirements, development, schedule status, phase, and quality assurance activities.
- 12.6 PBM shall provide monthly reports describing the performance and key utilization metrics of the environments supporting the PBM Services, including such items as (but not limited to):
 - 12.6.1 Network utilization
 - 12.6.2 Memory utilization
 - 12.6.3 Processor utilization
 - 12.6.4 Storage utilization
- 12.7 PBM shall provide IngenioRx with a monthly report providing list of web portal users (e.g., IngenioRx, member, provider / physician, pharmacy, external) and the system access granted to each.
- 12.8 PBM will provide IngenioRx with all reports related to its Technology KPIs and SLAs, as set forth in Attachment 1 to the SOW.

13. Performance Management.

13.1 PBM shall ensure batch processing schedules and resources are available to meet daily workload processing schedules.

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- 13.2 File feeds from PBM to IngenioRx shall be part of standard production cycles, scheduled to meet IngenioRx processing requirements, and provided in accordance with the requirements of the agreement. IngenioRx shall ensure that all scheduled file feeds are distributed to PBM with a sufficient time for PBM to meet the agreed upon production processing schedules.
- 13.3 PBM shall provide to IngenioRx a dedicated production environment that will be configured to support the services set forth in this agreement. The environment will I include a high availability environment to support uninterrupted production services and a disaster recovery environment to support production service outages and/or system failures.

14. Technology Operations.

14.1 Operations Management.

- 14.1.1 PBM shall establish a ticketing based process for the provision, change and removal of IngenioRx user IDs.
 - 14.1.2 IngenioRx shall promptly notify PBM of user IDs that are no longer active or in use.
- 14.1.3 PBM shall subject to IngenioRx's review and approval, develop service ticketing interfaces, workflows and processes.
- 14.1.4 PBM and IngenioRx shall identify the appropriate points of contact for maintaining and managing daily business operations.
 - 14.2 Maintenance Agreements.
- 14.3 PBM shall ensure that maintenance contracts for all IT systems (including hardware, software, communications systems, and data center peripherals with subcontractors) are maintained and renewed in accordance with the required terms and conditions, and that the terms and conditions provide all rights necessary for PBM to perform its obligations

14.4 Hosting Facility.

- 14.4.1 PBM shall ensure that it maintains an industry-leading environment for PBM's systems, applications and environments.
- 14.4.2 Without limiting the foregoing, the hosting environment shall contain a raise computer room floor, conditioned electrical power, an uninterruptible power source (UPS), connection to a power generator (for use in the event of a utility power failure), climate control, fire protection, secured access, and such other specifications appropriate for mission critical computer and communications equipment.

15. IT Staffing and Support.

- 15.1 PBM shall ensure that it is able to provide IT staffing and support adequate to support the IT Services during the Term of the Agreement.
- 15.2 If IngenioRx reasonably determines that the skill set off personnel is insufficient for PBM to meet its obligations, PBM will modify the composition of the COE so that it includes IngenioRx-specified personnel, as long as it does not result in an incremental increase in PBM's cost to staff the COE.

16. Hackathons.

The PBM agrees to conduct two Hackathons a year. These Hackathons will be held with the purpose of evaluating team performance, injecting innovation in both IngenioRx and supplier teams and testing new ideas. These Hackathons will involve a limited set of resources from PBM and IngenioRx and will last from a few days to a week. IngenioRx has the right to select ideas for Hackathons that are relevant to its business. These ideas may be generated internally by IngenioRx team members or may come from PBM teams. Hackathons may or may not lead to additional work awarded to the PBM. For purposes hereof, a "Hackathon" means an event organized by IngenioRx in which programmers and others involved in software development collaborate intensively on software and product development projects in accordance with goals, objectives and limitations specified by IngenioRx. Under no circumstances is the term "hackathon" intended to imply that PBM personnel will perform penetration testing of the existing IngenioRx environment or engage in any attempts to access or modify IngenioRx IP or the IngenioRx environment outside of the specific limitations of the event provided by IngenioRx.

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ATTACHMENT 1 TO EXHIBIT 1-Q Form of Statement of Work

STATEMENT OF WORK

| This Statement of Work ("SOW") is effective as of [] (the "SOW Effective Date") and is between |
|--|
| IngenioRx, Inc., an Indiana corporation ("IngenioRx") and [], a [] corporation ("PBM") |
| and is entered into under, and is governed by the terms and conditions contained in, the Pharmacy Benefits |
| Management Services Agreement], dated [], between IngenioRx and PBM ("Agreement"), all of |
| which are incorporated by this reference. |

- 1. Term. This SOW is effective as of the SOW Effective Date and, unless earlier terminated in accordance with the terms of this SOW or the Agreement, shall continue in full force and effect until [insert SOW termination date] ("Initial SOW Term"). IngenioRx shall have the right, but not the obligation, to extend the Initial SOW Term on the existing terms and conditions (including price, subject to any price revisions made in accordance with the terms of the Agreement) for up to twelve (12) months on sixty (60) days prior written notice to PBM (each, a "Renewal Term"). IngenioRx will have two (2) such rights. The Initial SOW Term and any Renewal Term(s) may be referred to herein collectively as the "SOW Term." This SOW shall automatically terminate upon the expiration or termination of the Agreement, unless otherwise directed by IngenioRx, in which case the Agreement will remain in effect with regard to this SOW only until such time as this SOW expires or is terminated.
- 2. **Definitions.** All capitalized terms used herein shall have the meanings given to them in the Agreement unless otherwise set forth herein. The following additional definitions shall apply to this SOW.

| Term / Acronym / Abbreviation | Definition / Description |
|----------------------------------|---|
| In-Scope Applications | Those applications set forth in this SOW, or otherwise identified herein as In- |
| | Scope Applications, together with all fixes, patches, updates, upgrades, |
| | versions and successor applications relating thereto |
| Project | A project of more than (approximately) three thousand (3,000) hours |
| Service | The Services shall be as defined in the Agreement. Without limiting the |
| | generality of the foregoing, where a Service includes supporting or making |
| | available any system, hardware or software, references herein to the Service |
| | (including an Incident, Issue or Defect related to a Service or any disruption |
| | to or problem with the Service) shall include any such system, hardware or |
| | software. |
| Small Enhancements | A project that is less than (approximately) one hundred (100) hours of effort |
| SME | Subject matter expert |
| SSCR | Small System Change Request, a project that is (approximately) more than |
| | one hundred (100) hours and less than three thousand (3,000) hours of effort |
| | and which PBM is not otherwise obligated to perform under LO Services. |
| TOC | IngenioRx's technology operations center |
| Work Order | Documents the specific tasks, Deliverables and associated resources for |
| | individual Projects or SSCRs in IngenioRx's Work Order Central repository |
| | (or its successor) or, if instructed by IngenioRx, in a written document in the |
| | form provided by IngenioRx. |
| Term / Acronym / | Definition / Description |
| Abbreviation | |
| Availability | Percent of time a system, application, or service is fully functional during a |
| | defined period. |
| KPI | Key performance indicator, same as Key Measure |

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| Term / Acronym / Abbreviation | Definition / Description |
|-------------------------------|---|
| Outage | An Incident (including one caused by a Defect) which causes disruption or unavailability of a system, application or service with the result that users are negatively impacted |

| Term / Acronym / Abbreviation | Definition / Description |
|----------------------------------|---|
| Artifacts | Tangible by-products produced by either Party during the development of software applications such as, but not limited to 1) use cases, class diagrams, workflow diagrams, data models, requirements and design documents that serve to describe the function, architecture, and design of that software application; 2) project plans, test plans/matrices, business cases, risk assessment documents that serve to describe the process of development itself; 3) code that when implemented becomes part of the software application. |
| Development Case | A project planning and approval aid which indicates to the project team which Deliverable(s) (or PBM-Provided Materials) are required by all Projects and which additional Deliverable(s) (or PBM-Provided Materials) apply based on the approach selected by the project team. |
| Hackathon | An event organized by IngenioRx in which programmers and others involved in software development collaborate intensively on software and product development projects in accordance with goals, objectives and limitations specified by IngenioRx. Under no circumstances is the term "hackathon" intended to imply that PBM personnel will perform penetration testing of the existing IngenioRx environment or engage in any attempts to access or modify IngenioRx IP or the IngenioRx environment outside of the specific limitations of the event provided by IngenioRx. |
| SIT | System Integration Testing |
| UAT | User Acceptance Testing |

| Term / Acronym / Abbreviation | Definition / Description |
|-------------------------------|---|
| Defect | An code defect that causes a Deliverable, Service, In-Scope Application, PBM Provided Material, or IngenioRx Provided Material (including code, application, system or other items or resources) to function other than in accordance with its expected features, functions, capacity or specifications. |
| IM System(s) | IngenioRx's applicable then-current system(s), which may be used (alternatively) for Incidents, Issues or Defects, as instructed by IngenioRx. |
| Incident | (a) Any event that is not part of the standard operation of a system, application or service and that causes, or may cause, an interruption to, or a reduction in the quality of that system, application or service; or (b) A contact with an authorized user which is not related to non-standard operation of a system, application or service, but that is a request for information/advice/documentation or is a request for some action to be taken regarding an affected service on behalf of the authorized user. |
| Issue | An individual person(s)' or systems' experience of an Incident |

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| Term / Acronym / Abbreviation | Definition / Description |
|---------------------------------|---|
| Level 1 Support | Support that is provided as the entry point for addressing Incidents or Issues from authorized users. If Level 1 Support personnel cannot resolve the Incident, the Incident is directed to the appropriate Level 2 Support personnel or third party for resolution. |
| Level 1.5 Support | Support that is provided for standard service requests and all SOP based activities. This shared services utility layer will perform rapid triage and resolution of all known errors across all applications in scope. This team will also acknowledge all Incidents/ Issues and engage specialist Level 2 Support team, as required, for Incident resolution. |
| Level 2 Support | Support that serves as a consolidation point for Incidents between Level 1 Support and Level 3 Support. For example, Level 2 Support might exist in a computer center. If Level 2 Support personnel cannot resolve the Incident/Issue, the Incident/Issue is directed to the appropriate Level 3 Support personnel or third party for resolution. |
| Level 3 Support | Support provided by the personnel or third party that is most knowledgeable about the underlying Incident/Issue and is utilized when efforts to resolve the Incident/Issue by Level 1 Support and Level 2 Support have failed or are bypassed. Incidents/Issues are usually reported to Level 3 Support by Level 1 Support personnel or Level 2 Support personnel, but may be initiated directly by Authorized Users or the PBM. |
| Priority 1 / SNOW Priority 1 | An IM System-specific definition meaning: Total or significant disruption of a data center or other location, resulting in critical impact to multiple applications or multiple locations Total or significant disruption to or performance degradation of the infrastructure supporting a core system, with potential high impact on business units (more than 100 users) or loss of multiple functionalities on a core system |
| Priority 2 / SNOW Priority 2 | An IM System-specific definition meaning: Loss of some functionality of a core system that is not impeding authorized user experience (impacts less than 100 users) Greater than two users experiencing loss of some functionality or performance degradation within the infrastructure Batch application job failure that impacts the critical path of a core system |
| Priority 3 / SNOW Priority 3 | An IM System-specific definition meaning: Failure of a test or development infrastructure that significantly impacts greater than 20 users performing their job functions or threatens to delay a release. • Failure of an application or infrastructure component causing zero-user impact that results in loss of redundancy for the infrastructure • An emergency fix to resolve an application Defect that is non-impacting change management documentation. |

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| Term / Acronym / Abbreviation | Definition / Description | | | |
|----------------------------------|--|--|--|--|
| Priority 4 / SNOW | An IM System-specific definition meaning: | | | |
| Priority 4 | Failure of an infrastructure component causing zero-user impact that | | | |
| | does not result in loss of redundancy for the infrastructure | | | |
| | Failure of a test or development infrastructure that has no significant | | | |
| | impact on users performing their job functions | | | |
| | Two or fewer users experiencing the same Incident or problem within | | | |
| | the same infrastructure device or application | | | |
| | Single user experiencing a service interruption that limits their ability to perform their primary job function | | | |
| Priority 5 / SNOW | An IM System-specific definition meaning: | | | |
| Priority 5 | Single or multiple users experiencing a service interruption, resulting from peripheral device failures, which limits users in performing their job function | | | |
| | , | | | |
| Cayority 1 | Incidents or Issues that are not Priority 1, 2, 3 or 4 An IM System-specific definition meaning "Crisis" – Significant disruption of a | | | |
| Severity 1 | system, application or service with potential high impact on business units. | | | |
| | Severity 1 includes disruption of a core business system used by limited | | | |
| | users and disruption of a non-core business system used by numerous | | | |
| | users. | | | |
| Severity 2 | An IM System-specific definition meaning "Critical" – Disruption or noticeable | | | |
| | degradation in performance of a shared infrastructure device or service | | | |
| | (except within a planned maintenance window) over 2 users experiencing | | | |
| | same problem within the same shared infrastructure device or application | | | |
| Severity 3 | An IM System-specific definition meaning "Major" – 2 or fewer users | | | |
| | experiencing same problem within the same shared infrastructure device or | | | |
| | application. Single or multiple users experiencing service interruption or | | | |
| | system degradation that prevents users from performing their primary job | | | |
| | function | | | |
| Severity 4 | An IM System-specific definition meaning "Minor" – Single or multiple users | | | |
| | are experiencing service interruption or system degradation that limits users | | | |
| | in performing their job function, i.e. non-primary job function or primary job | | | |
| Ticket | function and workaround exists | | | |
| Ticket | Ticket opened in the applicable IM System to report an Incident, Issue or | | | |
| | Defect, as the case may be. | | | |

3. Scope of Services

Overview. [To be completed for each SOW]

Description of Services. [To be completed for each SOW] 3.1.1

3.1.2 Timeline / Schedule.

| Key Event | Key Event Description (e.g. Release Date, Milestone, Deliverable) | Start Date | Completion Date |
|-----------|---|------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

General Approach.

PBM will use the IngenioRx - established processes and standards for the Services identified in this Section 3 (Scope of Services). PBM will be responsible for the allocation of work assignment, management of 249

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resources, and location of the team members fulfilling this Service, all in accordance with IngenioRx's policies and procedures.

3.3 Project/SSCR Execution Methodology.

For all Projects and SSCRs, standard IngenioRx processes and tools described in Projects and SSCR Services section above will be utilized. PBM and IngenioRx will create a Development Case describing which tasks and artifacts to include in each project.

3.4 Work Prioritization.

PBM shall perform all Services in accordance with IngenioRx's prioritization instructions.

General Obligations.

3.5.1 Post-Implementation Support.

Unless otherwise documented and approved herein, the below Post–Implementation Production Support obligations and Deliverables will be included as a part of PBM's standard Post-Implementation Production Support offering under this SOW, and shall be provided by PBM at no additional charge. Post-Implementation Production Support will contain a set of resources to remain on the project after migration of the application to production to support the following:

- Transition of the application to the IngenioRx "Maintenance" organization for going-forward support.
- Resolution of Severity 1 and 2, and high-priority Severity 3, Defects identified during the defined Post-Implementation Production Support period, as well as resolution of "deferred UAT-Relevant" Defects (Defects identified prior to Go-Live whose existence would not have allowed the application to meet the exit criteria for UAT as specified in the Project's "Defect Classifications/Exit Criteria", except that they were specifically deferred by IngenioRx to be addressed after "Go-Live").
- Participate in support calls as needed, but subject to the availability of the limited number of contractually committed resources for Post-Implementation Production Support as identified within this SOW.
- Support resolution of other Defects (any severity or priority) identified prior to or during the Post-Implementation Production Support period.

For the sake of clarity, the Parties note that the Services rendered during the Post-Implementation Production Support period are distinct and separate from any request that IngenioRx may make for corrective work pursuant to the Agreement, although the warranty obligations of the Agreement shall apply to PBM's Services during the Post-Implementation Production Support period.

The Post-Implementation Production Support period shall be the later of one hundred twenty (120) days after the Acceptance of the last Deliverable or the resolution of the last Severity 1, 2 or 3 Ticket, unless otherwise agreed to by the Parties in a signed writing.

3.5.2 Audit and Compliance Support Services.

These Services relate to requests from IngenioRx's Audit and Compliance team for specific data. These are generally one-time ad-hoc requests, requiring software to be written to mine the databases and to return the results in support of the audit and compliance function.

IngenioRx will enter these audit and compliance support requests in applicable IM System so that all requests from applicable IM System can be extracted monthly for input into the PBM Outcomes Model. PBM will complete the requests in a timely manner in accordance with IngenioRx's requested timeline.

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3.6 <u>Deliverables and Acceptance.</u>

3.6.1 Deliverables.

Deliverables are as defined in the Agreement. Deliverables known as of the SOW Effective Date are as set forth in the applicable Work Orders and/or as set forth below.

| Deliverable Name | Deliverable Description and Acceptance Criteria | Completion Date |
|---------------------|--|--------------------|
| | Description: Please provide | |
| | Acceptance Criteria: IngenioRx's reasonable satisfaction | |
| | Description: Please provide | |
| | Acceptance Criteria: IngenioRx's reasonable satisfaction | |
| | Description: Please provide | |
| | Acceptance Criteria: IngenioRx's reasonable satisfaction | |
| | Description: Please provide | |
| | Acceptance Criteria: IngenioRx's reasonable satisfaction | |
| | Description: Please provide | |
| | Acceptance Criteria: IngenioRx's reasonable satisfaction | |
| | Description: Please provide | |
| | Acceptance Criteria: IngenioRx's reasonable satisfaction | |

3.6.2 Acceptance Criteria.

In addition to the Acceptance Criteria above, all Deliverables and Services shall be delivered by PBM to IngenioRx in accordance with the terms of the Agreement and in compliance with IngenioRx's standard/compliant processes and guidelines. Further specific Acceptance Criteria may be mutually agreed by the Parties in the applicable Work Order.

3.6.3 Acceptance Process.

IngenioRx shall have twenty (20) days to test each Deliverable (or portions thereof if such Deliverable is to be delivered in portions as set forth in the applicable SOW) to determine whether it meets the Specifications (the "Acceptance Period"). This Preliminary Acceptance Period shall not begin until the Deliverables are fully installed and operational as determined by the Parties. If IngenioRx gives notice of non-Acceptance, (i) IngenioRx shall describe the reasons for non-Acceptance to PBM in reasonable detail; (ii) PBM shall have five (5) days to correct the Deliverable at no cost to IngenioRx; and (iii) the Acceptance Period shall begin again. If the Deliverable fails a second time to be accepted by IngenioRx, IngenioRx may terminate this SOW for cause immediately upon written notice to PBM, and PBM shall refund to IngenioRx all fees paid by IngenioRx, if any, for the non-conforming Deliverable(s).

3.7 RACI – For "waterfall" methodology.

The Deliverables described below apply to the scope of the Services. The roles will range from:

• Responsible: Party which is the "doer" of the work. They must complete the task or objective or make the decision.

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- Accountable: Party which must finally sign off or approve when the task, objective or decision is complete. This person must make sure that responsibilities are assigned in the matrix for all related activities. Success requires that there is only one Party Accountable, which means that "the buck stops there."
- **Consulted**: Party which must give input before the work can be done and signed-off on. These people are "in the loop" and active participants.
- **Informed**: Party which must be kept "in the picture." They need updates on progress or decisions, but they do not need to be formally consulted, nor do they contribute directly to the task or decision.

| Phase | Item/Task | | | |
|-----------|---|---|------------|------------------|
| | | | PBM's Role | IngenioRx's Role |
| Initiate | | • | | |
| | Project Charter/ High-Level Business Requirements | | | |
| | << Other Initiate Phase Deliverables >> | | | |
| | << Other Initiate Phase Deliverables >> | | | |
| Plan | • | - | | |
| | Scope Statement | | | |
| | Business Requirements | | | |
| | Technical Requirements | | | |
| | Requirements Traceability Matrix | | | |
| | RACI | | | |
| | Communication Plan | | | |
| | Risk and Issues Log | | | |
| | Test Strategy | | | |
| | Training Strategy | | | |
| | Project Change Management Plan | | | |
| | << Other Plan Phase Deliverables >> | | | |
| | << Other Plan Phase Deliverables >> | | | |
| Execute | • | • | | |
| Design | Functional Design Document | | | |
| | Technical Design Document | | | |
| | Architecture Design Document | | | |
| Construct | Application Source Code and Configuration Files | | | |
| | Fixed Defects | | | |
| | Unit / Assembly Test Plan | | | |
| | SIT Test Plan | | | |
| | Performance Test Plan | | | |

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| Phase | e Item/Task | | PBM's Role | IngenioRx's Role |
|------------|--|--|------------|------------------|
| | UAT Test Plan | | | |
| Test | Unit/Assembly Test Evaluation Summary | | | |
| | SIT Test Evaluation Summary | | | |
| | Performance Test Evaluation Summary | | | |
| | UAT Test Evaluation Summary | | | |
| Deploy | Production Readiness Test Plan | | | |
| | Training Plan | | | |
| | Business Deployment Plan | | | |
| | Release Plan/Go-Live Plan | | | |
| | Project User Guide | | | |
| | Maintenance Turnover Package | | | |
| | << Other Execute Phase Deliverables >> | | | |
| | << Other Execute Phase Deliverables >> | | | |
| Close | | | | |
| | Project Closure Document | | | |
| Manage/ Co | ontrol | | • | |
| | Project Work Plan | | | |
| | Status Report | | | |
| | Change Request Logs | | | |
| | << Other MandC Deliverables >> | | | |
| | << Other MandC Deliverables >> | | | |

OR

| 1 | Business Modeling | PBM's Role | IngenioRx's Role |
|-------|---|------------|------------------|
| | | | |
| 1.1 | Business Modeling: Artifacts | | |
| 1.1.1 | Business Process-Entity Association Map | | |
| 1.1.2 | Requirements Repository | | |
| 1.1.3 | Business Process Model | | |
| 1.1.4 | Business Rule | | |
| 1.1.5 | Business Architecture Document | | |
| 1.1.6 | Context Diagram | | |
| 1.1.7 | Business Process Prioritization | | |
| 1.1.8 | Vision (initial) | | |
| 1.1.9 | Present Systems Inventory | | |

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| 1.1.10 | Paguiramenta Attributas | | |
|--------|--|---|--|
| | Requirements Attributes | | |
| 1.1.11 | Use Case | | |
| 1.1.12 | Use-Case Model | | |
| 1.1.13 | Conceptual Data Model | | |
| 1.1.14 | Current State Business Process to Target Systems Mapping | | |
| 1.1.15 | Target State Business Process to Target Systems Mapping | | |
| 1.1.16 | High Level Fit-Gap Analysis | | |
| 2 | Requirements | | |
| | | | |
| 2.1 | Requirements: Artifacts | | |
| 2.1.1 | Glossary | | |
| 2.1.2 | Requirements Attributes | | |
| 2.1.3 | Stakeholder Requests | | |
| 2.1.4 | Storyboard | | |
| 2.1.5 | Vision | | |
| 2.1.6 | Use Case | Ý | |
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4. Software and Technology.

4.1 PBM IP

All PBM IP necessary for the provision or receipt of Services under this SOW, if any, are subject to the terms of Section 8 (PBM Obligations) of the Agreement, and are listed below:

COMPANY COMPIDENTIAL I FOR INTERNAL USE ONLY I DO NOT COPY

✓ Empowered to make scoping, funding, and scheduling decisions

√ Possesses deep understanding of the business

N/A
Or
(Insert list here)

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4.2 PBM IP Incorporated into Deliverables.

All PBM IP to be incorporated into the Deliverables, if any, are subject to the terms of <u>Section 8</u> (PBM Obligations) of the Agreement, and are listed below:

N/A
Or
(Insert list here)

4.3 Approved PBM Third-Party IP/Open Source.

All Third-Party IP (including, subject to the below qualifier, open source software) to be embedded by or used by PBM in delivery of the Services or Deliverables, if any, are subject to the terms of <u>Section 8</u> (PBM Obligations) of the Agreement, and are listed below. *Open source shall not be allowed in any Services or Deliverables unless IngenioRx's ESG has approved such use in writing, in each instance.*

N/A
Or
(Insert list here, formatted as below)

| Name of Third-Party IP | Nature of Third-Party IP | Owner of Third-Party IP | Source of PBM's Authority to incorporate the Third-Party IP | Restrictions and any Royalty Terms |
|---------------------------|-----------------------------|-------------------------------|--|------------------------------------|
| | | | | |
| | | | | |
| | | | | |

5. Risk Factors.

| Risk | Priority | Impact Area(s) | Mitigation Plan |
|---|----------|-------------------------------|---|
| Resource skill level | High | Delivery Schedule | IngenioRx management will request, review, and (if acceptable) approve the reassignment of resources to meet skill levels required to complete work as needed |
| Availability of resources for future enhancements/ developments | High | Delivery Cost and Schedule | Coordinated planning with IngenioRx management team and PBM resource release management process to ensure carefully calibrated ramp up/down of PBM resources |
| Frequent changes in problem/ enhancement requirement definition | High | Delivery Cost and Schedule | Schedules and effort estimates will be revised in consultation with Service Delivery Manager |
| Project cost assumptions are violated | High | Delivery Cost and Schedule | Proper change management will be followed to manage the change requests |
| Aggressive time- line | High | Delivery Schedule | Use of experienced resources and critical path execution. Follow a staggered delivery approach |

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| Risk | Priority | Impact Area(s) | Mitigation Plan |
|---|----------|-------------------------------|--|
| Delay in providing feedback on Deliverables | Medium | Delivery Schedule | Service Delivery Manager will coordinate availability of IngenioRx resources required to review and sign-off PBM Deliverables |
| Users across multiple time zones | Medium | Delivery Cost and Schedule | The users of the applications are across multiple time zones. PBM plans to provide support coverage to them as part of the proposed support models. Onsite and offshore presence will ensure that all required time zones are covered. |
| Resource attrition | Medium | Delivery Schedule | Low attrition rate supplemented by buffer resource pool located in PBM's onsite/offshore facilities |
| Documentation on existing support systems and associated interfaces is not current | Medium | Delivery Schedule | In the event the documentation is not current, IngenioRx will make available support staff or SME's to conduct additional knowledge transfer sessions |
| Unavailability of IngenioRx stakeholders | Medium | Delivery Schedule | Service Delivery Manager will identify required substitute IngenioRx resources |
| Unavailability of PBM resources | Medium | Delivery Schedule | PBM will maintain a buffer pool of additional trained and experienced resources |
| QA / Production Environment not available in time for testing | Medium | Delivery Schedule | PBM will work with Service Delivery Manager in expediting the set-up of required environments |
| Delay/lack of network connectivity between onsite and offshore locations | Low | Delivery Schedule | PBM to communicate the timelines to IngenioRx well in advance and IngenioRx to make necessary arrangements in meeting the deadline |

5.4 Reports.

PBM shall, at no additional charge, the following reports to IngenioRx, in form and substance reasonably required by IngenioRx:

[fill in][fill in]

And such other reports as reasonably required by IngenioRx.

5.5 Meetings.

PBM shall, at no additional charge, make available to IngenioRx such PBM personnel in such frequency to meet and confer with IngenioRx to discuss the topics instructed by IngenioRx.

6. Key Performance Indicators.

PBM will meet or exceed the KPIs in <u>Appendix A to SOW</u> (Key Performance Indicators) in connection with performing the Services.

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7. Resource Model.

The PBM will execute this engagement by deploying resources with appropriate domain, technical and process expertise.

7.1 Key Resources.

In addition to those PBM personnel noted in this SOW, Key PBM Personnel (by name), Primary Support Personnel (by name) and Dedicated Support Personnel (by title) (collectively, "**Key Resources**") for purposes of this SOW are set forth in <u>Appendix B to SOW</u> (Key Resources). Key Resources shall be subject to the limitations set forth in <u>Appendix B to SOW</u> (Key Resources), subject to the Permitted Exceptions set forth in <u>Section 7.1.2</u> (Key Resources) below.

7.1.1 PBM Staffing and Personnel Terms.

PBM shall appoint an individual, the Delivery Program Executive, who from the SOW Effective Date shall serve, on a full-time basis, as the primary PBM representative under this SOW. PBM's appointment of any PBM Account Relationship Manager shall be subject to IngenioRx's prior approval. The PBM Account Relationship Manager shall (a) have overall responsibility for managing and coordinating the performance of PBM's obligations under this SOW and (b) be authorized to act for and on behalf of PBM with respect to all matters relating to this SOW.

7.1.2 Key Resources.

With respect to the Key Resources, the Parties agree as follows:

- All Key Resources set forth in <u>Appendix B to SOW</u> (Key Resources) shall be dedicated to the IngenioRx account on a full-time basis. Until after the period of tenure as set forth herein, PBM may not change any of the Key Resources without IngenioRx's approval, subject to the Permitted Exceptions (as defined below). IngenioRx has the right to select these Key Resources and if needed request a change in Key Personnel due to the nature of their roles in the overall relationship between IngenioRx and supplier.
- Before assigning an individual to a Key Resources position, whether as an initial assignment or as a replacement, PBM shall (1) notify IngenioRx of the proposed assignment within a reasonable timeframe prior to the planned assignment and, as a standard, at least thirty (30) days prior to the planned assignment, (2) introduce the individual to appropriate representatives of IngenioRx, (3) provide IngenioRx with a résumé and any information regarding the individual that may be reasonably requested by IngenioRx, (4) allow IngenioRx to interview such individual, (5) provide a plan describing the steps and education that will be performed regarding turnover of responsibility to the proposed individual, and (6) obtain IngenioRx's prior written approval for such assignment.
- Permitted Exceptions. Key PBM Personnel and Primary Support Personnel shall not be bound by the term commitments of this <u>Section 7.1.2</u> (Key Resources) if such individual (1) voluntarily resigns from PBM, (2) is dismissed by PBM for misconduct, (3) fails to perform his or her duties and responsibilities pursuant to this Agreement, or (4) is unable to work due to disability, (1) through (4) hereby being referred to as "*Permitted Exceptions*".
- If IngenioRx decides that any Key Resource under this SOW should not continue in his or her position, IngenioRx may in its sole discretion and upon notice to PBM require the prompt removal of such Key Resource from the PBM staff.
- With respect to the Primary Support Personnel, at all times, fifty percent (50%) of Primary Support Personnel shall have at least twenty four (24) months of substantial experience supporting the IngenioRx account.
- PBM shall maintain backup procedures and conduct replacement procedures and training below for Key Resources as necessary to provide an orderly succession for Key Resources

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removed from the account for any reason. Upon IngenioRx's request, PBM shall make such procedures available to IngenioRx.

- PBM shall make the Key Resources available for meetings with IngenioRx personnel upon IngenioRx's request.
- There will be no planned rotations of PBM personnel during the critical processing months of November, December and January. Exceptions, if any, will require explicit written IngenioRx approval.

7.2 Personnel Plan

FOR FIXED FEES ENGAGEMENTS WHERE THERE IS NO ADDITIONAL FEE: The staffing model below is a minimum commitment by PBM. The Parties agree that staffing allocations and geographic locations of the performance of Services shall not be considered material if PBM is in compliance with the terms and conditions contained in the Agreement and this SOW (including, without limitation, <u>Annex 10</u> (Required Information Security Controls) to the Agreement). The actual number of FTEs to be provided by PBM will be specified in individual Work Orders under this SOW.

FOR T&M ENGAGEMENTS: The staffing model below is an initial estimate of the total number of FTEs to be provided by PBM but shall not be deemed to be a minimum or other commitment by IngenioRx; and the Parties agree that staffing allocations and geographic locations of the performance of Services shall not be considered material if PBM is in compliance with the terms and conditions contained in the Agreement and this SOW (including, without limitation, Annex 10 (Required Information Security Controls) to the Agreement). The actual number of FTEs to be provided by PBM will be specified in individual Work Orders under this SOW.

| under this 30w. | | | | |
|------------------------------|---------|----------|------------------|----------------------|
| APM Role | FTE | | Project Phase(s) | Indicative FTE Count |
| | Onshore | Offshore | | |
| Architect | | | | |
| Auditor | | | · | |
| Business | | | | |
| Business Analyst | | | | |
| Business Systems Analyst | | | | |
| Data Management | | | | |
| Database Administrator | | | | |
| Developer | | | | |
| Field Support | | | | |
| Operations Support | | | | |
| Portfolio Coordinator | | | | |
| Program / Project Manager | | | | |
| QA Analyst / Tester | | | | |
| Release Manager | | | | |
| Tech Lead (Developer) | | | | |
| Scrum Master | | | | |

Indicate Key PBM Personnel or Roles with an asterisk (*).

7.3 Resource Reporting.

PBM agrees to use IngenioRx's project management tool, APM (or its successor as instructed by IngenioRx), for capturing weekly time recording by, and time tracking of, all PBM personnel effort hours

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as individual names or by resource pools (two or more personnel) along with other deployed resource information as requested below. PBM will comply with the following requirements:

- PBM will provide weekly APM time sheets on or before 8am EDT on Friday. Time sheets will be considered late after 8 am EDT on Monday.
- PBM will provide month end APM time sheets on or before 8AM EDT on minus (-) two (2) Business Days before month end. Month end time sheets are considered late after 8AM EDT minus (-) one (1) Business Day before month end.
- PBM will provide monthly deployed resource information (on the IngenioRx enterprise template) for which time tracking effort has or will be recorded in IngenioRx's project management tool. The resource information shall include, but not be limited to, items such as resource names, locations, skill background, years of experience, and APM Resource ID. Resource data is due and considered late if not submitted before 8AM EDT five (5) Business Days after month end.

7.4 PBM Service Locations:

PBM will use the below locations to provide Services listed in this SOW; provided however, that notwithstanding the inclusion of a PBM service location on the below list, PBM shall at all times comply with the requirements contained in the Agreement.

| Location # | Location Name |
|------------|---------------|
| 1 | |
| 2 | |
| 4 | |
| 6 | |

8. Compensation and Expenses.

None. PBM shall perform all Services under this SOW at no charge to IngenioRx.

IN WITNESS WHEREOF, the Parties hereby execute this SOW through their duly authorized representatives:

| Authorized Signatures | IngenioRx, Inc. | PBM |
|--------------------------|-----------------------------|-----|
| | | |
| Ву | | |
| Print Name | | |
| Title | | |
| Date | 1 | |
| Authorized Signatures | IngenioRx, Inc. Procurement | |
| | | |
| Ву | | |
| Print | | |
| Name | | |
| Title | | |

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Date



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Appendix A to SOW Key Performance Indicators

The following tables apply to PBM's provision of Services in support of the SOW to which it is attached.

Detailed explanations defining each KPI and the associated methodologies and provisions for managing and reporting the KPIs are in the text following.

Key Performance Indicators

| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|---|---|--|---|---------------------|
| On Time Delivery | Measure of PBM meeting Deliverable due dates identified in respective Project Plan Schedules | <= one (1) days Average variance of one (1) day or less within period | Measurement Source: Microsoft Project or Spreadsheet; Work Order Tracking Log Commitments Measurement Source Data Provider: PBM Calculation: Sum of ((Actual Delivery Date of each Deliverable within period) - (Scheduled Deliverable within period)) / Number of Deliverables required to be delivered in Period | Monthly |
| Mean Time Between Failure (MTBF) | Average elapsed duration from the time an In-scope Application is fully restored until the next occurrence of a failure to the same In-scope Application. | Increasing duration up to the aggregate number of days in the month being calculated | Measurement Source(s): IngenioRx BIA tool Measurement Source Data Provider: IngenioRx Calculation: Days in Period / (Outages in Period + 1) | Monthly |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|--|--|-------------------|--|---------------------|
| Outage Count | This metric provides a count of the number of Outages closed each month. | zero | Measurement Source(s): IngenioRx BIA tool Measurement Source Data Provider: IngenioRx We are counting closed outages only to represent completed work in a given month with the understanding that Incidents opened in the previous month will have also been worked in that month. In order to avoid counting Incidents more than one time, we are only using the closed Incidents in a given month. Calculation: Count of Outages that | Monthly |
| | | | are closed within the calendar month | |
| Production Defect Identification Efficiency (Production) | Measure of new Priority 1 and 2 Defects leaked into production | XX% | Measurement Source: ClearQuest/ RTC/ Jira (SIT Testing) Measurement Source Data Provider: IngenioRx | Monthly |
| | | | Calculation: Sum of all Defects found in UAT / Sum of all Defects found in UAT and Production for all Priority levels per Release | |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|--|---|---|--|---------------------|
| Production Defect Density | Measure of new Priority 1 and 2 Defects found in production. | 0 Defect per one thousand (1,000) hours of development | Measurement Source: ClearQuest/ RTC/ Jira (SIT Testing) Measurement Source Data Provider: IngenioRx Calculation: Number of new Priority 1 or Priority 2 Defects attributable to PBM found in production per one thousand (1,000) hours of development | Monthly |
| First Time Resolution Rate (Priorities 4, 5) | Definition: Resolved and/or Closed Incident Tickets which are not reopened by the requester. Applicable only for Priorities 4 and 5 | ≥97.00% | Measurement Source: IngenioRx IT Team (IM System) Calculation: 100% - ((Reopen Count) / (Resolved + Closed)) | Monthly |
| Defect Density (Pre- Production - SIT) | Measure of new Priority 1 and 2 Defects identified in SIT. | ≤ 3 Defects per one thousand (1,000) hours of development | Measurement Source: ClearQuest (SIT Testing) Measurement Source Data Provider: IngenioRx Calculation: Number of new Priority 1 or Priority 2 Defects attributable to the PBM found in SIT, per one thousand (1,000) hours of development. | Monthly |
| IM System Survey Results | Definition: Average survey results from surveys submitted to IngenioRx users submitting Tickets. | ≥ 80% | Measurement Source: IngenioRx IT Team (IM System) Calculation: (Total Score from Survey) / (Total # of Surveys Completed) | Monthly |

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| Service | Description/ | Performance Level | Measurement and | Reporting |
|-------------------------------------|---|---|--|-----------|
| Metric | | | Calculations | |
| Metric Emergency and Urgent Changes | Definition Definition: Measure of emergency and urgent changes in production environment caused by the code, content migration or configuration changes | 0 | Calculations Measurement Source(s): Defects Log/ Clear Quest/ Excel LOE Template Spreadsheet Root Source: Code, content migration or configuration changes Measurement Source Data Provider: IngenioRx Calculation: Number of emergency changes (to be fixed in twenty-four (24) hours) and urgent changes (to be fixed in three (3) | Monthly |
| | | | days) in the production caused by the code | |
| Negative Test Cases | Definition: Ratio of positive versus negative test cases A positive test case tests that an In-Scope Application functions properly, e.g. will allow you to login when valid credentials are supplied. A negative test case exists when an In-Scope Application does not function properly. | ≥ 33% (Ratio of 3 positive to 1 negative) | Measurement Source: RQM Measurement Source Data Provider: IngenioRx Calculation: Ratio of positive to negative test cases | Monthly |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|---|--|--|---|---------------------|
| Automated Test Case Execution | Percentage of UAT/regression test cases executed via automation | ≥ 95% | Measurement Source: Excel LOE Template Spreadsheet, Work Order Central Measurement Source Data Provider: PBM Calculation: Total number of automated UAT & regression test cases executed / number of UAT & regression test cases executed | Monthly |
| Defect Density (Pre- Production - UAT) | Measure of new Priority 1 and 2 Defects identified in UAT. | ≤ 1 Defect per one thousand (1,000) hours of development. All cases in which SIT and UAT are conducted concurrently, exhibiting schedule overlaps, and a defect is identified in both SIT and UAT, the defect will be considered a single defect identified in SIT. | Measurement Source: ClearQuest/ RTC/ Jira (SIT Testing) Measurement Source Data Provider: IngenioRx Calculation: Number of new Priority 1 or Priority 2 Defects attributable to the PBM found in UAT, per one thousand (1,000) hours of development. | Monthly |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|---|---|---|---|---------------------|
| | | < Y number of Hear | | |
| Business Impact Hours | Measure of lost productivity due to system issues as assessed by application users and technology specialists. | <x (10%)="" (12)="" a="" any="" at="" continually="" each="" effect.<="" equal="" exceeding="" herein,="" hours="" improve="" in="" indicators="" is="" key="" minimum="" month="" months="" notwithstanding="" number="" of="" or="" other="" pbm="" per="" percent="" performance="" provisions="" rate="" shall="" sow="" ten="" th="" the="" this="" to="" twelve="" user=""><th>Measurement Source(s): IngenioRx BIA tool Measurement Source Data Provider: IngenioRx All Priority 1, 2 and 3 Incidents resulting in impact to users. Calculation: Sum of ((Outage duration in minutes / 60) x (# of users impacted) x (% work impacted (as determined by IngenioRx based on the applicable IM System logs))) Outage Duration = The duration of Priority 1, 2 and 3 Incidents resulting impact to</th><th>Monthly</th></x> | Measurement Source(s): IngenioRx BIA tool Measurement Source Data Provider: IngenioRx All Priority 1, 2 and 3 Incidents resulting in impact to users. Calculation: Sum of ((Outage duration in minutes / 60) x (# of users impacted) x (% work impacted (as determined by IngenioRx based on the applicable IM System logs))) Outage Duration = The duration of Priority 1, 2 and 3 Incidents resulting impact to | Monthly |
| Schedule Performance Indicator (SPI) | Definition: The Schedule Performance Indicator will show if the Deliverables will be delivered on time, late, of early. | ≥ 98% of Deliverables in the applicable month must have been delivered on time. AND No Deliverable shall be delivered longer than five (5) days after the original due date. | Measurement Source: Microsoft Project or Spreadsheet; Work Order Tracking Log Commitments Measurement Source Data Provider: PBM to report using the designated IngenioRx- approved tool Calculation: Number of Deliverables delivered on time/ Total number of Deliverables supposed to be delivered in the applicable month | Monthly |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting |
|-------------------|----------------------------|-----------------------|------------------------------|-----------|
| | | > 000/ 5/1 1 | | Frequency |
| Defect Ticket | Definition: | ≥ 98% of tickets | Measurement | Monthly |
| Inventory | Measure of Priority 1 | closed within three | Source(s): | |
| (Priority 1) | CQ/ RTC/ Jira | (3) days | ClearQuest/ RTC/ Jira | |
| | Defect Tickets | | Measurement Source | |
| | Closed within SLA | AND | Data Provider: | |
| | timeframes. | | IngenioRx | |
| | Measurement starts | no single ticket can | | |
| | when PBM first | age greater than five | Number of ClearQuest/ | |
| | receives CQ/ RTC/ | (5) days. | RTC/ Jira tickets | |
| | Jira ticket. | | opened commencing | |
| | | | as of the SOW | |
| | | | Effective Date must be | |
| | | | closed as follows: | |
| | | | | |
| | | | Calculation: | |
| | | | Percentage of CQ/ | |
| | | | RTC/ Jira Priority 1 | |
| | | | tickets closed within | |
| | | | thirty (30) days | |
| | | | AND | |
| | | | Percentage of Priority 1 | |
| | | | Defect CQ/ RTC/ Jira | |
| | | | tickets closed within | |
| | | | ninety (90) days. | |
| Production | Definition: | <= 1 week | Measurement Source: | Monthly |
| Defect | Measures the time | | IM System | |
| Triaging | taken by the PBM to | | Measurement Source | |
| | triage a Defect after | | Data Provider: PBM | |
| | it is in production | | | |
| | | | | |
| | | | Calculation: | |
| | | | Time taken to triage a | |
| | | | production Defect after | |
| | | | the receipt into the LO | |
| | | | queue | |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|--|---|--|--|---------------------|
| Defect Ticket Inventory (Priority 2) | Definition: Measure of Priority 2 CQ/ RTC/ Jira Defect Tickets Closed within SLA timeframes. Measurement starts when PBM first receives CQ/ RTC/ Jira ticket. | ≥ 98% of tickets closed within five (5) days AND no single ticket can age greater than ten (10) days. | Measurement Source(s): ClearQuest/ RTC/ Jira Measurement Source Data Provider: IngenioRx Number of ClearQuest/ RTC/ Jira tickets opened commencing as of the SOW Effective Date must be closed as follows: Calculation: Percentage of CQ/ RTC/ Jira Priority 2 tickets closed within forty-five (45) days AND Percentage of Priority 2 Defect CQ/ RTC/ Jira tickets closed within ninety (90) days. | Monthly |

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| Description/ | Performance Level | Measurement and | Reporting |
|---------------|--|---|--|
| | 000/ -f tiple-to | | Frequency Monthly |
| | | | Monthly |
| | | | |
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| | | | |
| illiellallies | fifteen (15) days. | ingeniorx | |
| | | Measurement starts | |
| | | when PBM first | |
| | | receives CQ/ RTC/ | |
| | | Jira ticket. | |
| | | | |
| | | | |
| | | Number of ClearQuest/ | |
| | | RTC/ Jira tickets | |
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| Paraentage of | > 05 00% | | Monthly |
| | ≥ 95.00% | | Monthly |
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| | | Cystolli. | |
| | | Calculation: | |
| | | | |
| our (4) hours | | | |
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| | | | |
| , (, | | | |
| | | Number of Incidents) * | |
| | | 100 | |
| | Percentage of Priority 3 and Priority 4 CQ/RTC/ Jira Defect ickets Closed within SLA meframes Percentage of Perce | Measure of Priority 3 and Priority 4 CQ/RTC/ Jira Defect clickets Closed within SLA meframes Percentage of esolved Incidents nat were resolved within the following priority 1 and 2: within one (1) hour priority 3 & 4: within one (1) hour priority 5: within the following priority 5: within one (1) hour priority 5: within the following priority 5: within the fo | Measure of Priority 3 nd Priority 4 CQ/strC/ Jira Defect (10) days AND no single ticket can age greater than fifteen (15) days. Measurement Source(s): ClearQuest/ RTC/ Jira Measurement Source Data Provider: IngenioRx Measurement starts when PBM first receives CQ/ RTC/ Jira ticket. Calculation: Number of ClearQuest/ RTC/ Jira tickets opened by measurement period must be closed as follows: 98% of CQ/ RTC/ Jira tickets opened by measurement period must be closed as follows: 98% of CQ/ RTC/ Jira Priority 3 and Priority 4 Defect tickets closed within sixty (60) days AND 100% of Priority 3 and Priority 4 Defect CQ/ RTC/ Jira tickets must be closed within one hundred eighty (180) days. Percentage of esolved incidents at were resolved incidents are were resolved within priority are quirements. |

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| Service Metric | Description/ Definition | Performance | Measurement and | Reporting |
|---|---|-------------|--|-----------|
| Time | | Level | Calculations | Frequency |
| Time to Respond: 15 minutes (Priority 1 and 2) | Definition: Measure of responsiveness represented as the percentage of Priority 1 and 2 incidents responded to within 15 minutes. An acceptable response is an | ≥ 99.00% | Measurement Source(s): TSRM / SNOW Measurement Source Data Provider: IngenioRx Calculation: Priority 1 & 2 incidents | Monthly |
| | acknowledgement by PBM that an Incident has occurred, as measured from the time and Incident is reported in TSRM, SNOW or other Incident Management System, and responsibility for Incident resolution by Level 2 or Level3 resources has been established. | | Tickets responded to within 15 minutes/Total Priority 1 & 2 Incident Tickets created | |
| Time to | Measure of | ≥ 99.00% | Measurement | Monthly |
| Respond: 30 | responsiveness | | Source(s): IM | |
| Minutes (Priority | represented as the | | System | |
| 3) | percentage of Priority | | Measurement Source | |
| | 3 incidents | | Data Provider: | |
| | responded to within | | IngenioRx | |
| | 15 minutes. An acceptable response is an acknowledgement by PBM that an Incident has occurred, as measured from the time and Incident is reported in TSRM, SNOW or other Incident Management System, and responsibility for Incident resolution by Level 2 or Level 3 resources has been established. | | Calculation: Priority 3 incidents Tickets responded to within 30 minutes/Total Priority 3 Incident Tickets created | |

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| Service Metric | Description/ | Performance | Measurement and | Reporting |
|--|---|---|---|-----------|
| Manu Tirre 4: | Definition | Level | Calculations | Frequency |
| Mean Time to Restore (MTTR): Priority 3 & 4 | Measure of responsiveness represented as the percentage of Priority 3 & 4 Incidents for which restoration of service was achieved within eight (8) hours. A service is considered restored when the original Defect is repaired to fully functional or when an IngenioRxapproved workaround or back up infrastructure or code fix is implemented in a way that restores full functionality to the | ≥ 98.00% must be restored within eight (8) hours | Measurement Source(s): IM System Measurement Source Data Provider: IngenioRx Calculation: Priority 3 & 4 Incident restoration completed within eight (8) hours / Total Priority 3 & 4 Incident Tickets Created | Monthly |
| Time to Respond: four (4) hours: (Priority 4 & 5) | affected users. Measure of responsiveness represented as the percentage of Priority 4 and 5 Incidents responded to within four (4) hours. An acceptable response is an acknowledgement by PBM that an Incident has occurred, as measured from the time an Incident is reported, and responsibility for Incident resolution by Level 2 or 3 resources has been established. | 85.00% | Measurement Source(s): IM System Measurement Source Data Provider: IngenioRx Calculation: Priority 4 & 5 Incidents responded to within twenty-four (24) hours/ Total Priority 4 & 5 Incident Tickets Created | Monthly |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|-------------------------|--|----------------------|---|---------------------|
| Test Case Reuse | Measure of percentage of test cases reused | ≥25.00% | Measurement Source: Excel LOE Template Spreadsheet, Work Order Central Measurement Source Data Provider: PBM Calculation: Total number of reused test cases executed / Total number of test cases executed | Monthly |
| Total Attrition Rate | Attrition rate must be less than 16% | ≤ 10.00% (annual) | Measurement Source Data Provider: PBM Calculation: Total # of Un- managed Attrition]/[Total # of FTEs on Team] | Monthly |
| Innovation Ideas | Continuous improvement plans proposed by PBMs to IngenioRx which are designed to result in savings, operational efficiencies and/or cost synergies for IngenioRx | ≥ 5 per year | Measurement Source: Spreadsheet; Work Order Tracking Log Commitments; Scorecard Measurement Source Data Provider: IngenioRx Calculation: Number of continuous improvement plans proposed by PBMs to IngenioRx which are designed to result in savings, operational efficiencies and/or cost synergies for IngenioRx | Quarterly |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|---|---|---|---|---------------------|
| Release Burn-up (RBU) This Metric shall only apply if the Parties mutually agree to use Agile methodology for development. This metric may be an SLA or KPI, as required by IngenioRx | All planned test cases, test scripts and test execution records are documented in RQM (Or other Test Cases Management Tool) for projects. All test cases, test scripts and test execution records must be documented prior to test execution start and executed in RQM prior to test execution end date. Definition: This measures the rate of story completion in story points over the timeframe of a sprint. Scrum metric allows teams and leadership to see whether teams are on track to deliver the anticipated output by the desired time. Monitoring the projects Release Burn-up carefully allows a team to make minor adjustments early rather than take drastic measures at the last minute. | This metric is a KPI with no target and will be used for trend analysis. | Measurement Source: RQM/similar Measurement Source Data Provider: IngenioRx Calculation: All planned test cases, test scripts, and test executions records created or updated in RQM during the month / actual execution records Measurement Source: Jira Measurement Source Data Provider: PBM Base Measures: Story Points Calculation: Cumulative Story Point value of completed user stories for the applicable sprint | Monthly Per sprint |
| Sprint Variance This Metric shall only apply if the Parties mutually agree to use Agile methodology for development. This metric may be an SLA or KPI, as required by IngenioRx | Definition: Provides a Sprint by Sprint view of how well team delivery commitments are tracking to actuals. This will help forecast team variability tracking toward release targets. | <= 10% in at- least 2 of the last 3 sprints (which may be calculated) AND <= 20% in any given sprint | Measurement Source: Jira Measurement Source Data Provider: PBM Calculation (1 - (Story Points Completed / Story Points Committed)) * 100 % | Per sprint |

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| Service Metric | Description/ | Performance | Measurement and | Reporting |
|--|--|--|---|-------------|
| | Definition | Level | Calculations | Frequency |
| Feature Time to Market This Metric shall only apply if the Parties mutually agree to use Agile methodology for development. This metric may be an SLA or KPI, as required by IngenioRx | Provides a Release view of the average time it takes a Product Feature to be completed (all predecessor work completed and accepted) | This metric is a KPI with no target and will be used for trend analysis. | Measurement Source: ALM System / Similar IngenioRx approved tool. Measurement Source Data Provider: PBM Base Measures: Days Calculation: For all Features defined for a given Release: CT – cycle time defined as 'date of Epic being signed-off on by Business, to the date when all child-Stories have been completed to the Definition of Done, and the Epic has been Released.' Release Feature - A feature is a service provided by the system that fulfills stakeholder needs. Each feature must include a statement of benefits and defined acceptance criteria. They are maintained in the program (or project) backlog and are sized to fit in a Program Increment (PI) so that each PI delivers conceptual integrity. Calculation Sum of cycle times for all Features defined in the Release/ Total number of Release | Per Release |

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| Service Metric | Description/ Definition | Performance Level | Measurement and | Reporting |
|-------------------------------------|---|----------------------|---|----------------------|
| Scope Volatility | Definition: | >= - 5% | Calculations Measurement | Frequency Per sprint |
| This Metric shall | Provides a Release or | AND | Source: Jira | i di apilit |
| only apply if the | Program Increment | <= + 5% | | |
| Parties mutually | view of the running | | Measurement Source | |
| agree to use Agile | sum of total scope for | | Data Provider: PBM | |
| methodology for | program | | Depicts change in | |
| development. | Measures a Program | | scope size for the in- | |
| This metric may be an SLA or KPI, | or Program | | scope work of release, measured in story | |
| as required by | Increment's incoming Business requests | | measured in story | |
| IngenioRx | and scope changes. | | points | |
| gerner ax | and scope enanges. | | Calculation | |
| | | | [∑ (Current Size of the | |
| | | | in-Scope work) - ∑ | |
| | | | (Initial Planned Size of | |
| | | | in-Scope work)]÷ ∑ | |
| | | | (Initial Planned Size of | |
| Accuracy of | Definition: | ≥ 90% | in-Scope work) x 100 Measurement | Per Sprint |
| Capacity | This provides a | 2 9070 | Source: ALM System / | r er opriin |
| Commitment | confidence level in | | Similar IngenioRx | |
| This Metric shall | team's estimation | | approved tool | |
| only apply if the | ability | | Measurement Source | |
| Parties mutually | | | Data Provider: PBM | |
| agree to use Agile | | | This metric can be | |
| methodology for | | | used to determine the | |
| development. This metric may | | | accuracy of roadmap plans and to determine | |
| be an SLA or KPI, | | | when a team should | |
| as required by | | | be lobbied to commit | |
| IngenioRx | | | to more story points in | |
| | | | a sprint. | |
| | | | Calculation: | |
| | | | Original capacity | |
| | | | estimate/Actual | |
| | · · | | capacity estimates | |
| Agile Practices | Definition: | ≥ 95% | Measurement | Per Sprint |
| Utilization This Matrix shall | Measure of the | | Source: Jira/ ALM | |
| This Metric shall only apply if the | percentage of Agile practices utilized by a | | System / Similar IngenioRx approved | |
| Parties mutually | program | | tool | |
| agree to use Agile | L. 20.5 | | Calculation | |
| methodology for | | | | |
| development. | | | Total Agile Practices | |
| This metric may | | | Utilized) /Total Agile | |
| be an SLA or KPI, | | | Practices Identified for | |
| as required by | | | use | |
| IngenioRx | | | | |

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| Service Metric | Description/ Definition | Performance Level | Measurement and Calculations | Reporting Frequency |
|--------------------|----------------------------|----------------------|------------------------------|------------------------|
| Found Work | Definition: | ≤ 5% variance | Measurement | |
| | | ≥ 5% variance | | Per Sprint |
| This Metric shall | Measure of the | | Source: Jira/ SM Data | |
| only apply if the | difference between a | | / Similar IngenioRx | |
| Parties mutually | story's original | | approved tool | |
| agree to use Agile | estimate of effort to | | Measurement Source | |
| methodology for | complete it to a done | | Data Provider: PBM | |
| development. | state and the actual | | | |
| This metric may | level of effort it took to | | Calculation: | |
| be an SLA or KPI, | complete the | | | |
| as required by | applicable sprint. | | Total actual story | |
| IngenioRx | It demonstrates the | | points needed to | |
| | work associated with | | complete each story - | |
| | a piece of Forecast | | each story's original | |
| | Work which is above | | story point estimate) ÷ | |
| | and beyond what was | | Original sprint story | |
| | initially expected but | | point estimation for all | |
| | which must be | | stories in the sprint | |
| | completed to deliver | | , | |
| | the original work item. | | | |
| Overall | Definition: | This metric is a | Measurement | Per Sprint |
| Production | Measures the number | KPI with no | Source: Jira / Similar | - |
| Defect Density | of escaped Defects | target and will | IngenioRx Tool | |
| This Metric shall | per story point in the | be used for | Measurement Source | |
| only apply if the | Sprint | trend analysis. | Data Provider: PBM | |
| Parties mutually | | | | |
| agree to use Agile | | | Calculation: | |
| methodology for | | | Total number of Defect | |
| development. | | | per Story Point | |
| This metric may | | | escaping each Sprint | |
| be an SLA or KPI, | | | | |
| as required by | | | | |
| IngenioRx | | | | |
| Sprint Velocity | Definition: | This metric is a | Measurement | Per Sprint |
| This Metric shall | The number of story | KPI with no | Source: Jira | . or opinic |
| only apply if the | points assigned to | target and will | Measurement Source | |
| Parties mutually | one sprint's | be used for | Data Provider: PBM | |
| agree to use Agile | (iteration's) | trend analysis. | Data i Tovidei. I Divi | |
| methodology for | completed user | u Grid ariarysis. | Calculation: | |
| development. | stories. | | Calculation. | |
| This metric may | This metric is used to | | Total number of story | |
| be an SLA or KPI, | gauge how much | | points attributed to | |
| | 0 0 | | ! | |
| as required by | work (measured in | | | |
| IngenioRx | story points) an agile | | completed user story | |
| | delivery team | | | |
| | completes to the | | | |
| | "done" state within a | | | |
| | single sprint. | | | |

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Appendix B to SOW Key Resources

The tables below are the Key resources applicable to this SOW. Reductions in the number of positions in the Primary PBM Personnel list may only occur if approved by IngenioRx in writing. PBM shall not migrate any Key PBM Personnel or Primary PBM Personnel to shared resources without the express written approval of IngenioRx in each instance. For the avoidance of doubt, the names included in the lists herein are as of the SOW Effective Date and will be updated semi-annually to reflect personnel turnover or reductions as approved by IngenioRx.

Definitions for Key PBM Personnel, Primary PBM Personnel and Dedicated PBM Personnel are as follows:

- Key Personnel PBM management or senior management personnel who have a unique knowledge
 of the Healthcare Industry and IngenioRx's business
- Primary Support Personnel PBM personnel who manage a critical part of IngenioRx's application
 portfolio or a Subject Matter Expert (SME) who has unique knowledge of a critical environment that
 drives IngenioRx business value.
- Dedicated Support Personnel Dedicated PBM personnel who have knowledge of IngenioRx's
 processes and IngenioRx's procedures that support the SDLC in the IngenioRx's application
 environment (s), playing a key role in ensuring software quality for releases and support in production.

| Position | Role Description | Dedicated Ratio in Hours per Person | Minimum Tenure Requirement | Maximum Planned Rotations (see note below) | IngenioRx Approval of Replacement | Competitive Restrictions after end of Assignment |
|---------------------------------|---|--|----------------------------------|--|---|---|
| Key PBM Personnel | Senior Delivery Executive, Delivery Executives and Offshore Account Executive | 100% | 24 months | Maximum of 1 every 6 months | Yes Ninety (90) days' notice | No |
| Primary Support Personnel | Onsite delivery managers Specific Subject Matter Experts | 100% | 24 months | Maximum of the lesser of (i) one Primary Support Personnel or (ii) 10% of all Primary Support Personnel (rounded downward to the nearest whole number)X per quarter; | No Ninety (90) days' notice | No |

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| Dedicated | Test | 100% | 6 months | No | No | No |
|-----------|----------------|------|----------------|---------|--------------|----|
| Support | managers | | Subject to | maximum | Thirty (30) | |
| Personnel | Release | | satisfactory | | days' notice | |
| | managers | | performance | | | |
| | Configuration | | in first sixty | | | |
| | managers | | (60) days | | | |
| | (not named | | | | | |
| | in List below, | | | | | |
| | specified by | | | | | |
| | title) | | | | | |

The PBM Services positions designated as **Key PBM Personnel** are as follows:

| Area | R | Role | Name |
|------|---|------|------|
| | | | |

The PBM positions designated as **Primary Support Personnel** are as follows:

| 4 | Area | Role | Name |
|---|------|------|------|
| | | | |

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ATTACHMENT 2 TO EXHIBIT 1-Q Key Performance Indicator Agreement

1. Key Performance Indicators Compliance Reporting.

1.1. Reporting Due Dates.

PBM must provide KPI compliance and other reports by the fifth (5th) Business Day of each month for all KPIs identified in this Appendix for the preceding month. Reports will be delivered to a shared drive specified by IngenioRx (or such other location as may be requested by IngenioRx). PBM will notify the IngenioRx engagement lead when the reports are submitted.

1.2. Reporting Format.

Monthly reports must be completed in Excel and PowerPoint (or such other format as may be requested by IngenioRx) and will include such information as may be requested by IngenioRx, including the following:

- a) PBM Name (from Vendor Management List)
- b) Project Request Number
- c) System ID (from BIA List)
- d) System Name (from BIA List)
- e) KPI
- f) Required performance level(s)
- g) Actual performance level achieved
- h) Service credits due
- 1.2.1. Detail Data Submission for PBM Sourced KPIs. PBM will also comply with IngenioRx's File Record Layout to submit specific KPI data to IngenioRx in a Comma Separated Version ("CSV") File Format.
- a) PBM will collaborate with IngenioRx's Vendor Manager to test CSV files before moving to production;
- b) PBM will collaborate with IngenioRx's Vendor Manager to resolve data file issues that may arise during file submission;
- c) PBM will provide only one CSV file per month per SOW with these same KPIs, unless otherwise agreed to by IngenioRx's Vendor Manager;
- d) CSV File Record Layout is subject to change with notice to PBM. PBM shall implement the changes within thirty (30) days of notification.
- 1.2.2. Normalized Data. PBM must use normalized data from IngenioRx sources, when reporting KPIs. Normalized lists include but not limited to:
 - a) PBM Name (from Vendor Management List)
 - b) Project Request Number
 - c) System ID (from BIA List)
 - d) System Name (from BIA List)

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2. Remedial Measures.

2.1. General

The remedial measures set forth in this <u>Section 2</u> (Remedial Measures) are in addition to, and not in lieu of, any applicable Service Credits and any other actions required to be taken by PBM, or which may be taken by IngenioRx, under this document and Agreement, including the termination rights set forth in the Agreement.

2.2. Repeated KPI Failures.

- 2.2.1. Repeated KPI Failures; Remedial Action. If PBM fails to meet (a) the same KPI for two (2) or more months during any three (3) calendar month rolling period for the same KPI or (b) the same KPI for three (3) or more months during any six (6) calendar month rolling period or (c) three or more different KPIs in the same calendar month, PBM's Service Manager shall initiate a meeting to confer with IngenioRx's Service Manager to determine corrective action, subject to IngenioRx's approval, that PBM will undertake, at PBM's cost, to prevent such KPI failures in the future. In addition to the meeting between Service Managers, PBM shall at PBM's cost, perform a Root Cause Analysis and such other tasks reasonably requested by IngenioRx to alleviate the cause and/or effect of the KPI failures.
- 2.2.2. Repeated KPI Failures; Termination Right. In the event that PBM fails to meet (a) the same KPI for any four (4) months in any twelve (12) calendar month rolling period or (b) six (6) or more different KPIs in any six (6) month rolling period or (c) nine (9) or more different KPIs in any twelve (12) month rolling period, IngenioRx shall have the option to (a) after conferring with PBM's Executive Sponsor, implement the remedies provided for in Section 2.2.1 (Repeated KPI Failures; Remedial Action) above, or (b) to terminate either (i) the affected Services and receive a refund for such failed Services and an equitable adjustment to the Fees, or (ii) the Agreement and/or the SOW for cause.

3. Continuous Improvement.

- 3.1. The Parties agree to the concept of continuous improvement and further agree that the KPIs should be modified during this Agreement to reflect this concept. All measures are subject to continuous improvement, except measures which have a threshold of 100%. To accomplish this, KPIs may be modified by IngenioRx one (1) time in each twelve (12) month period the SOW is in effect.
- 3.2. In furtherance of the foregoing, IngenioRx will establish the modified KPIs, using the twelve (12) month average actually achieved by PBM as a baseline, to determine the modified KPI; provided that such resulting reset KPI shall always be higher than the prior year SLA.
- 3.3. If twelve (12) months of data does not exist for a KPI added after the SOW Effective Date, such KPI shall not be subject to continuous improvement until twelve (12) months of data is available from the date the KPI becomes effective.

4. KPI Change Management.

In the event IngenioRx adds an entirely new KPI for which IngenioRx has no historical data, the KPI metric shall, unless otherwise mutually agreed by the Parties in writing, be equal to the average of the prior twelve month of such data, with the highest and lowest reported months discarded from the averaging calculation.

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Exhibit 1-R QUALITY ASSURANCE AND TESTING (All Lines of Business)

Without limiting PBM's obligations set forth elsewhere in the Agreement, including <u>Section 3</u> (Quality Assurance and Testing) of <u>Exhibit 1-B</u> (Eligibility Loading/Updates) and <u>Section 7</u> (Quality Assurance and Testing) of <u>Exhibit 1-C</u> (Plan Design Set-Up/Changes):

- 1. **PBM Quality Assurance/Testing.** PBM shall perform quality assurance activities, including testing, in connection with all Services provided hereunder, prior to any initial implementation and prior to any changes thereto, to ensure compliance with this Agreement (including Performance Guarantees) and Law. PBM shall have and maintain a robust testing process that is SSAE 18 compliant, and aligned with IngenioRx's current development methodologies (including compliance with Modern SDLC and Agile standards), and which is designed to ensure that all Services are performed and will function in accordance with the intended purpose and agreed upon conditions. Such testing must be intended and able to promptly identify errors in connection with Services provided under this Agreement. Without limiting the generality of the foregoing, PBM shall have capability to perform system integration testing, unit testing, user acceptance testing, and full end-to-end testing. PBM shall have and maintain documentation evidencing and tracking all quality assurance and testing performed by PBM in connection with this Agreement.
- 2. **Results of PBM Quality Assurance/Testing.** To the extent any Service provided hereunder do not result or function in accordance with its intended purpose and/or agreed upon conditions, such failure shall be deemed a PBM non-compliance/error under <u>Section 5.12</u> (PBM Non-Compliance/Errors) and shall be corrected immediately (and in all cases within twenty-four (24) hours of identification of the error). PBM shall perform regression testing to demonstrate the integrity of the non-impacted functionality.
- 3. **IngenioRx Review of Quality Assurance and Testing.** PBM shall provide IngenioRx with access to review the quality assurance programs and testing, including the findings and results of such quality assurance activities and testing. To the extent IngenioRx raises any concerns with respect to PBM's quality assurance programs and/or testing, PBM will make reasonable changes to such as requested by IngenioRx and shall work in good faith with IngenioRx to address and resolve all such concerns.
- 4. **IngenioRx Testing Environment.** PBM shall provide IngenioRx with the access and ability to perform its own independent testing in connection with Services provided under this Agreement, including Eligibility Information and Claims processing. PBM also shall provide IngenioRx with the access and ability to test the interaction of PBM Systems with IngenioRx's systems. The testing environment and other requirements shall be in accordance with the requirements set forth in Exhibit 1-Q (Information Technology Systems and Services).

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Exhibit 1-S REGULATORY SUPPORT SERVICES (All Lines of Business)

- 1. Regulatory Filings. PBM shall provide reasonable support to assist IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups with all regulatory and accreditation filings applicable to the Services and/or this Agreement, including: (a) PBM shall consult with IngenioRx in the development of necessary regulatory filings and assist IngenioRx in drafting any explanations relating to the Services and/or this Agreement, including providing any reports, data, information, and/or other documentation necessary as part of such filings, in a timely manner; (b) PBM shall assist in responding to any Governmental Body inquiries resulting from the filing process; (c) PBM shall assist in preparing and/or renewing applications related to the Services provided hereunder.
- 2. Regulatory Responses. PBM shall provide a documented and thoroughly investigated response to all non-compliance with Laws relating to the delivery of Services. In the event IngenioRx, Designed Affiliate, Covered Plan, IngenioRx Customer, and/or Group is required to respond to the requestor, such response shall be provided to IngenioRx by PBM at least two (2) Business Days prior to the date the response is required.
- 3. **New Regulatory Requirements.** PBM shall timely implement changes required by Law in a manner and time frame so as to ensure compliance with Law by PBM, IngenioRx, Designated Affiliate, Covered Plan, IngenioRx Customer, and Group.
- **4. Compliance Oversight.** PBM shall ensure compliance with benefit mandates, including medical/pharmacy benefit parity requirements such as for chemotherapy.

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Exhibit 1-T FWA SERVICES (All Lines of Business)

- 1. **PBM Fraud, Waste, and Abuse Program.** PBM shall have and maintain and fully perform for IngenioRx a robust "best in class" program to detect, prevent, and correct instances of fraud, waste, and abuse with respect to this Agreement and the Services hereunder. At a minimum, the fraud, waste, and abuse program shall comply with Law and identified best practices of Governmental Bodies and provide for an industry leading and flexible approach to the prevention, detection, investigation, case development, management, and recovery of fraud, waste, and abuse with proven results. The program shall include, at a minimum, measures to prevent, detect, investigate, and correct instances of fraud, waste and abuse by employees, Members, Participating Pharmacies, pharmacists, prescribers, and Approved Subcontractors.
- Sanction Exclusions. Without limiting PBM's obligations elsewhere in this Agreement related to the review and required actions in connection with Sanction Exclusion Lists, on at least a monthly basis, PBM shall review each Sanction Exclusion List to determine whether: (a) any employees of PBM or its Approved Subcontractors are named on a Sanction Exclusion List, (b) any Claims are written by a Prescriber named on a Sanction Exclusion List, or (c) any Participating Pharmacy is named on a Sanction Exclusion List. Further, PBM agrees to contractually require that its Approved Subcontractors and downstream entities review, on at least a monthly basis, the Sanction Exclusion Lists to determine whether any of the Approved Subcontractors' or downstream entities' employees who perform services on behalf of PBM in connection with this Agreement are named on any Sanction Exclusion List. PBM will also contractually require its Approved Subcontractors and downstream entities to do the same. PBM shall notify IngenioRx of such exclusion in accordance with Section 5.11 (Reporting of Non-Compliance/Errors) of the Agreement and promptly remove any employee identified on the Sanction Exclusion List from any work related directly or indirectly to IngenioRx's business. PBM will also contractually require its Approved Subcontractors and downstream entities to do the same. PBM shall promptly remove any Participating Pharmacy identified on a Sanction Exclusion List from the IngenioRx networks (and promptly notify IngenioRx in writing of IngenioRx Contracted Pharmacies that are removed from the Network because it was identified on a Sanction Exclusion List). PBM shall promptly reverse Claims written by a Prescriber named on a Sanction Exclusion List. PBM also shall promptly ensure inactive and retired DEA numbers are excluded, and PBM shall promptly reverse Claims written by a Prescriber with an inactive or retired DEA number.
- Pharmacy Fraud, Waste, and Abuse Program. PBM shall have and maintain a robust pharmacy fraud, waste, and abuse program for the active identification of potential fraud, waste, and abuse, which shall include, at a minimum: (a) retrospective system review and risk stratification to identify and prioritize questionable utilization profiles; and (b) an active review of Claims to identify suspicious behavior patterns such as high number of controlled substance Claims, multiple prescribers of controlled substances, prescriptions filled at multiple pharmacies, excessive utilization. PBM shall regularly review and update its algorithms and other risk assessments so as to have relevant and meaningful ways of identifying potential fraud, waste, and abuse, including algorithms and other risk assessments specific to various pharmacy types (e.g., mail order pharmacies, specialty pharmacies, long term care pharmacies, 340B pharmacies, etc.). The pharmacy fraud, waste, and abuse program shall apply to all Participating Pharmacies, including PBM Owned Pharmacies. PBM Owned Pharmacies shall be subject to no less stringent fraud, waste, and abuse program criteria and requirements utilized for other network pharmacies. When PBM has reason to believe that a Participating Pharmacy has engaged in fraud, waste, or abuse (whether identified through PBM's pharmacy fraud, waste, and abuse program or otherwise), PBM shall notify IngenioRx in writing immediately (and in all cases within five (5) Business Days) regardless of whether the fraud, waste, or abuse involved IngenioRx Claims or Members. Upon IngenioRx's request, PBM shall suspend or terminate such pharmacy in accordance with Section 8 (Pharmacy Suspensions and Termination) of Exhibit 1-E (Pharmacy Network). PBM shall thereafter follow the processes set forth in Section 8 (Pharmacy Suspensions and Termination) of Exhibit 1-E (Pharmacy Network), including providing Member disruption analysis and reports in accordance with Section 5 (Pharmacy Payments and Recoupment of Overpayments) of Exhibit 1-E (Pharmacy Network).

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- Support of IngenioRx Fraud, Waste, and Abuse and SIU Programs. PBM shall full and actively cooperate and collaborate with IngenioRx in connection with fraud, waste, and abuse programs of IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and Groups, and shall comply with such Special Investigative Units. PBM shall respond promptly to IngenioRx requests for information and documentation (including prescription order records) necessary for IngenioRx to: (i) evaluate suspected fraud, waste, and abuse in connection with Services furnished under this Agreement; (ii) determine whether referral of a suspected fraud, waste, and abuse matter to a Governmental Body (or its designee) is appropriate; and (iii) facilitate IngenioRx's development of appropriate corrective action. PBM shall provide all requested documentation and information within five (5) Business Days of IngenioRx's request or such shorter time for IngenioRx to comply with Governmental Body requests or requirements. In addition, upon IngenioRx's request, PBM shall conduct a preliminary review of potential fraud, waste, and abuse matters relating to Services provided hereunder that are referred by IngenioRx to PBM. PBM shall conduct its investigation and communicate to IngenioRx in writing PBM's preliminary findings within thirty (30) days of receipt of the referral of the matter to PBM and shall complete its final findings within sixty (60) days of receipt of the referral of the matter. PBM shall actively participate in calls with IngenioRx's Special Investigative Unit ("SIU") at least monthly calls (or more frequently as needed upon IngenioRx's request) to discuss fraud, waste, and abuse issues, trends, and best practices, and PBM shall fully cooperate with IngenioRx in good faith in connection with follow-up activities related thereto.
- 5. Cooperation with Governmental Bodies Related to Fraud, Waste, and Abuse. In addition to reporting the fraud, waste, and abuse to IngenioRx, upon IngenioRx's request and as otherwise required by Law, PBM shall report any such fraud, waste, and abuse to applicable Governmental Bodies (e.g., CMS, MEDIC, state attorney generals, etc.). A copy of any such report shall be provided to IngenioRx simultaneously with the provision of such report to the Governmental Body. In addition, PBM shall fully cooperate with Governmental Bodies (and their designees) in connection with investigations of potential instances of fraud, waste, and abuse and shall provide requested documentation related thereto in such time period required by the Governmental Body, regardless of whether such request is made directly by the Governmental Body (or its designees) to PBM or such request is made by the Governmental Body to IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, and/or Groups.
- **6. Fraud, Waste, and Abuse Recoveries and Corrective Actions.** In the event fraud, waste, or abuse is identified in connection with this Agreement or the Services, PBM shall report such fraud, waste, and/or abuse to IngenioRx in accordance with <u>Section 5.11</u> (Reporting of Non-Compliance/Errors) of the Agreement *except that* instances of fraud, waste, and abuse of Participating Pharmacies shall be reported in accordance with <u>Section 7</u> (Pharmacy Fraud, Waste, and Abuse Program) below. PBM shall thereafter reverse and recover overpayments resulting from such fraud, waste, and abuse, and shall reimburse IngenioRx the full amount of such overpayment within thirty (30) days of identification of the error or such shorter time required by Law regardless of whether PBM recovers the overpayment. PBM shall also promptly and in accordance with the time frames required by Law, correct all Claim records related to such overpayment.
- **7. Fraud, Waste, and Abuse Reporting.** PBM shall provide IngenioRx with reports/access as requested by IngenioRx in connection with the Services under this <u>Exhibit 1-T</u> (FWA Services), including the following, all of which shall be in a format and delivered in a manner acceptable to IngenioRx:

| | Report | Requirements | Frequency |
|---|----------------|---|---|
| 1 | Suspected FWA | All suspected fraud, waste, and/or abuse cases shall be forwarded by PBM to IngenioRx immediately. | Immediate |
| 2 | FWA Activities | Details all fraud, waste, and abuse activities of PBM for the applicable Contract Quarter, including: pharmacy claims audits, prescriber inquiries and confirmation requests, Member inquiries and confirmation requests, FWA alerts received from Members, FWA alerts received | Quarterly (within thirty (30) days from the close of |

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| | Report | Requirements | Frequency |
|--|--------|---|-----------|
| | | from providers and the financial impact of the FWA activities for the applicable Contract Quarter and year to date. | |



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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, page 508 of Attachment C.21.a-1 contains Proprietary Data and is being submitted under separate sealed cover marked "Proprietary Data."

- Formulary information, including utilization management criteria and edits at the NDC11 level;
- Claims history for a period of no less than thirty-six (36) months;
- All open and expired prior authorization history (including approvals and denials) and other clinical approvals and denials maintained on PBM's System;
- Prior authorization and other clinical approval criteria;
- Open prior authorizations and other clinical approval requests;
- Fields, file layouts, algorithms, hierarchy, and adjudication and related coding logic for Eligibility Information, Claims, prior authorization criteria, step therapy requirements, and Plan Design information, including definitions for all terminology and abbreviations for each;
- Current Group level set-up information, including descriptions and algorithms for all pricing and set-up information;
- IngenioRx clinical services and program information, including all information in the Systems necessary to seamlessly coordinate and transition care of Members without disruption or delay in such care (e.g., previous interventions, previous outcomes, MTM enrolled members, etc.);
- Dedicated telephone and facsimile numbers specific to IngenioRx, Designated Affiliates, Covered Plan(s), IngenioRx Customers, and/or Groups;
- RxBin and RxPCN combination information;
- Pharmacy accumulator information;
- Mail order open refills; and
- Specialty pharmacy history, including open refill transfers and co-pay assistance participation.

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Attachment 1 to Exhibit 1-U

Preliminary Draft Transition Out Plan

| # | PBM Transition Out Tasks (All information to be provided to IngenioRx unless otherwise noted) | Acceptance Criteria | Completion Date (Measured as days / months relative to Transition Out Period unless otherwise specified) |
|-----|--|------------------------|--|
| 1.0 | Requirements Gathering and Transition Out Plan Development | | |
| 1.1 | Develop detailed project plan for transition out support from current PBM vendor. Plan to include coordination with new PBM and IngenioRx stakeholders (MS Project preferred software) | IngenioRx Approval | 24 months upon notice of Termination |
| 1.2 | Identify project manager and key PBM support staff | IngenioRx Approval | 24 months upon notice of Termination |
| 1.3 | Stand up governance structure for program management and oversight | IngenioRx Approval | 24 months upon notice of Termination |
| 2.0 | Data Translation | | |
| 2.1 | Provide all information required for new PBM to map data across core systems | IngenioRx Approval | 90 days |
| 2.2 | Provide documentation of all current state file layouts, extracts and interfaces | IngenioRx Approval | 90 days |
| 2.3 | Provide all documentation for IngenioRx driven enhancements (design, development and test) with changes to systems / functionality including all custom software | IngenioRx Approval | 90 days |
| 2.4 | Provide copies of all communication templates | IngenioRx Approval | 90 days |
| 3.0 | Transition of Retail Network and Client Pricing | | |
| 3.1 | Provide a current network map | IngenioRx Approval | 90 days |

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| 3.2 | Provide communications to network, account group, regulatory agencies, and client | IngenioRx Approval | 90 days |
|-----|--|-----------------------|---------|
| 3.3 | Provide all custom client pricing | IngenioRx Approval | 90 days |
| 3.4 | PBM will need to notify pharmacies of new BIN/PCN | IngenioRx Approval | 90 days |
| 4.0 | Transition of Clinical Programs | | |
| 4.1 | Provide updated standard and custom formulary lists; and all auxiliary lists that support each formulary | IngenioRx Approval | 90 days |
| 4.2 | Provide documentation of all current and historical clinical programs (retrospective and prospective DUR) | IngenioRx Approval | 90 days |
| 4.3 | Provide updated MTM documentation | IngenioRx Approval | 90 days |
| 4.4 | Provide clinical prior authorization / step edits for each formulary | IngenioRx Approval | 90 days |
| 5.0 | Transition of Rebate Management | | |
| 5.1 | Provide requirements for data preparation and transmission with respect to Rebates available under each agreement | IngenioRx Approval | 90 days |
| 5.2 | Complete support for rebate administration | IngenioRx Approval | 90 days |
| 5.3 | Provide rebate reporting and audit specifications | IngenioRx Approval | 90 days |
| 6.0 | Transition of Mail Order | | |
| 6.1 | Provide updated list of drugs supplied | IngenioRx Approval | 30 days |
| 6.2 | Provide file formats, data dictionaries, open refill orders and status, historical orders, IngenioRx customer records, claims data, business logic, timing, etc. | IngenioRx Approval | 90 days |
| 6.3 | Provide updated member enrollment documentation | IngenioRx Approval | 90 days |
| 7.0 | Transition of Specialty | | |
| 7.1 | Provide updated list of drugs supplied (including LDD and REMS) | IngenioRx Approval | 30 days |
| 7.2 | Provide file formats, data dictionaries, open refill orders and status, historical orders, IngenioRx customer records, claims data, business logic, timing, etc. | IngenioRx Approval | 90 days |
| 7.3 | Provide clinical and adherence program enrollment | IngenioRx Approval | 90 days |

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| 8.0 | Commercial Plans Runout and Migration | | |
|------|---|-----------------------|-----------|
| 8.1 | Adjudicate and report on the resolution of any dispute relating to claims under Commercial plans | IngenioRx Approval | 24 months |
| 8.2 | Provide data history loads relating to claims, prior authorization, eligibility, open refills, and accumulators | IngenioRx Approval | 90 days |
| 8.3 | Provide documentation of benefit plan designs as well as all benefit attributes of plan design regardless of where it is being managed in the hierarchy. Reconciliation of benefits that are being run out compared to benefits that are being implemented. | IngenioRx Approval | 120 days |
| 8.4 | Monitor and provide post transition support as required to meet, and to assist IngenioRx in meeting all requirements after termination, including appeal and audit support | IngenioRx Approval | 120 days |
| 8.5 | Communicate plan for paper claims handling and transition to new PBM vendor | IngenioRx Approval | 90 days |
| 8.6 | Support all Federal and State audits (including Exchange business) for pharmacy benefits and claims processing | IngenioRx Approval | 24 months |
| 9.0 | Medicaid Runout and Migration | | |
| 9.1 | Adjudicate and report on the resolution of any dispute relating to claims under Medicaid plans | IngenioRx Approval | 36 months |
| 9.2 | Provide data history loads relating to claims, prior authorization, eligibility, open refills, and accumulators (appeals may need to be processed on the same system as new PAs if 90 day window is kept) | IngenioRx Approval | 90 days |
| 9.3 | Provide documentation of benefit plan designs as well as all benefit attributes of plan design regardless of where it is being managed in the hierarchy. Reconciliation of benefits that are being run out compared to benefits that are being implemented. | IngenioRx Approval | 120 days |
| 9.4 | Monitor and provide post transition support as required to meet, and to assist IngenioRx in meeting all requirements after termination | IngenioRx Approval | 24 months |
| 9.5 | Communicate plan for paper claims handling and transition to new PBM vendor | IngenioRx Approval | 90 days |
| 9.6 | Support all Federal and State audits (Medicaid, MMP) for pharmacy benefits and claims processing | IngenioRx Approval | 24 months |
| 9.7 | Encounters claims process should run to support the same time period as the claims runout | IngenioRx Approval | 90 days |
| 10.0 | Medicare Runout and Migration | | |
| | | | |

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| 10.1 | Adjudicate and report on the resolution of any dispute relating to claims under Medicare plans | IngenioRx Approval | 36 months |
|------|---|-----------------------|-----------|
| 10.2 | Provide data history loads relating to claims, prior authorization, eligibility, open refills, and accumulators (appeals may need to be processed on the same system as new PAs if 90 day window is kept) | IngenioRx Approval | 90 days |
| 10.3 | Provide documentation of benefit plan designs as well as all benefit attributes of plan design regardless of where it is being managed in the hierarchy. Reconciliation of benefits that are being run out compared to benefits that are being implemented. | IngenioRx Approval | 120 days |
| 10.4 | Monitor and provide post transition support as required to meet, and to assist IngenioRx in meeting all requirements after termination | IngenioRx Approval | 24 months |
| 10.5 | Communicate plan for paper claims handling and transition to new PBM vendor | IngenioRx Approval | 90 days |
| 10.6 | Document required regulatory communications | IngenioRx Approval | 90 days |
| 10.7 | Support all Medicare audits for pharmacy benefits and claims processing | IngenioRx Approval | 24 months |
| 10.8 | MMP: Encounters claims process should run to support the same time period as the claims runout | IngenioRx Approval | 90 days |
| 10.9 | Medicare: PDE claims / reporting should run to support the same time period as the claims runout | IngenioRx Approval | 90 days |

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Upon termination or expiration of the Agreement as a whole and/or in part, PBM agrees as follows with respect to the terminated Covered Plan, Line of Business, and/or Service, as applicable. For purposes of this Exhibit 1-V (Post-Termination Services) only, ("Termination Date") shall mean the last day of the Term or the Extended Services Period, as applicable, with respect to the terminated Covered Plan, Line of Business, and/or Service.

- Run-Out Claims. PBM will no longer process Claims with dates of service after the Termination Date. PBM will provide Run-Out Claims services as required by IngenioRx, which shall include, unless IngenioRx directs otherwise, the processing by PBM all Claims with dates of service up to and through the Termination Date and received by IngenioRx and/or PBM within three (3) years after the Termination Date, including adjustments and reversals to any such Claims, in accordance with the terms and conditions set forth in the Agreement applicable prior to the termination. Any such Claims submitted and processed after the Termination Date will be invoiced and paid for by IngenioRx consistent with the terms applicable prior to the termination. For avoidance of doubt, Claims include electronic and paper Claims. Any paper claims received after the one (1) year period shall be bundled and sent by the PBM via Federal Express to IngenioRx's designee for morning delivery, on a daily basis. During the three (3) year period following the Termination Date, PBM will process Claims received from other payors with whom IngenioRx is required to coordinate benefits under Law (e.g., 42 CFR 423.464(a)) with dates of fill through the Termination Date, including Claims received from Medicaid agencies, State Pharmaceutical Assistance Programs (SPAPs), or their agents. Any such Claims received by PBM after the end of the three (3) year period following the Termination Date shall be promptly forwarded to IngenioRx at the address indicated by IngenioRx (or if no address is indicated, then at the notice address under Section 21.8 (Notices) of the Agreement.
- **2.** Acceptance of Eligibility Information Files. To the extent required by IngenioRx, during the three (3) year period following the Termination Date, PBM shall continue to accept Eligibility Information file modifications in accordance with <u>Exhibit 1-B</u> (Eligibility Loading/Updates) for the sole purpose of accommodating COB, PDE, and Claim adjustment.
- Mail Order and Specialty Pharmacy. In connection with the applicable termination, PBM, PBM Mail Order Pharmacy, and PBM Specialty Pharmacy will no longer process new or refill prescription orders. All prescription orders received after the Termination Date will be bundled daily and sent via Federal Express to IngenioRx's designee for morning delivery, on a daily basis for thirty (30) days following the Termination Date. PBM, PBM Mail Order Pharmacy, and PBM Specialty Pharmacy shall promptly send any prescription orders received after the thirty (30) day period back to the Member with a letter explaining that the prescription will need to be sent to the new vendor identified by IngenioRx. PBM shall transfer or arrange for the transfer to IngenioRx, the successor pharmacy benefits manager(s), and/or service providers (as directed by IngenioRx) of prescriptions received by PBM, PBM Mail Order Pharmacy, and PBM Specialty Pharmacy following initiation of mail order and/or specialty pharmacy services, as applicable, by the successor. In addition, PBM shall provide all data and information requested by IngenioRx as needed to effectuate a successful and seamless transition to the new mail order and/or specialty pharmacy vendor, which shall include the provision of prescription record releases, prescription histories, and open refill transfer tapes, all of which shall be delivered promptly and in all cases within fourteen (14) days of request (including timely updates thereafter for a seamless transition to the successor vendor). At the conclusion of Services hereunder, PBM, PBM Mail Order Pharmacy, and PBM Specialty Pharmacy shall: (a) return all open account receivable credits, if any, to Members; (b) provide a final billing statement to each Member who has an outstanding balance; and (c) provide IngenioRx with a report showing all such open accounts by Member, sorted by Covered Plan/Group.
- **4. Rebates.** Post-Termination Date, PBM shall continue to invoice, receive, account for, seek collection, and pay IngenioRx all Rebates in accordance with the Rebate Services, including remittance and payment schedule set forth in <u>Exhibit 1-1</u> (Rebate Contracting and Administration).
- **5. System Access**. For a period of ten (10) years following the completion of the final run-out Claims under <u>Section 1</u> (Run-Out Claims) of this <u>Exhibit 1-V</u> (Post-Termination Services) and for such longer period required by Law or Governmental Bodies, PBM shall provide IngenioRx, Designated Affiliates, Covered

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DocuSign Envelope ID: 6CCA7275-5359-45E3-94E9-4529E4B30C2F ss to those Systems with which they had access to during the Term of the Agreement and any Extended Services Period, in the same manner as required and/or provided during the Term of the Agreement and any Extended Services Period, and as otherwise necessary to protect Members and Covered Plans from disruption and loss of service.

- **6. Reporting.** PBM shall provide all reporting, encounter files, Claims files, pricing files required hereunder and all reporting required for IngenioRx, Designated Affiliates, Covered Plans, and/or IngenioRx Customers to comply with Law, with respect to any period of time that PBM was providing Services under this Agreement.
- **7. Web and Mobile Support.** PBM will continue to provide web and mobile support services to IngenioRx during the ninety (90) day period following the Termination Date.
- **8. Audit Support.** PBM will provide support for audits of IngenioRx by Governmental Bodies for a period of ten (10) years from the Termination Date.



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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 516-544 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

Exhibit 2-B PERFORMANCE GUARANTEES (All Lines of Business)

The Performance Guarantees are set forth in the following Attachments by Line of Business:

- Attachment 2 to Schedule A (LOB Description of Services Commercial Line of Business)
- Attachment 2 to Schedule B (LOB Performance Guarantees -Marketplace Line of Business)
- Attachment 2 to Schedule C (LOB Fees and Compensation Medicaid Line of Business)
- Attachment 2 to Schedule D (LOB Regulatory Addendum Medicare Line of Business)
- Attachment 2 to Schedule E (LOB Performance Guarantees MMP Line of Business)
- Attachment 2 to Schedule F (LOB Fees and Compensation FEP Line of Business)
- Attachment 2 to Schedule G (LOB Regulatory Addendum Discount Card Line of Business)

The Performance Guarantees set forth in the various Attachment 2s to the Schedules (as noted above) begin as of January 1, 2020. By January 31, 2019, the Parties shall enter into an amendment to this Agreement to reflect Performance Guarantees and associated allocation of penalties for the Contract Year 2019 with respect to business to be migrated to and PBM Services provided by PBM during 2019. The 2019 Performance Guarantees will substantially mirror the Performance Guarantees set forth herein as appropriately modified based on an accelerated migration schedule.

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Exhibit 2-C DESIGNATED GROUP PERFORMANCE GUARANTEES

[RESERVED]



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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 547-573 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

Exhibit 4 REGULATORY ADDENDUM (All Lines of Business)

- 1. HIPAA/Privacy and Security. PBM shall comply with all federal and state privacy and security requirements (including HIPAA) in connection with this Agreement and/or PHI of Members, and shall further comply with the Business Associate Agreement set forth in Annex 6 (Business Associate Agreement). The Parties acknowledge that in providing Services to Members, PBM Mail Order Pharmacies and PBM Specialty Pharmacies are acting as separate health care provider covered entities under HIPAA and not as business associates to IngenioRx or the Covered Plans covered by the Business Associate Agreement. In providing Services, PBM Mail Order Pharmacies and PBM Specialty Pharmacies shall abide by all HIPAA requirements applicable to covered entities and shall safeguard, use, and disclose Member PHI in accordance with such HIPAA requirements and this Agreement. Notwithstanding anything to the contrary, in the event a Business Associate Agreement is not in place between the Parties for whatever reason, PBM must enter into a Business Associate Agreement acceptable to IngenioRx prior to performing and/or continuing to perform any Services. Accordingly, in the event the Business Associate Agreement is not signed by PBM or the Business Associate Agreement terminates and is not replaced, IngenioRx may withhold payment for Services involving PHI and/or suspend or terminate this Agreement and/or Services involving PHI without penalty or termination fees.
- 2. ERISA. To the extent applicable, PBM shall comply with the Benefit Claims Procedure Regulation (29 CFR Section 2560.503-1), and any successor regulation, in connection with Claims processing and adjudication and the performance of any other applicable Services, including complying with applicable claims procedure rules for Claims for benefits and adverse benefit determinations.
- 3. Nondiscrimination. PBM and its Approved Subcontractors shall not discriminate against any employee or applicant for employment on the basis of race, color, ancestry, creed, age, genetic information, gender, gender identity, sexual orientation, disability, marital status, religion, national origin, military status, health status, need for health services, health factors, claims experience, receipt of healthcare, medical history, or otherwise. Furthermore, PBM shall perform the Services under this Agreement in a manner which does not involve any discrimination or differentiation as among Members whether on the basis of race, color, ancestry, creed, age, genetic information, gender, gender identity, sexual orientation, disability, marital status, religion, national origin, military status, health status, need for health services, health factors, claims experience, receipt of healthcare, medical history, or otherwise. PBM shall comply with Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act. Additionally, and without limiting the generality of the foregoing, PBM shall not take any retaliatory action against any Member on the ground that such Member files a complaint against PBM or IngenioRx.
- 3.1 <u>Certain Employment Obligations Federal Contracts.</u> When PBM provides Services to IngenioRx relating to federal contracts, PBM agrees to comply with the following federal regulations, as applicable: PBM shall abide by the requirements of 41 CFR §§ 60-1.4(a), 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities, and prohibit discrimination against all individuals based on their race, color, religion, sex, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, national origin, protected veteran status, or disability.
- **4. Escheat.** PBM shall comply with any and all escheat Laws and obligations that directly or indirectly arise as a result of or in connection with Claims processing and adjudication or the performance of any other Services. In addition, PBM shall provide in an IngenioRx-specified format all data and information available to or under the control of PBM that is requested by IngenioRx in order for IngenioRx, Designated Affiliates, Covered Plans, and IngenioRx Customers to satisfy escheat obligations that are or may become the responsibility of IngenioRx, Designated Affiliates, Covered Plans, IngenioRx Customers, or that relate to PBM's handling of the escheat Laws and obligations that directly or indirectly arise as a result of or in

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connection with this Agreement, which at a minimum shall include the following: account numbers, check numbers, issue dates, dollar amounts, company/individual names, street addresses, payment types, taxpayer identification numbers/social security numbers, and other data requested by a Governmental Body.

- Telemarketing Laws and IngenioRx TCPA Guidelines. In performing outbound calls, PBM and its Approved Subcontractors shall comply with all applicable telemarketing Laws, including the Telephone Consumer Protection Act ("TCPA") (47 USC 227), and the rules, regulations and guidance promulgated thereunder issued by the Federal Communications Commission (47 CFR Parts 64 and 68); the Telemarketing and Consumer Fraud and Abuse Prevention Act (15 USC 6101-8) as implemented by the Telemarketing Sales Rule issued by the Federal Trade Commission (16 CFR Part 310); and all other applicable Laws that apply to outbound health related telephone contact, including text or SMS messages sent to wireless numbers, and outbound telemarketing telephone contact, including text or SMS messages sent to landline or wireless numbers with Members, potential members, and providers. PBM shall have a mechanism for receiving and implementing in real time IngenioRx's DNC list to ensure that subsequent calls are not placed to a phone number on IngenioRx's DNC list at any time after PBM receives IngenioRx's DNC list. Further, PBM acknowledges and agrees that it is subject to IngenioRx's Vendor Guidelines for TCPA Compliance ("TCPA Guidelines") attached hereto at Annex 11 (TCPA Guidelines), as amended from time to time by IngenioRx upon written notice to PBM. To the extent the TCPA Guidelines conflict with terms of this Agreement, the more strict requirements applicable to PBM shall control unless otherwise specified by IngenioRx in writing. PBM shall provide IngenioRx with the TCPA reports set forth in Exhibit 1-P (Reporting, Data, and System Access). PBM acknowledges and agrees that, in all cases, the TCPA Checklist completed by PBM and attached at Annex 11 (TCPA Guidelines) submitted by PBM (as updated in accordance with this Agreement) shall meet, and PBM shall comply with, the more stringent requirements under the TCPA Guidelines or Law.
- **6. Website Accessibility Standards.** To the extent PBM is providing development, design, and/or maintenance of any electronic and information technology, including any consumer facing web and/or mobile experiences, PBM shall ensure that all such electronic and information technology meets the accessibility requirements set forth in Section 508 of the Rehabilitation Act (29 USC 794(d)), the related Technical Standards issued by the Architectural and Transportation Barriers Compliance Board (aka the "Access Board"), success level AA or higher of the most current Web Content Accessibility Guidelines issued by the Worldwide Web Consortium, and any other federal or state law which requires specific design elements to accommodate disabled individuals.
- 7. Foreign Corrupt Practices Act ("FCPA"). The FCPA makes it unlawful for a U.S. Company, U.S. citizens, or anyone acting on a U.S. company's behalf (including certain foreign subsidiaries of U.S., companies) to offer, pay, promise or authorize to pay any money, gift or any other items of value directly or indirectly to any Foreign Official with the intent of causing the Foreign Official to misuse such official's position to obtain or retain business for the U.S. company or one of its subsidiaries or affiliates. Under the FCPA, the term Foreign Official is broadly defined to include not only traditional government officials and those employed by government agencies, departments, or ministries, but also employees of companies which are owned or controlled by the state. To obtain or retain business has also been construed broadly to mean other discretionary decisions of government officials, even if they do not relate directly to purchasing decisions. PBM acknowledges and confirms its understanding of the FCPA, and its receipt of a copy of the FCPA, and agrees to comply with those provisions and not to take or fail to take any action that might in any way cause PBM, IngenioRx, or Designated Affiliates to be in violation of the FCPA, or any other applicable anti-bribery laws (including the U.S. Travel Act). PBM makes the following representations and warranties to IngenioRx, and covenants and agrees as follows:
- 7.1 <u>Public and Commercial Bribery Representations, Warranties and Covenants of PBM.</u> PBM hereby represents, warrants, and covenants to IngenioRx that it has not, and covenants and agrees that it will not, in connection with the transactions contemplated by the Agreement or in connection with any other business transactions involving IngenioRx, make or promise to make any payment or transfer of any item of value, directly or indirectly to any Foreign Official with the intent of causing the Foreign Official to misuse such official's position to obtain or retain business for IngenioRx, Designated Affiliates, or one of their

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respective subsidiaries or affiliates. It is the intent of the Parties that no payments or transfers of value shall be made which have the purpose or effect of public or commercial bribery, acceptance of or acquiescence in extortion, kickbacks or other unlawful or improper means of obtaining business.

- 7.2 <u>No Governmental Ownership of PBM.</u> PBM hereby represents and warrants to IngenioRx that no ownership interest, direct or indirect, in PBM or in the contractual relationship established by the Agreement, is held or controlled by any Foreign Official, governmental body, political party, or a family member (or friend) of a Foreign Official through whom the Foreign Official will indirectly benefit from the Agreement.
- 7.3 PBM Compliance Procedures Acknowledgement. PBM agrees (i) any payments to PBM by IngenioRx under the Agreement shall be made by check, wire transfer, or electronic funds transfer ("ACH") only, directly to PBM or to a bank account in PBM's name, and no requests for cash payments or other payments in non-bearer form shall be accepted; (ii) any payments to PBM by IngenioRx shall be made in the United States; (iii) PBM agrees that its Books and Records showing expenses incurred pursuant to this Agreement shall reflect the purpose for which each expenditure was made and for whose benefit the expenditure was made and that there will be written records of each and every Service that PBM performs for IngenioRx or on IngenioRx's behalf; (iv) PBM shall retain accurate, detailed records of, and permit IngenioRx to review upon written request, any expenses or costs of PBM which IngenioRx is required to reimburse under the Agreement, including any training-related expenses; and (v) the terms of the Agreement may be disclosed to Governmental Bodies and other persons with a legitimate need for such information, including, but not limited to, the U.S. Department of Justice.
- 7.4 <u>IngenioRx's Rights upon an FCPA Default</u>. In the event that IngenioRx believes in good faith, and whether or not it has conducted an investigation, that PBM has acted in any way that may subject IngenioRx, a Designated Affiliate, or any of their affiliates to liability under the FCPA, IngenioRx shall have the unilateral right, exercisable immediately upon written notice to PBM, to terminate the Agreement immediately.

8. Affordable Care Act.

- 8.1 For purposes of Section 4980H of the Internal Revenue Code of 1986, as amended ("Code"), PBM agrees and confirms that PBM, and not IngenioRx, is the common-law employer of each PBM personnel. Accordingly, the PBM is responsible for complying with the requirements of Section 4980H of the Code, and the regulations promulgated thereunder with respect to each PBM personnel, including, without limitation, the obligation to offer "Compliant Coverage" (as hereafter defined) on behalf of IngenioRx in accordance with Treas. Reg. § 54.4980H-4(b)(2). As such, the Parties acknowledge and agree that the fee paid by IngenioRx to PBM is higher than the fee that IngenioRx would otherwise pay the PBM if the PBM personnel did not enroll in such Compliant Coverage. For purposes of this Agreement, "Compliant Coverage" means coverage under an "eligible employer-sponsored plan" under Code Section 5000A(f)(2) and applicable regulations and guidance thereunder sponsored by PBM which, with respect to the individual covered by such coverage, as applicable, (i) provides "minimum essential coverage" as defined in Code Section 5000A(f)(1); and (ii) satisfies the terms of Code Section 36B(c)(2)(C)(i) (coverage must be affordable) and Code Section 36B(c)(2)(C)(ii) (coverage must provide minimum value).
- 8.2 For each calendar month covered by this Agreement, PBM shall provide each PBM personnel who is a "full-time employee," as defined in Code Section 4980H(c)(4), the opportunity to enroll himself/herself, and his/her "Dependent(s)" (as defined under applicable regulations and guidance under Code Section 4980H) in Compliant Coverage. PBM, and not IngenioRx, shall be responsible for determining whether any PBM personnel is a full-time employee under Code Section 4980H(c)(4), which determination shall be made in accordance with a method for determining whether an employee is a full-time employee described in applicable regulations or guidance issued under Code Section 4980H. The obligation to provide Compliant Coverage under this subsection applies even to those employees who PBM determines are not full-time employees, but who are later determined by the Internal Revenue Service, a court or other governmental authority to be full-time employees under Code Section 4980H(c)(4).

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- PBM's obligations under <u>Section 8.2</u> above are absolute and are not dependent on whether PBM would be subject to a "Penalty" (as hereafter defined) if any PBM personnel enrolled in a qualified health plan with respect to which an applicable premium tax credit or cost-sharing reduction is allowed or paid with respect to the PBM personnel. By way of illustration and not limitation, PBM shall, for example, be obligated under <u>Section 8.2</u> above to offer any PBM personnel the opportunity to enroll in Compliant Coverage regardless of whether PBM is, in fact, an "applicable large employer" with respect to such PBM personnel or whether PBM has determined that, if PBM failed to offer Compliant Coverage to any PBM personnel for any reason, such as offering Compliant Coverage to at least 95% of its other full-time employees, PBM would not be subject to a Penalty. For purposes of this Agreement, "Penalty" means an assessable payment described in Code Section 4980H(a) or Code Section 4980H(b).
- 8.4 At least annually, or with such other frequency as reasonably requested by IngenioRx, PBM shall certify to IngenioRx its compliance with the terms of this <u>Section 8</u> (Affordable Care Act).
- **9. Office of Foreign Assets Control.** PBM covenants and represents that it complies with the rules set forth by the Office of Foreign Assets Control of the United States Department of Treasury.
- 10. Gratuity Prohibition. IngenioRx may, by written notice to PBM, terminate the Agreement and some or all rights of PBM hereunder if IngenioRx has a reasonable cause to believe that gratuities (in the form of entertainment, gifts, or otherwise that are of inappropriate value and/or not in accordance with IngenioRx's policies in excess of that which is reasonable and customary in IngenioRx's industry, or which would not be considered in good taste if publicly scrutinized) were offered or given by PBM, or any employee, subcontractor, agent or representative of PBM, to an officer or employee of IngenioRx or any Designated Affiliate in a position to secure or influence the awarding or amendment of the Agreement or any determination with respect to PBM's performance hereunder, or any decision or action favorable to PBM.
- 11. Deficit Reduction Act/False Claims Acts. Section 6032 of the Deficit Reduction Act of 2005 ("DRA") and state laws enacted pursuant to the DRA require certain entities such as IngenioRx to establish policies and procedures to help the entity, and its contractors and agents, detect and prevent fraud, waste and abuse relating to services provided for certain government funded programs, including Medicaid. The DRA and state laws also require certain entities to make their suppliers aware: (a) of the provisions of the False Claims Act and similar state statutes prohibiting anyone from knowingly submitting or causing another person or entity to submit false claims for payment of government funds; and (b) that any person in violation is potentially liable for three times the damages or loss to the government plus substantial civil penalties (currently \$5,500 to \$11,000). In addition, the False Statements Act prohibits anyone from making false statements or withholding material information in connection with the delivery of services to, or payments from, the government. Violations of these acts can also result in criminal convictions and imprisonment of up to five (5) years. As part of IngenioRx's policies designed to prevent fraud, waste and abuse, IngenioRx does not retaliate against personnel who report violations (or suspected violations) of state of federal False Claims Acts.
- 12. Covenant Not to Trade on Insider Knowledge. PBM acknowledges that IngenioRx's parent company is a publicly traded corporation. PBM agrees that it will not purchase or sell any stock of IngenioRx's parent company based on IngenioRx Confidential Information. PBM further agrees that, if it discloses IngenioRx Confidential Information to any other person or entity in accordance with this Agreement, it will advise that other person or entity of the duty not to trade based on IngenioRx Confidential Information.

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Schedule C MEDICAID LINE OF BUSINESS

This Schedule C is comprised of the following attachments:

- Attachment 1 to Schedule C (LOB Description of Services Medicaid Line of Business)
- Attachment 2 to Schedule C (LOB Performance Guarantees Medicaid Line of Business)
- Attachment 3 to Schedule C (LOB Fees and Compensation Medicaid Line of Business)
- Attachment 4 to Schedule C (LOB Regulatory Addendum Medicaid Line of Business)

In addition to the above general requirements which apply to all Medicaid Plans under the Medicaid Line of Business, this <u>Schedule C</u> also is comprised of the following state specific requirements which apply to Medicaid Plans participating in the Medicaid program in the respective state:

- Schedule C-1 Arkansas Medicaid Plans
- Schedule C-2 California Medicaid Plans
- Schedule C-3 District of Columbia Medicaid Plans
- Schedule C-4 Florida Medicaid Plans
- Schedule C-5 Georgia Medicaid Plans
- Schedule C-6 Iowa Medicaid Plans
- Schedule C-7 Indiana Medicaid Plans
- Schedule C-8 Kentucky Medicaid Plans
- Schedule C-9 Louisiana Medicaid Plans
- Schedule C-10 Maryland Medicaid Plans
- Schedule C-11 Nevada Medicaid Plans
- Schedule C-12 New Jersey Medicaid Plans
- Schedule C-13 New York Medicaid Plans
- Schedule C-14 Reserved
- Schedule C-15 South Carolina Medicaid Plans
- Schedule C-16 Texas Medicaid Plans
- Schedule C-17 Virginia Medicaid Plans
- Schedule C-18 Washington Medicaid Plans

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Attachment 1 to Schedule C LOB DESCRIPTION OF SERVICES – MEDICAID LINE OF BUSINESS (All Medicaid Plans)

In addition to the Services set forth in <u>Exhibit 1</u> (Description of Services) and the sub-Exhibits thereunder, in connection with the Medicaid Line of Business, PBM shall also provide the Services set forth in this <u>Attachment 1 to Schedule C</u> (LOB Description of Services – Medicaid Line of Business). To the extent the provisions of this <u>Attachment 1 to Schedule C</u> (LOB Description of Services – Medicaid Line of Business) and/or the sub-Exhibits thereunder, the provisions of this <u>Attachment 1 to Schedule C</u> (LOB Description of Services – Medicaid Line of Business) shall control for purposes of the Medicaid Line of Business.



Attachment 2 to Schedule C LOB PERFORMANCE GUARANTEES – MEDICAID LINE OF BUSINESS (All Medicaid Plans)

| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|---|-----------------------|---|---|---------------------|---------------------|---------------------|---------|
| 1 | IngenioRx Division | IngenioRx Division Responsiveness | PBM guarantees that IngenioRx Division personnel identified by IngenioRx will acknowledge receipt of 99% of calls or email communications from IngenioRx, within one (1) Business Day of receipt. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 2 | IngenioRx Division | Action Log | IngenioRx Division personnel identified by IngenioRx shall maintain and distribute to IngenioRx on a weekly basis an action log which documents and tracks all administrative, operational, clinical, and financial issues and provides the information to track responses and resolution. | Weekly | Monthly | Contract Quarter | |
| 3 | IngenioRx Division | IngenioRx Satisfaction Survey | A satisfaction survey shall be conducted by a third-party vendor biannually among IngenioRx's management team. Overall satisfaction ratings of at least 4 on a 5-point scale (5 is best rating) shall be guaranteed. For the purposes of this guarantee, satisfaction shall be defined as Very Satisfied or better on the following 5-point scale; Completely Satisfied, Very Satisfied, Satisfied, Dissatisfied, Very Dissatisfied. PBM shall be responsible for all costs associated with conducting the surveys. Any survey to be utilized must be approved by IngenioRx prior to its use. | Contract Year | Contract Year | Contract Year | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|---|-----------------------|---|--|---------------------|---------------------|---------------------|---------|
| 4 | IngenioRx Division | IngenioRx Account Quarterly Meeting | IngenioRx and IngenioRx Division personnel identified by IngenioRx shall conduct a quarterly operational meeting within forty-five (45) days of the end of the Contract Quarter (which at IngenioRx's discretion may be held on-site at the PBM, telephonically, or at such other location to be determined by IngenioRx) to be attended by the appropriate senior officers or subject matter experts of PBM and appropriate officers or subject matter experts of be reviewed include, but are not limited to, overall service, issue and tracking resolution, open/pro-active communication, meeting clinical, operation, and strategic needs. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 5 | IngenioRx Division | IngenioRx Account Quarterly Operational Meeting | IngenioRx and IngenioRx Division personnel identified by IngenioRx shall conduct a quarterly operational meeting within forty-five (45) days of the end of the Contract Quarter (which at IngenioRx's discretion may be held on-site at the PBM, telephonically, or at such other location to be determined by IngenioRx) to be attended by the appropriate senior officers or subject matter experts of PBM and appropriate officers or subject matters experts of IngenioRx. At this meeting, IngenioRx and PBM shall discuss performance, service, and compliance issues (including financial performance). | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|---|-------------------------------|--|---|------------------|------------------|---------------------|---------|
| 6 | IngenioRx Division | Account Services | PBM will accurately and completely represent the Dedicated Personnel and the Designated Personnel and their roles to IngenioRx. Any proposed changes to IngenioRx Division personnel and their roles will be presented to IngenioRx in writing thirty (30) days prior to the change, excluding immediate dismissals, injuries or other causes beyond PBM's control. PBM will allow IngenioRx to review and approve the changes prior to implementation of the change. | Contract Year | Contract Year | Contract Year | |
| 7 | IngenioRx Division | IngenioRx Account Weekly Reporting | IngenioRx Division personnel identified by IngenioRx will provide a weekly status report that highlights outstanding open issues and will be available to meet with IngenioRx on a weekly basis to discuss the status report. | Weekly | Monthly | Contract Quarter | |
| 8 | IngenioRx Division | IngenioRx Account Issue Response | PBM guarantees that if any issue cannot be resolved within two (2) Business Days, PBM will, within one (1) Business Day of receipt by PBM, provide an action plan via electronic or verbal communication to IngenioRx. | Weekly | Monthly | Contract Quarter | |
| 9 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy - Prescription Accuracy | PBM's accuracy in dispensing Prescriptions from its PBM Mail Order Pharmacies (correct drug, correct strength, correct dosage form, correct labeling, and correct Member) shall be at least 99.995%. | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-------------------------------|--|---|----------|----------|---------------------|---------|
| 10 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy – Mail Turnaround Time - No Intervention Required | PBM shall dispense and ship from PBM Mail Order pharmacies all clean (not requiring intervention or clarification) prescriptions for Covered Drugs to IngenioRx Members as follows: 99% within two (2) Business Days and 100% within five (5) Business Days from (and including) the date of the PBM Mail Order Pharmacy's receipt of the prescription. This performance standard is measured by dividing the total number of Business Days commencing on the date of the PBM Mail Order Pharmacy's receipt of each clean prescriptions for Covered Drugs to be shipped to an IngenioRx Member through (and including) the date on which the PBM Mail Order Pharmacy ships such Covered Drugs to the IngenioRx Member by (b) total number of clean prescriptions for | Monthly | Monthly | Contract Quarter | |
| 11 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy - Turnaround Time - Intervention Required | Covered Drugs shipped to IngenioRx Members. PBM shall dispense and ship from PBM Mail Order Pharmacies all non-clean (requiring intervention or clarification) prescriptions for Covered Drugs to IngenioRx Members as follows: 99% within five (5) Business Days and 100% within seven (7) Business Days from (and including) the date of the PBM Mail Order Pharmacy's receipt of the prescription. This performance standard is measured by dividing the total number of Business Days commencing on the date of the PBM Mail Order Pharmacy's receipt of each clean prescriptions for Covered Drugs to be shipped to an IngenioRx Member through | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-------------------------------|--|---|----------|----------|---------------------|---------|
| | | | (and including) the date on which the PBM Mail Order Pharmacy ships such Covered Drugs to IngenioRx Member by (b) total number of clean prescriptions for Covered Drugs shipped to IngenioRx Members. | | | | |
| 12 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy – Member Service – Phone Abandonment Rate | PBM guarantees calls to PBM Mail Order Pharmacy customer service toll-free phone lines shall have an abandonment rate of 2% or less. | Monthly | Monthly | Contract Quarter | |
| 13 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy – Member Service – Phone Speed of Answer | For inbound calls to PBM's customer service lines that are supporting IngenioRx, PBM shall answer 85% of inbound calls within thirty (30) seconds or less and 100% of inbound calls within an average of 30 seconds (including calls routed to an IVR). | Monthly | Monthly | Contract Quarter | |
| 14 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy – Member Service - Call Blockage | PBM will have a call blockage rate of no greater than 0%. Carrier will have a call blockage rate of no greater than 1%; provided that in no case shall PBM instruct or permit carrier to block calls. Measured by (i) the number of incoming telephone calls received by the PBM Mail Order Pharmacy member service telephone line which were never received by the member service representative, due to being incomplete, unanswered or the caller receiving a busy signal, divided by (ii) the total number of incoming telephone calls received by the PBM Mail Order Pharmacy member service telephone line. | Monthly | Monthly | Contract Quarter | |
| 15 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy - Response to Member | PBM shall respond to 97% of Member telephone inquiries within twenty-four (24) hours. | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-------------------------------|--|--|---------------------|---------------------|---------------------|---------|
| | | Telephone Inquiries | | | | | |
| 16 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy - Member Services TAT for Response of Email Inquiries | PBM guarantees 97% of email inquiries received by PBM Mail Order Pharmacy member services department from all Members will be responded to within fortyeight (48) hours following the Business Day on which such inquiry was received. An automated response to received inquiries does not constitute a response for purposes of this guarantee and will not be included in measuring whether this guarantee has been met. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 17 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy – First Call Resolution | PBM will resolve at least 95% of issues at the first point of contact. First call resolution is the number of inquiries completely resolved at the time of initial contact divided by the total inquiries. Upon IngenioRx's request, this shall be measured based upon real-time member satisfaction surveys approved by IngenioRx following each Member call (e.g. Medallia). | Contract Quarter | Contract Quarter | Contract Quarter | |
| 18 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy - Member Satisfaction Survey | Satisfaction surveys shall be conducted by a third-party vendor during the Covered Plan year of IngenioRx prescription drug benefit Members. Survey respondents shall be selected at random from Members who have recent experiences with one or more of the following PBM Services: 1) retail pharmacy benefits; 2) PBM Mail Order Pharmacy benefits; 3) Customer Care. Overall satisfaction ratings of at least 90% shall be guaranteed. | Contract Year | Contract Year | Contract Year | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-------------------------------|---|---|---------------------|---------------------|---------------------|---------|
| | | | satisfaction shall be defined as Very Satisfied or better on the following 5-point scale; Completely Satisfied, Very Satisfied, Satisfied, Dissatisfied, PBM shall be responsible for all costs associated with conducting the surveys. Any survey to be utilized must be approved by IngenioRx prior to its use. | | | | |
| 19 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy - Claims Processing Accuracy | 99.0% of PBM Mail Order Pharmacy Claims shall be processed without payment errors. | Contract Year | Year | Contract Year | |
| 20 | PBM Mail Order Pharmacy | PBM Mail Order Pharmacy – PBM Mail Order Pharmacy(s) Audit | PBM will utilize the same audit criteria used for retail network pharmacies for PBM Mail Order Pharmacy Claim audits. Utilizing these criteria, PBM will audit a minimum of three percent (3%) of PBM Mail Order Pharmacy Claims as either desk-top or on-site Claims audits Calculation Detail: The number of PBM Mail Order Pharmacy Claims that undergo either a desk-top or on-site audit divided by the total number of PBM Mail Order Pharmacy Claims for the specific Contract Year | Contract Quarter | Contract Quarter | Contract Quarter | |
| 21 | PBM Specialty Pharmacy | PBM Specialty Pharmacy – Member Service - Phone Speed of Answer | For inbound calls to PBM's customer service lines that are supporting IngenioRx, PBM shall answer 85% of inbound calls within thirty (30) seconds or less and 100% of inbound calls within an average of 30 seconds (including calls routed to an IVR). | Monthly | Monthly | Contract Quarter | |
| 22 | PBM Specialty Pharmacy | PBM Specialty Pharmacy - Member Service - Call | PBM guarantees calls to PBM Specialty Pharmacy customer service toll-free phone lines shall have an abandonment rate of 2% or less. | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------------------|---|---|----------|----------|---------------------|---------|
| | | Abandonment | | | | | |
| 23 | PBM Specialty Pharmacy | PBM Specialty Pharmacy – Member Service - Blockage Rate | PBM will have a call blockage rate of no greater than 0%. Carrier will have a call blockage rate of no greater than 1%; provided that in no case shall PBM instruct or permit carrier to block calls. Measured by (i) the number of incoming telephone calls received by the PBM Specialty Pharmacy member service telephone line which were never received by the member service representative, due to being incomplete, unanswered or the caller receiving a busy signal, divided by (ii) the total number of incoming telephone calls received by the PBM Specialty Pharmacy member service telephone line. | Monthly | Monthly | Contract Quarter | |
| 24 | PBM Specialty Pharmacy | PBM Specialty Pharmacy - Response to Member Telephone Inquiries | PBM shall respond to 97% of Member telephone inquiries that require a call back within twenty-four (24) hours. | Monthly | Monthly | Contract Quarter | |
| 25 | PBM Specialty Pharmacy | PBM Specialty Pharmacy - Dispensing Accuracy | PBM accuracy in dispensing Covered Drugs from its PBM Specialty Pharmacies (correct drug, correct strength, correct dosage form, correct labeling, and correct Member) shall be at least 99.990%. | Monthly | Monthly | Contract Year | |
| 26 | PBM Specialty Pharmacy | PBM Specialty Pharmacy – On-time Delivery of Scheduled Orders | PBM Specialty Pharmacy guarantees 99.5% on-time delivery of scheduled orders. | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------------------------------|---|---|-------------------------------|-------------------------------|-------------------------------|---------|
| 27 | PBM Specialty Pharmacy | PBM Specialty Pharmacy - Member Services TAT for Response of Email Inquiries | PBM guarantees 97% of email inquiries received by PBM's Customer Care Department from all Members will be responded to within forty-eight (48) hours following the Business Day on which such inquiry was received. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 28 | PBM Specialty Pharmacy | PBM Specialty Pharmacy - IngenioRx Specialty Survey | Satisfaction surveys shall be conducted by a third-party vendor at least 2 times per year (aggregated 1/1 - 6/30 and 7/1 - 12/31 with reporting forty-five (45) days after closing period). Survey respondents shall be selected at random from Members who have recent experiences with PBM Specialty Pharmacy. PBM must achieve a goal of 90% or greater on Overall Satisfaction. The PG will be annual and an average of the 2 surveys will be calculated as the final rate. For the purposes of this guarantee, satisfaction shall be defined as Very Satisfied or better on the following 5-point scale, Completely Satisfied, Very Dissatisfied, PBM shall be responsible for all costs associated with conducting the surveys. Any survey to be utilized must be approved by IngenioRx prior to its use. | Twice per Contract Year | Twice per Contract Year | Twice per Contract Year | |
| 29 | PBM Specialty Pharmacy | PBM Specialty Pharmacy - Claims Processing Accuracy | 99.0% of PBM Specialty Pharmacy Claims shall be processed without payment errors. | Contract Year | Contract Year | Contract Year | |
| 30 | Pharmacy Help Desk Call Metrics | Pharmacy Help Desk Phone Speed of Answer | PBM shall answer 85% of inbound calls placed to PBM's toll-free Pharmacy Help Desk line within thirty (30) seconds or less and 100% of inbound calls placed to PBM's toll-free Pharmacy Help Desk line within an average of thirty (30) seconds or less (including calls routed to an IVR). | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------------------------------|--|---|---------------------|---------------------|---------------------|---------|
| 31 | Pharmacy Help Desk Call Metrics | Pharmacy Help Desk - Blocked Call Rate | Zero percent (0%) of all calls shall be blocked by PBM. Carrier will have a call blockage rate of no greater than 1%; provided that in no case shall PBM instruct or permit carrier to block calls. | Monthly | Monthly | Contract Quarter | |
| 32 | Pharmacy Help Desk Call Metrics | Pharmacy Help Desk - First Call Resolution | 98% of all calls shall be resolved within the first call. | Monthly | Monthly | Contract Quarter | |
| 33 | Pharmacy Help Desk Call Metrics | Pharmacy Health Desk Phone Abandonment Rate | Inbound calls to PBM's toll-free Pharmacy Help Desk lines shall be answered with an abandonment rate of 1% or less | Monthly | Monthly | Contract Quarter | |
| 34 | Pharmacy Network | On-site Pharmacy Audits | Annually seven percent (7%) of IngenioRx's utilized participating Network pharmacies filling more than 250 IngenioRx Claims during previous Contract Year will receive on-site audits subject to PBM auditing standards. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 35 | Pharmacy Network | Fraud, Waste and Abuse Reporting | PBM will provide a formal quarterly FWA report that details all FWA activities for the applicable Contract Quarter. PBM activities for each Contract Quarter will include: pharmacy claims audits, prescriber inquiries and confirmation requests, Member inquiries and confirmation requests, FWA alerts received from Members, FWA alerts received from providers and the financial impact of the FWA activities for the applicable Contract Quarter and year to date. The quarterly FWA report will be due thirty (30) days from the close of each Contract Quarter. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 36 | Pharmacy Network | Network Pharmacy Network File | PBM shall provide a file of all Network Pharmacies within fifteen (15) days after the end of each quarter 99% of the time. | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|--------------------------|--|--|---------------------|---------------------|---------------------|---------|
| 37 | Pharmacy Network | Pharmacy Contract Requests | PBM shall offer a Pharmacy contract to the Pharmacy within five (5) Business Days of such request. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 38 | Pharmacy Network | Pharmacy Issue Resolution | 99% of Pharmacy issues shall be responded to within twenty-four (24) hours of receipt of such request. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 39 | Pharmacy Network | Pharmacy Termination | In the event PBM receives notification of intent to terminate from a pharmacy with 20 or more locations, PBM will notify IngenioRx within five (5) Business Days of receipt of such notification and provide an associated Member impact report. | Per Incident | Monthly | Contract Quarter | |
| 40 | Pharmacy Network | Network Comparison | 98% of network comparisons shall be provided within five (5) Business Days of receipt of such request, contingent upon NPI or NCPDP being available. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 41 | Claims Processing | Electronic Claims Processing Accuracy | PBM on-line claims processing System shall operate with a ninety-nine and ninety-five one-hundredths of one percent (99.95%) accuracy rate. This means that <0.05% of all Claims (regardless of distribution channel – e.g., retail, mail, specialty) adjudicated in a Contract Quarter will have no errors. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 42 | DMR Claims Processing | Member Submitted Claims Processing Accuracy | 99% of Member Submitted Claims processed without payment errors. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 43 | Benefit Setup | Formulary Setup and Changes/ Updates – Timeliness and Accuracy | Timeliness: Formulary Changes – - 99% of Formulary changes shall be coded, tested, and implemented within five (5) Business Days. - 100% of Formulary changes shall be coded, tested, and implemented within seven (7) Business Days. | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------|---|---|----------|----------|---------------------|---------|
| | | | - All mass (with what constitutes "mass" being determined by IngenioRx) Formulary changes will be coded, tested, and implemented based on a mutually agreed upon timeframe. Formulary Corrections 99% of Formulary corrections shall be coded, tested, and implemented within three (3) Business Days 100% of Formulary corrections shall be coded, tested, and implemented within five (5) Business Days. Accuracy: Formulary changes shall be coded and implemented with 98% accuracy in accordance with the timeframes set forth above. Formulary coding accuracy is measured by the number of formulary edits loaded accurately divided by the total number of formulary edits. | | | | |
| 44 | Benefit Setup | Plan Design New and Changes/Update s –Timeliness | 98% of new and revised Plan Design information will be accurately loaded, tested, and implemented within three (3) Business Days following submission of a clean, clear, signed documented request from IngenioRx. AND 100% of new and revised Plan Design information will be accurately loaded, tested, and implemented within five (5) Business Days following submission of a clean, clear, signed documented request from IngenioRx. | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|----------------|---|---|---------------------|---------------------|---------------------|---------|
| 45 | Benefit Setup | Urgent Plan Design Set Up- Timeliness | 100% of urgent request for Plan Design setup shall be accurately loaded, tested, and implemented within forty-eight (48) hours of such request. | Monthly | Monthly | Contract Quarter | |
| 46 | Benefit Setup | Plan Design Accuracy | PBM will meet 98.5% Plan Design setup accuracy rate for new and revised Plan Designs. Accuracy rate will be calculated by the number of Plan Design submissions with no set-up issue identified (new and revised), divided by the total number of Plan Design submissions. Set-up issues are defined as issues identified and tracked via the Ops Service Assurance Referral Process which resulted from a global audit, monthly (or bi-monthly) benefit audits, or any other referral or audit identified. | Contract Quarter | Contract Year | Contract Year | |
| 47 | Clinical Edits | Clinical Edit Setup – Accuracy and Timeliness | Timeliness: - 99.5% of new clinical service and/or program rules edits shall be coded, tested, and implemented within ten (10) Business Days of IngenioRx's request. - 99.5% of changes to clinical service and/or program rules edits shall be coded, tested, and implemented within seven (7) Business Days of IngenioRx's request. - All mass (with what constitutes "mass" being determined by IngenioRx) Formulary changes will be coded, tested, and implemented based on a mutually agreed upon timeframe. Accuracy: Clinical service and/or program rules edits shall be coded and implemented with | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|----------|---|---|---------------------|---------------------|---------------------|---------|
| | | | 98.5% accuracy in accordance with the timeframes set forth above. Clinical service and/or program edit accuracy is measured by the number of edits loaded accurately divided by the total number of edits. | | | | |
| 48 | System | Claims Processing System Availability | PBM on-line claims processing System shall be available to accept and process claims a minimum of ninety-nine point nine-eight percent (99.98%) of the time excluding any System maintenancx prior to the System maintenance. Scheduled maintenance will not be performed during routine pharmacy business hours. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 49 | System | On-line Adjudication Systems Response Time | Average response time of the point-of-sale adjudication System shall be within two (2) seconds, excluding scheduled down time. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 50 | System | Call Center Application Availability | 99.8% of call center applications Systems (including pharmacy help desk, mail order pharmacy call center, specialty pharmacy call center, etc.) availability excluding scheduled down time. | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|----------|---|---|---------------------|---------------------|---------------------|---------|
| 51 | System | Point of Sale (POS) Claims Processing | PBM shall operate an online claims processing System (OLPS) that operates in real time to help ensure accurate and timely payment of Claims submitted by Participating Pharmacies. PBM's on- line clams processing System shall meet at a minimum the following: | Contract Quarter | Contract Quarter | Contract Quarter | |
| | | | PBM shall take no more than 15 minutes for standard repairs within PBM control (excludes events such as communications carrier problems) PBM will provide Plans with a monthly report thirty (30) days after the end of the month that measures total unscheduled System downtime versus actual time the System was available. | | | | |
| 52 | System | Point of Sale (POS) Claims Processing | PBM shall operate an online claims processing System (OLPS) that operates in real time to help ensure accurate and timely payment of Claims submitted by Participating Pharmacies. PBM's on- line clams processing System shall meet at a minimum the following: 0% downtime during peak hours. Less than 0.5% of non-scheduled maintenance time during off peak hours. PBM will provide Plans with a monthly report thirty (30) days after the end of the month that measures total unscheduled System downtime versus actual time the | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-------------|----------------------------|--|---------------------|---------------------|---------------------|---------|
| 53 | System | Data Availability | 100% of all adjudicated Claims will be loaded into PBM's reporting portal and available within one (1) hour after adjudication (including rejected Claims). | Contract Quarter | Contract Quarter | Contract Quarter | |
| 54 | Eligibility | Eligibility - File Load | Eligibility (group and member) updates (adds, changes, terminations) will be loaded within twelve (12) hours of receipt, seven (7) days per week with the exception of full files, which will be loaded within twenty-four (24) hours of receipt, seven (7) days per week. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 55 | Eligibility | Eligibility - Accuracy | PBM guarantees 100% of usable, error- free program eligibility files received and loaded by PBM without error. Calculated as the number of eligibility files audited and found to be processed and loaded without error divided by the total number of eligibility files received. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 56 | Eligibility | Eligibility - Reporting | PBM shall produce an error report on eligibility file updates within four (4) hours of the successful update of a clean and complete eligibility file. | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|--|---------------------------------|---|---------------------|---------------------|---------------------|---------|
| 57 | Issues Management and Resolution | Preliminary Impact Reporting | When system, quality, or performance issues impacting IngenioRx have been identified (by IngenioRx, PBM or otherwise), PBM will identify and deliver the following: Issue Type : | Per Incident | Monthly | Contract Quarter | |
| 58 | Issues Management and Resolution | Impact Reporting - Accuracy | Impact reports delivered by the PBM will have a guaranteed accuracy rate of 99.99% Measured by each defect (e.g. invalid data, invalid field included, null field data, etc.) divided by the total volume of data elements contained in the report | Contract Quarter | Contract Quarter | Contract Quarter | |
| 59 | Reporting | Accuracy of Standard Reports | PBM shall electronically provide IngenioRx with ninety-nine point nine percent (99.9%) accuracy, consistency and reliability in all of the Standard Reports as set forth in the Agreement | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-----------|--|--|---------------------|---------------------|---------------------|---------|
| | | | PBM shall provide all Standard Reports according to the timeframes specified in the Agreement. The Plans shall review all Standard Reports for accuracy, consistency, reliability and timeliness, as set forth in the Agreement and applicable attachments. In the event that the Agreement and/or applicable attachments do not specifically set for a standard for accuracy, consistency, reliability and timeliness, PBM and Plans shall agree on such standard or shall comply with corresponding industry standards as published or identified by reliable sources agreed to by both Parties. | | | | |
| 60 | Reporting | Management Reports | PBM guarantees to provide all daily, weekly, monthly, quarterly, and annual reports to be delivered in a time frame as described in the Agreement. PBM guarantees that all daily, weekly, monthly, quarterly and annual reports will be accurate, with relationship to the information in the Systems. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 61 | Reporting | Timelines of Report Delivery – MAC Pricing | Reporting to be provided at the time documented in each report below. PBM shall: Provide a monthly MAC pricing report. This report will be provided no later than three (3) Business Days after the close of the month. The report should include the following data elements: GCN, Package Size, Generic Name, Strength, Form, Previous Month Pricing AND Current Month Pricing broken down by Retail Non-Part D, Non-Medicaid | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-----------|---|---|---------------------|---------------------|---------------------|---------|
| | | | (WLPA), Retail Medicaid (WLPB), Mail Non-Part D (WLPM), Favorability, \$ Change, % Change AND Threshold Check for WLPA, WLPB, WLPM and Reason (for significant changes). | | R | | |
| | | | Additionally, the above reporting will be provided for on an ad hoc basis for any LOB or Group within three (3) Business Days of the request from IngenioRx. | | | | |
| 62 | Reporting | Timelines of Report Delivery – Rebate Rates | Provide a monthly file of rebate rates by drug at the NDC level for each LOB for prior, current, and future periods to IngenioRx with information included in the report that was available at the time the report was pulled. This report will be provided no later than seven (7) days after the close of the month. | Monthly | Monthly | Contract Quarter | |
| 63 | Reporting | Timelines of Report Delivery – Unbilled Rebates | Provide a detail schedule of all rebates that have not been billed for any reason — include reason for errors, estimated dollar amount of correction and estimated correction date. This report will be provided on the first of each month and include any rebate billing issues that were identified at least thirty (30) days prior. PBM will include any known rebate billing issues on the report but will only be required to have details on reason for error and estimated amount/correction date for those issues thirty (30) or more days past identification date. | Monthly | Monthly | Contract Quarter | |
| 64 | Reporting | Notification of Policy Changes | Copies of PBM Policies and Procedures Within five (5) Business Days of a request by IngenioRx for a copy of a PBM policy(s) and procedure(s), PBM shall provide IngenioRx with the requested policy(s) and procedure(s). | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-----------|---|---|---------------------|---------------------|---------------------|---------|
| | | | IngenioRx Review/Required Changes to PBM Policies and Procedures Within ten (10) Business Days of a request by IngenioRx to modify a policy(s) and procedure(s), PBM shall so modify the policy(ies) and procedure(s) as required by Section 5.8.2.2 (IngenioRx Review/Required Changes to PBM Policies and Procedures) of the Agreement and provide IngenioRx with a copy of the revised policy(ies) and procedure(s). Notification of Material Changes by PBM to PBM Policies and Procedures Within seven (7) Business Days of a change in a PBM policy(s) and/or procedure(s) impacting IngenioRx and/or any of the Services, PBM shall notify IngenioRx in writing via email (or such other means mutually agreed upon) of such change and provide a copy of the written policy and procedure to IngenioRx Pharmacy Contract Compliance. | | | | |
| 65 | Reporting | Performance Guarantee Documentation | Within five (5) Business Days of IngenioRx's request, PBM will provide IngenioRx with documentation of proof that PBM met a particular Performance Standard as requested by IngenioRx. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 66 | Reporting | SSAE-18 Performance Guarantee | PBM shall provide IngenioRx a copy of its annual SSAE 18/SOC1Report and its annual SOC2 Report, which meet the requirements set forth in Section 11.7 (SOC 1 and SOC 2 Audit Reports) of the Agreement. The SSAE 18 SOC1 Report and the SOC2 Report shall be provided to IngenioRx no later than thirty (30) days from the due date established by | Contract Year | Contract Year | Contract Year | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|-----------------------------|---|--|---------------------|---------------------|---------------------|---------|
| | | | IngenioRx. Bridge letters covering the period from the end of the SSAE 18/SOC1 Report and SOC2 Report audit periods through the end of IngenioRx's financial reporting period shall also be provided by PBM within thirty (30) days of IngenioRx's request. | | | | |
| 67 | Reporting | Subcontracted Vendor Validation Report | PBM shall provide IngenioRx with a quarterly subcontracted vendor validation report that identifies all subcontracted vendors compliance with all IngenioRx subcontractor requirements and regulations as well as compliance with all contractual terms as related to the Agreement between IngenioRx and PBM. The report will include actions performed by PBM to identify IngenioRx and contractual requirements regarding the subcontracted entities and their compliance with those requirements. The report will be provided to IngenioRx ten (10) days after the close of the quarter. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 68 | Corrective Action Plans | Issued Corrective Action Plans | PBM will meet the requirements of IngenioRx issued CAPs based on agreed upon scope and timeline | Contract Quarter | Contract Quarter | Contract Quarter | |
| 69 | Corrective Action Plans | Corrective Action Plans - Closure Criteria Agreement | PBM will work with IngenioRx to jointly agree upon requirements needed for CAP closure within ten (10) Business Days of CAP issuance. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 70 | Web Tools and Mobile App | Web Portal | 99% availability for both direct access as well as Single Sign-on access from IngenioRx Member Portal (if applicable) with a quarterly average speed of response of 4 seconds or less, excluding scheduled down time. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 71 | Web Tools and Mobile App | Mobile App | 99% availability for use, excluding scheduled down time | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---|-------------------------------|---|---------------------|---------------------|---------------------|---------|
| 72 | Web-Based Formulary | Web Formulary File | PBM shall supply a report of Formulary lists for Covered Plans, IngenioRx Customers, and Groups by 12 pm Eastern time on the third day of each month. Each report shall be on time, complete and 100% accurate based on the information received by IngenioRx and contained in the System at the time the report was produced. | Monthly | Monthly | Contract Quarter | |
| 73 | File Transfers, Data Accuracy, Delivery Timeliness | Other File Load Timeliness | Clean and Complete files including prior authorization, mail-order open refills, etc. will be loaded within ten (10) Business Days of receipt or the date that all supporting data requirements are defined and/or eligibility is loaded to the System. PBM shall provide notification to IngenioRx whenever a scheduled production file will be delayed more than four (4) hours from normal delivery time. Notification will need to be made to IngenioRx Pharmacy Ops. PBM shall also provide notification to IngenioRx when the file is finally sent to same notification list. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 74 | File Transfers, Data Accuracy, Delivery Timeliness | Data File Corrections | PBM shall supply file corrections that do not require an IT release within seven (7) Business Days of notification of the need for a file correction. If PBM is unable to regenerate file within seven (7) Business Days, PBM needs to provide IngenioRx a reasonable and achievable estimated time of arrival of the new file by the end of the seventh (7th) Business Day. PBM will provide accurate replacement files. Replacement files should be quality checked to ensure all data fields meet | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---|--------------------------------------|--|---------------------|---------------------|---------------------|---------|
| | | | noted requirements. Files to be considered: Daily Accum / DCT / CDH Files Daily VAP claims files Daily Claims files Daily Rejected Claims Files Weekly Billing Files Rebate Files Benefit File Formulary File every two (2) weeks Monthly NCPDP Pharmacy File RX Network File Network Margin Pricing Files | | | | |
| 75 | File Transfers, Data Accuracy, Delivery Timeliness | Data Quality | PBM shall provide accurate and correctly formatted data on all regularly scheduled production files, which may include the following: Daily Accum / DCT / CDH Files Daily VAP claims files Daily Claims files Daily Claims files Daily Rejected Claims Files Weekly Billing Files Rebate Files Benefit File Formulary File every two (2) weeks Monthly NCPDP Pharmacy File RX Network File Network Margin Pricing Files | Contract Quarter | Contract Quarter | Contract Quarter | |
| 76 | Mandate and Regulatory | Policy and Procedures Requests | Delivery of PBM client facing Policy & Procedures upon request will occur within five (5) days for existing P&Ps that do not require any changes within fifteen (15) days for new P&Ps or P&Ps that require changes | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------------------|--|--|---------------------|---------------------|---------------------|---------|
| 77 | Mandate and Regulatory | Advisory Services | PBM will provide IngenioRx with meaningful pharmacy management advisory services in regards to compliance with State and Federal regulatory requirements, claims processing edits, formularies, patient access to medication, and cost management as opportunities are made available. These advisory services will be documented in a quarterly advisory services report due within forty-five (45) days from the end of the applicable Contract Quarter for the report. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 78 | Mandate and Regulatory | Implementation Plans - Status Reports | PBM will provide IngenioRx with status reports regarding the completion of deliverables set forth in the Implementation Plans developed for new or existing Laws on a weekly basis. | Weekly | Monthly | Contract Quarter | |
| 79 | Mandate and Regulatory | Implementation Plans - Timely Completion | PBM will timely complete 100% of its deliverables set forth in the Implementation Plans developed for new or existing Laws according to the timeframes outlined in such Implementation Plans. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 80 | HIPAA Compliance | Privacy | For breaches, improper disclosures, privacy events or other events involving the inappropriate use or disclosure of Protected Health Information (PHI) or other private, confidential or protected information in any way pertaining to IngenioRx or any of its Members/clients/customers/vendors, written notification must be made to the IngenioRx Pharmacy Contract Compliance and Audit Department within twenty-four (24) hours of the known breach, disclosure, or other event. A meeting shall also be scheduled within twenty-four (24) hours of such notice to further discuss the | Weekly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|--|------------------------------|---|------------------|------------------|---------------------|---------|
| | | | event(s) and appropriate responses/actions to be taken. | | | | |
| 81 | Pricing File Updates | Prescription File Updates | PBM shall update pricing files used by the adjudication Systems within one (1) Business Day of receipt from the pricing vendor. | Weekly | Monthly | Contract Quarter | |
| 82 | Pharmacy Network | Network Access Changes | PBM guarantees that there will not be greater than 20% total net loss of pharmacies in PBM national network provided that pharmacies remain in business, are not involved in fraudulent activities, or perform any actions that warrant removal from the network. This performance guarantee does not apply to any retail network pharmacy participating in the national network that has not dispensed any prescriptions to Members of IngenioRx within the previous six (6) months or to pharmacy network changes due to IngenioRx's request for removal of pharmacies from the network. Calculation Detail: The number of retail pharmacy providers as measured thirty (30) days prior to the annual report date divided by the number of retail pharmacy providers at the beginning of the annual period, adjusted by the number of pharmacies closed due to disaster or closure. Measured annually, penalty is annual | Contract Year | Contract Year | Contract Year | |
| 83 | File Transfers, | Claim File | A Claim detail file shall be transferred | Contract | Contract | Contract | |
| | Data Accuracy, Delivery Timeliness | Transfer Timeliness | successfully to designee within three (3) Business Days after the end of each billing cycle. This guarantee is measured and | Quarter | Quarter | Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------------|---|--|---------------------|---------------------|---------------------|---------|
| | | | reported on a Contract Year and IngenioRx specific basis. | | | | |
| 84 | Reporting | Performance Guarantee Report Card | PBM shall provide a Performance Guarantee Report Card, reporting all guarantees no later than thirty (30) days after the end of the applicable Contract Quarter. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 85 | Pharmacy Network | Fraud, Waste and Abuse (FWA) | PBM will utilize its FWA programs for the active identification of potential fraud, waste and abuse. These include the retrospective System review and risk stratification identified and prioritized questionable utilization profiles. An active review of Claims is performed to identify suspicious behavior patterns such as high number of controlled substance Claims, multiple prescribers of controlled substances, prescriptions filled at multiple pharmacies, excessive utilization, and high cumulative daily dose of acetaminophen (APAP). All suspected FWA cases will be forwarded to IngenioRx for action. IngenioRx shall be notified of any retail pharmacy that is removed from the national network due to fraud, waste or abuse. | Contract Year | Contract Year | Contract Year | |
| 86 | Pharmacy Network | Pharmacy Network Desk Audit | All electronic Claims data submitted to PBM are reviewed and subject to audit. System edits applied at the point-of-service act as an automated management tool to monitor and ensure compliance to program parameters before the prescription is adjudicated. In addition to the edits and controls within the electronic claims adjudication Systems, PBM will subject certain Claims to a daily review, reviews | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---|--|--|--|--|--|---------|
| | | | Claim submission patterns at the pharmacy level on a quarterly basis, perform on-site audits of original documentation, and perform investigational audits that encompass original documentation review inclusive of prescription invoice, and prescriber data | | | | |
| 87 | Plan Design, Plan Administration and Sales | RFP Response Timeliness | Requests for Proposal from current or potential IngenioRx customers shall be answered on a timely basis. Calculation Details: Number of RFPs received which have been fully and completely answered within seven (7) days divided by total number of RFPs received | Monthly | Monthly | Contract Year | |
| 88 | PBM Specialty Pharmacy | Turnaround and Accuracy of Reporting | PBM guarantees it will make standard reports available within forty-five (45) days after the close of the applicable quarter. These reports will be in PBM's standard format, unless mutually agreed to in advance and in writing by the Parties. Calculation Details: The number of standard reports available within forty-five (45) days after the close of the applicable quarter divided by the total number of standard reports required for the applicable quarter | Contract Quarter and Contract Year | Contract Quarter and Contract Year | Contract Quarter and Contract Year | |
| 89 | PBM Specialty Pharmacy | Synagis Dosing | PBM will guarantee the accuracy of Synagis dosing, as measured by a dosing estimator. Provider will send a dosage amount that is the smallest quantity possible based on the dosing estimator calculation. As an example only, if the dosage estimator indicates 125mg and the medication comes in 50mg and 100mg vials, Provider will not send two 100mg vials, but rather will send one 100mg vial | Annually following the End of Synagis Season | Annually following the End of Synagis Season | Annually following the End of Synagis Season | |

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| Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----------|-----------------|---|----------|----------|------------|---------|
| | | and one 50mg vial totaling 150mg, and the additional 25mg will not be considered waste or count against PBM in the calculation of this performance guarantee. | | | | |
| | | This standard applies to all distribution channels. Pharmacies must always dispense the smallest quantity possible based on dosing requirements/estimations. | | | | |
| | | Calculation Details: Number of times Synagis is dispensed in that qualifies as accurate according to the dosing estimator divided by the total number of times Synagis was dispensed in the Measurement Period | | · | | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---------------------------|---|--|----------------------------|----------------------------|----------------------------|---------|
| 90 | PBM Specialty Pharmacy | Hemophilia Assay Management | PBM guarantees a maximum percentage variance between the aggregate dispensed dose and the prescribed dose ordered by prescribing physician. | Contract Quarter and | Contract Quarter and | Contract Quarter and | |
| | | | The percentage variance between the aggregate dispensed dose and the prescribed dose will be no greater than +1% variance to the aggregate amount ordered by prescribing physician. Calculation Details: The number of units dispensed minus the number of units prescribed divided by the number of units prescribed. The following are exclusions to the Assay Matching standard: Pediatric doses below 250 IU's are not included (FDA production requirements regarding low potency are "Equal to or greater than 250 IU's, not to exceed 349 units"). Any products/potencies in short supply and confirmed in writing by the manufacturer or by lists of available inventory by manufacturer. Humate P dispenses will be excluded from the assay management calculation when the prescription is written in terms of Factor VIII units versus Ristocetin Cofactor. | Contract Year | Contract Year | Contract Year | |
| 91 | PBM Specialty Pharmacy | PBM Specialty Pharmacy – First Call Resolution | PBM will resolve at least 95% of issues at the first point of contact. First call resolution is the number of inquiries completely resolved at the time of initial contact divided by the total inquiries. | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|---|---|---|-----------------|----------|---------------------|---------|
| 92 | Reporting | Provision of Manufacturer Rebate Invoices | Within thirty (30) days following the end of each Invoice Period, PBM shall generate and submit to IngenioRx for approval 90% of Rebate invoices accompanied by supporting data Calculation Detail: Number of actual invoices generated on time divided by total actual invoices required | Monthly | Monthly | Contract Quarter | |
| 93 | File Transfers, Data Accuracy, Delivery Timeliness | Batch Production Jobs | PBM will complete 100% of all batch production jobs every night, except in cases where IngenioRx has provided written approval of an exception in advance, or outages that are the result of data quality issues not introduced by PBM and assuming data validation by PBM PBM will complete 100% of all batch production jobs every night, except in cases where IngenioRx has provided written approval of an exception in advance, or outages that are the result of data quality issues not introduced by PBM and assuming data validation by PBM. | Per Incident | Monthly | Contract Quarter | |
| 94 | System | System Incidents | Excluding outages that are the result of data quality issues not introduced by PBM and assuming data validation by PBM, PBM shall respond to and resolve 100% of System Incidents within agreed upon timeframes (which will vary based on incident severity). Excluding outages that are the result of data quality issues not introduced by PBM and assuming data validation by PBM, PBM shall respond to and resolve at least 100% of System incidents within agreed upon timeframes | Per Incident | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|----|------------------------------------|---|---|------------------|---------------------|---------------------|---------|
| 95 | System | Systems Security and Compliance | PBM shall respond to, remediate, and resolve 100% of security compliance/vulnerability issues within Systems within sixty (60) Business Days PBM shall respond to, remediate, and resolve 100% of security compliance/vulnerability issues within Systems within mutually agreed upon timeframes | Per Incident | Monthly | Contract Quarter | |
| 96 | System | System Access Requests | 99.0% of all requests for access to Systems shall be provided within five (5) Business Days | Monthly | Contract Quarter | Contract Quarter | |
| 97 | Member Services Satisfaction | Member Services Satisfaction Survey | PBM shall conduct Member Services satisfaction surveys of IngenioRx Members following completion of calls to assess Member satisfaction and resolution of individual call, which such survey shall be conducted by and through a third-party vendor throughout the Covered Plan year. Survey respondents shall be selected at random from Members who have called into Member Services toll-free number. Overall satisfaction ratings of at least 90% shall be guaranteed. For the purposes of this guarantee, satisfaction shall be defined as Very Satisfied or better on the following 5-point scale; Completely Satisfied, Very Satisfied, Satisfied, Dissatisfied, Very Dissatisfied. PBM shall be responsible for all costs associated with conducting the surveys. Any survey to be utilized and the third-party vendor must be approved by IngenioRx prior to its use. | Contract Year | Contract Year | Contract Year | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|--------------------|---|--|---------------------|---------------------|---------------------|---------|
| 98 | Member Services | Member Services– First Call Resolution | PBM will resolve at least 95% of issues at the first point of contact. First call resolution is the number of inquiries completely resolved at the time of initial contact divided by the total inquiries. Upon IngenioRx's request, this shall be measured based upon real-time member satisfaction surveys approved by IngenioRx following each Member call (e.g. Medallia). | Contract Quarter | Contract Quarter | Contract Quarter | |
| 99 | Member Services | Member Services - Phone Abandonment Rate | PBM guarantees calls to Member Services customer service toll-free phone lines shall have an abandonment rate of 2% or less. | Monthly | Monthly | Contract Quarter | |
| 100 | Member Services | Member Services - Phone Speed of Answer | For inbound calls to PBM's Member Services customer service lines that are supporting IngenioRx, PBM shall answer 85% of inbound calls within thirty (30) seconds or less and 100% of inbound calls within an average of 30 seconds (including calls routed to an IVR). | Monthly | Monthly | Contract Quarter | |
| 101 | Member Services | Member Services -Call Blockage | PBM will have a call blockage rate of no greater than 0% for PBM's Member Services customer services lines. Carrier will have a call blockage rate of no greater than 1%; provided that in no case shall PBM instruct or permit carrier to block calls. Measured by (i) the number of incoming telephone calls received by the PBM Mail Order Pharmacy member service telephone line which were never received by the member service representative, due to being incomplete, unanswered or the caller receiving a busy signal, divided by (ii) the total number of incoming telephone calls received by the | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|---------------------|--|---|---------------------|---------------------|---------------------|---------|
| | | | PBM Mail Order Pharmacy member service telephone line. | | V | | |
| 102 | Member Services | Member Services - Response to Member Telephone Inquiries | PBM shall respond to 97% of Member telephone inquiries to the Member Services customer service lines within twenty-four (24) hours. | Monthly | Monthly | Contract Quarter | |
| 103 | Member Services | Member Services - TAT for Response of Email Inquiries | PBM guarantees 97% of email inquiries received by PBM's Member Services Care Department from all Members will be responded to within forty-eight (48) hours following the Business Day on which such inquiry was received. An automated response to received inquiries does not constitute a response for purposes of this guarantee and will not be included in measuring whether this guarantee has been met. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 104 | Member Services | Member Services – TAT for Response to Written Inquiries | PBM guarantees 95% of written inquiries received by PBM's customer care department from all Members will be responded to within five (5) Business Days following the Business Day on which such inquiry was received. | Weekly | Monthly | Contract Quarter | |
| 105 | Pharmacy Network | Pharmacy Access | 98.0% of Members in urban areas shall have one (1) Participating Pharmacy within three (3) miles of their residence; 98.0% of Members in suburban areas shall have one (1) Participating Pharmacy within five (5) miles of their residence; 96% of Members in rural areas shall have a Participating Pharmacy within ten (10) miles of their residence; standards are | Contract Quarter | Contract Quarter | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|--|--|---|---------------------|---------------------|---------------------|---------|
| | | | contingent upon a pharmacy existing within the access standard. Notwithstanding the foregoing, where a more stringent requirement applies for a given Covered Plan, IngenioRx Customer, and/or Group due to Law or Government Contract requirement, this Performance Standard will require satisfaction of such more stringent requirement. | | | | |
| 106 | DMR Claims Processing | Turnaround Time for Clean Member Submitted Claims | Member Submitted Claims not requiring intervention shall be processed within five (5) Business Days. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 107 | DMR Claims Processing | Turnaround Time for Member Submitted Claims Requiring Intervention | Member Submitted Claims with issues or requiring intervention shall be processed within ten (10) Business Days. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 108 | Issues Management and Resolution | Issue Entry and Routing | All issues must be entered into issue management system and routed to initial triage areas within four (4) hours. | Weekly | Monthly | Contract Quarter | |
| 109 | Issues Management and Resolution | Issue Resolution | All issues shall be resolved within eight (8) Business Days. If a reduced timeframe is required by Law or Governmental Body, that timeframe will apply. | Weekly | Monthly | Contract Quarter | |
| 110 | Issues Management and Resolution | Issue Resolution Impact Reports | Member impact reports will be provided within two (2) Business Days for access to care issues and within fifteen (15) Business Days for all other issues. If a reduced timeframe is required by Law or Governmental Body, that timeframe will apply. | Weekly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|--|--|---|---------------------|---------------------|---------------------|---------|
| 111 | Issues Management and Resolution | IngenioRx Issues – Responses and Open Issues Report | PBM shall respond to verbal or written issues from IngenioRx within twenty-four (24) hours of receipt. PBM shall provide a weekly report summarizing all open issues. | Weekly | Monthly | Contract Quarter | |
| 112 | Accreditation | Accreditation | Achieve / maintain Full URAC and NCQA accreditation at current certification status. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 113 | Reporting | Reporting - Ad Hoc | PBM shall have accurate and complete ad hoc reports delivered to IngenioRx within five (5) Business Days of request. | Per Incident | Monthly | Contract Quarter | |
| 114 | Audit Readiness | Governmental Body Audit Readiness | PBM shall provide PBM all required audit deliverables and data related thereto (e.g., CMS monthly data universes) within the shorter of five (5) days or applicable Governmental Body audit protocols. For Governmental Body audit requests received with five (5) Business Days or less to respond to the Governmental Body, PBM shall provide PBM owned audit deliverables to Regulatory Agency audit deliverables to IngenioRx within two (2) Business Days in advance of the date IngenioRx is required to respond to the Governmental Body. PBM will fully cooperate and provide data as required, which includes Claims universe, reporting or other Governmental Body Requests to IngenioRx within the timeframe specified by IngenioRx, in support of any Governmental Body or IngenioRx's customer audit. | Per Incident | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|----------------------------|---|---|---------------------|---------------------|---------------------|---------|
| 115 | Mandate and Regulatory | OIG / GSA Sanction Lists | PBM guarantees it will not employ, with or without pay, or contract for services on PBM's behalf, a person or entity which is: (i) currently on a Sanction Exclusion List or otherwise excluded, debarred, suspended or otherwise prohibited from participation in federal health care programs or in federal procurement or non-procurement programs; or (ii) convicted of a criminal offense that falls within the ambit of 42 USC § 1320a-7(a), although not yet excluded, debarred, suspended or otherwise declared ineligible for participation in federal health care programs. | Monthly | Monthly | Contract Quarter | |
| 116 | Rebates | Rebate Payment Timeliness | Rebates and other Manufacturer Payments shall be paid to IngenioRx per the terms as specified in the Agreement | Contract Quarter | Contract Quarter | Contract Quarter | |
| 117 | Mandate and Regulatory | Governmental Body Enforcement Action | PBM shall not fail to perform any delegated function under and in accordance with the Agreement that directly results in the issuance by Governmental Body of a notice of noncompliance. | Per Incident | Contract Quarter | Contract Quarter | |
| 118 | Corrective Action Plans | State required or IngenioRx imposed Corrective Action Plans (CAPs) Performance Guarantees | PBM will implement criteria for CAP closure within the agreed upon timeframe for issues identified by IngenioRx, or any agency with jurisdiction. Criteria must be approved by IngenioRx and must comply with the requirements that adequately resolve the issues to the complete satisfaction of IngenioRx or agency. Measured by tracking all criteria and remediation dates included in individual CAPs. IngenioRx will provide PBM with a template and required fields for reporting. | Monthly | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|--------------------------------|---------------------------------------|--|-----------------|----------|---------------------|---------|
| 119 | Reporting | Reporting Timeliness - Medicaid | IngenioRx's and state agency standard reports will be provided within ten (10) days prior to the due date. | Per Incident | Monthly | Contract Quarter | |
| 120 | Medicaid | Encounter Files - Timeliness | PBM will provide to IngenioRx complete encounter files and required supporting data on a daily basis. PBM will ensure that in all cases 100% of claims and associated data have been provided within fourteen (14) days of the date of adjudication. | Monthly | Monthly | Contract Quarter | |
| 121 | Medicaid | Encounter Files - Quality | PBM will ensure that 100% of encounter files and supporting data are accurate and complete. PBM will ensure all files conform to standard formats, including the identification of 340B drug claims, as well as all other data elements and requirements specified by Law. | | | | |
| 122 | Medicaid | Encounter Files – Data Corrections | Within thirty (30) days of receipt of disputed encounter files that require corrections, the PBM will correct all errors and provide a new file or in the instance a claim record cannot be corrected, will provide an explanation why correction is not possible. All files will conform to the data elements and requirements specified by Law. | | | | |
| 123 | State Enforcement Action | Subcontracted Vendor Payment | PBM will pay all subcontracted vendors associated with the Agreement within Governmental Body guidelines. PBM will provide a written report for each fine or penalty paid. The report will include the following information: list of each subcontracted vendor involved with the fine or penalty, the corrective action plan to resolve and prevent the issue and the amount to be paid as a result. | Per Incident | Monthly | Contract Quarter | |

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| | Category | Service Feature | Performance Standard | Measured | Reported | Reconciled | Penalty |
|-----|---|--------------------------------------|---|---------------------|---------------------|---------------------|---------|
| 124 | Mandate and Regulatory | Excluded Provider Report | The claims processing Systems will be updated on at a minimum a monthly basis with ineligible persons identified on a Sanction Exclusion List. The PBM will guarantee zero Paid Claims to excluded providers outlined on the | Monthly | Monthly | Contract Quarter | |
| | | | aforementioned lists. | | | | |
| 125 | State Enforcement Action | State Enforcement Action | PBM will review published state enforcement actions based on the frequency of updates; for any enforcement action related to services covered under the contract, PBM will review its operations to ensure compliance to standards | Contract Quarter | Contract Quarter | Contract Quarter | |
| 126 | Reporting | Reporting Revisions - Medicaid | Where applicable, if IngenioRx identifies any potential data discrepancies within the report data, IngenioRx shall notify PBM of such discrepancies as soon as reasonably possible, or within five (5) days following receipt of the report. If report revision is deemed necessary, a revised report will be provided to IngenioRx within five (5) days prior to the due date. | Contract Quarter | Contract Quarter | Contract Quarter | |
| 127 | File Transfers, Data Accuracy, Delivery Timeliness | State Encounter Files | PBM will submit encounter data when requested, in required format, according to state regulation. | Contract Quarter | Contract Quarter | Contract Quarter | |

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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 618-627 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

Attachment 4 to Schedule C LOB REGULATORY ADDENDUM – MEDICAID LINE OF BUSINESS (All Medicaid Plans)

PBM agrees that this <u>Attachment 4 to Schedule C</u> (LOB Regulatory Addendum – Medicaid Line of Business) applies in connection with the Services delegated by IngenioRx to PBM under this Agreement with respect to all Medicaid Plans. PBM agrees that all Services performed by PBM with respect to Medicaid Plans shall be performed in accordance with the Agreement, all applicable Laws, with the provisions of the applicable state Medicaid Contract, and with all state Medicaid Governmental Body requirements related to this Agreement. Without limiting the generality of the foregoing, PBM agrees to the state specific Medicaid and Governmental Body requirements set forth in each state specific <u>Attachment 4 to Schedule C</u> (State Specific Regulatory Addendum) hereunder. PBM agrees, and will require, as applicable, its Approved Subcontractors and Participating Pharmacies performing services in connection with the Medicaid Line of Business to agree substantially in the form hereto, to the following provisions:

- 1. Compliance with Applicable Law and Standards. All Services shall be performed with respect to the Medicaid Line of Business in accordance with all Medicaid Laws, including the Medicaid and CHIP Managed Care Final Rule, 81 FR 27497. PBM acknowledges and agrees that it is a subcontractor (as defined in 42 CFR 438.2) with respect to the Medicaid Line of Business and the Medicaid Plans and agrees to comply with all applicable requirements of 42 CFR Part 434, 42 CFR Section 438.6, 42 CFR 438.20 and 42 CFR Part 455. In addition, in accordance with 42 CFR 438.3(f), with respect to the Services provided to the Medicaid Plans, PBM, its Approved Subcontractors and Participating Pharmacies shall: (i) Comply with all applicable Federal and State laws and regulations including Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990 as amended; and Section 1557 of the Patient Protection and Affordable Care Act; and (ii) Comply with the conflict of interest safeguards described in 42 CFR 438.58 and with the prohibitions described in Section 1902(a)(4)(C) of the Social Security Act applicable to contracting officers, employees, and independent contractors.
- **2. Maintenance of Books and Records.** Without limiting PBM's obligations elsewhere in the Agreement, including under Section 10 (Record Retention, Use and Access), PBM shall retain and require Approved Subcontractors and Participating Pharmacies to retain, as applicable, the following information: Medicaid Member grievance and appeal records in 42 CFR 438.416, base data in 42 CFR 438.5(c), MLR reports in 42 CFR 438.8(k), and the data, information, and documentation specified in 42 CFR 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years.
- 3. Subcontractors. Without limiting PBM's obligations elsewhere in the Agreement, including under Section 4.6 (Use of Subcontractors) under the Agreement, PBM agrees that if PBM enters into contracts with Approved Subcontractors to perform Services under the terms of this Agreement, PBM's contracts with such Approved Subcontractors shall include an agreement by the Approved Subcontractor to comply with all of PBM's obligations in this Attachment 4 to Schedule C (LOB Regulatory Addendum Medicaid Line of Business) and all state specific Medicaid and Governmental Body requirements set forth in each applicable state specific Attachment 4 to Schedule C (State Specific Regulatory Addendum) hereunder. Such contract with the Approved Subcontractor shall specify the delegated activities and reporting requirements.
- **4. Ultimate Responsibility.** The Medicaid Plan maintains ultimate responsibility for adhering to and otherwise fully complying with all terms and conditions of its Medicaid Contract, notwithstanding any relationship(s) that the Covered Plan may have with any subcontractor, including PBM and its Approved Subcontractors. 42 CFR 438.230.
- **5. Delegated Duties.** The delegated activities or obligations, and related reporting responsibilities, are specified in Exhibit 1 Description of Services and Schedule C Medicaid Line of Business of the Agreement and the sub-exhibits and sub-schedules thereunder. 42 CFR 438.230.

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- **6. Compliance with Medicaid Contract.** PBM and its Approved Subcontractors agree to perform the delegated activities and reporting responsibilities specified in compliance with each Medicaid Contract. 42 CFR 438.230.
- **7. Revocation of Duties.** Services may be revoked in instances where HHS, IngenioRx, the State or Medicaid Plan determine that PBM or its Approved Subcontractors have not performed satisfactorily under this Agreement (including the Schedules, Exhibits and Attachments).
- **8. Inspection of Books and Records.** PBM and its Approved Subcontractors agree that the State, CMS, the HHS Inspector General, the Comptroller General, and their designees have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of PBM, its Approved Subcontractors, or their approved contractors, that pertain to any aspect of services and activities performed, or determination of amounts payable under any Medicaid Contract. PBM and its Approved Subcontractors will make available, for purposes of an audit, evaluation, or inspection, its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to Medicaid Members. This right to audit will exist through ten (10) years from the final date of the Medicaid Contract period or from the date of completion of any audit, whichever is later. If the State, CMS, the HHS Inspector General, or the Comptroller General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, the HHS Inspector General, or the Comptroller General may inspect, evaluate, and audit PBM or its Approved Subcontractors at any time. 81 FR 27880; 42 CFR 438.230(c)(3).

9. Disclosures.

- Prior to providing any services to Medicaid Members, PBM, its Approved Subcontractors and Participating Pharmacies shall prepare and execute all applicable disclosures of information in accordance with the requirements specified in 42 CFR 455.104, 42 CFR 455.105 and 42 CFR 455.106. PBM, its Approved Subcontractors, and Participating Pharmacies agree to provide such required disclosures at the time of initial contract, upon contract renewal, upon request by IngenioRx or the Medicaid Plan and as otherwise set forth in 42 CFR 455.104, 42 CFR 455.105 and 42 CFR 455.106. PBM, its Approved Subcontractors and Participating Pharmacies further agree to promptly and timely notify IngenioRx of any changes to the disclosures as required by 42 CFR 455.104, 42 CFR 455.105 and 42 CFR 455.106. PBM shall provide all such disclosure forms to IngenioRx in sufficient time for the Medicaid Plan to meet its obligations to the State pursuant to 42 CFR 455.104, 42 CFR 455.105 and 42 CFR 455.106. PBM shall not contract with any Approved Subcontractor or Participating Pharmacy to provide any Medicaid services until PBM has received such disclosure forms. In addition, PBM shall terminate any Approved Subcontractor or Participating Pharmacy from providing Medicaid services if it has not submitted such disclosure form.
- 9.2 PBM, its Approved Subcontractors and Participating Pharmacies shall provide written disclosures to IngenioRx, the Medicaid Plan, the Comptroller General of the United States and CMS, full and complete information regarding ownership, financial transactions and persons convicted of criminal activity related to Medicare, Medicaid, or the federal Title XX programs in the time and manner set forth in accordance with federal and state requirements, including but not limited to 42 CFR § 455.101 *et seq.*; 42 CFR § 1001.1001 and 42 CFR § 455.436.
- 9.3 In accordance with 42 CFR 438.608(c)(1), PBM and Approved Subcontractors shall provide to IngenioRx (for provision to Medicaid Plans), written disclosure of any prohibited affiliation under 42 CFR 438.610.
- 10. Cultural Competency. PBM shall and shall require Participating Pharmacies to participate with each applicable state Medicaid Governmental Body's efforts, in accordance with 42 CFR 438.206(c)(2), to promote the delivery of services in a culturally competent manner to all Medicaid Members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. To that end, PBM agrees and requires Participating Pharmacies to agree to comply with all applicable Medicaid Plans and IngenioRx's policies and procedures, including but not limited to IngenioRx's cultural competency plan, designed to ensure that culturally competent services are provided by the Medicaid Plans both directly and through its health care providers and subcontractors.

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- **11. No Discrimination.** In accordance with 42 CFR 438.12, PBM shall not discriminate against any provider (limiting their participation, reimbursement or indemnification) who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of that license or certification. In addition, if PBM declines to include individual or groups of providers in its pharmacy network, PBM must give the affected providers written notice of the reason for its decision.
- Member Rights/Appeals and Grievances. To the extent applicable, in accordance with 42 CFR 438.400 through 42 CFR 438.424, IngenioRx hereby informs PBM, and PBM agrees to inform Approved Subcontractors and Participating Pharmacies, at the time PBM enters into contracts with such parties, about: (i) Medicaid Member grievance, appeal, and fair hearing procedures and timeframes as specified in 42 CFR 438.400 through 42 CFR 438.424; (ii) The Medicaid Member's right to file grievances and appeals and the requirements and timeframes for filing; (iii) The availability of assistance to the Medicaid Members with filing grievances and appeals; (iv) The Medicaid Member's right to request a state fair hearing after the Medicaid Plan has made a determination on a Medicaid Member's appeal which is adverse to the Medicaid Member; and (v) the Medicaid Member's right to request continuation of benefits that the Medicaid Plan seeks to reduce or terminate during an appeal or state fair hearing filing, if filed within the allowable timeframes, although the Medicaid Member may be liable for the cost of any continued benefits while the appeal or state fair hearing is pending if the final decision is adverse to the Medicaid Member. IngenioRx shall provide such information to PBM through the model Medicaid Member handbook developed by the State and PBM shall reference such model Medicaid Member handbook for information. In accordance with 42 CFR 438.228, to the extent PBM is delegated grievances and/or appeal responsibilities, PBM and PBM's grievances and appeal system shall comply with and meet the requirements of 42 CFR 438, subpart F and 42 CFR 438.410.
- 13. Liability for Payment. In accordance with 42 CFR 438.106, PBM and its Participating Pharmacies shall not hold any Medicaid Member liable for any of the following: (i) IngenioRx or the Medicaid Plan's debts in the event of the entity's insolvency; (ii) Covered services provided to the Medicaid Member, for which (1) The state does not pay IngenioRx or the Medicaid Plan; or (2) The state, IngenioRx, Medicaid Plan or PBM does not pay the individual or health care provider that furnished the services under a contractual, referral, or other arrangement; or (iii) Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the Medicaid Member would owe if IngenioRx covered the services directly.

14. Provider Directory.

- 14.1 In addition to PBM's provision of the Participating Pharmacy directory/database to IngenioRx in accordance with Exhibit 1-E (Pharmacy Network), Section 1.1 of the Agreement, PBM shall also produce for IngenioRx, upon request, pharmacy directories that meet the requirements of 42 CFR 438.10(d)(3) and (d)(6), including, but not limited to: (i) production of the pharmacy directory in a written and electronic form; (ii) production of the pharmacy directory in English and in the prevalent non-English language in each particular service area; and (iii) production of the pharmacy directory with taglines in the prevalent non-English languages in the state, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided.
- 14.2 In addition to PBM's provision of the Participating Pharmacy directory/database to IngenioRx in accordance with Exhibit 1-E (Pharmacy Network), Section 1.1 of the Agreement, PBM shall ensure the pharmacy directories include, in accordance with 42 CFR 438.10(h)(1)(i) (viii) and 42 CFR 438.10(h)(2) with respect to each Participating Pharmacy: (i) Telephone numbers; (ii) Website URLs, as appropriate; (iii) The cultural and linguistic capabilities of the pharmacy, including languages (including ASL) offered by the pharmacy or a skilled medical interpreter at the pharmacy, and whether the pharmacy has completed cultural competence training; and (iv) Whether the pharmacy has accommodations for people with physical disabilities.
- 14.3 PBM shall update the paper provider directory at least monthly. PBM shall update the electronic provider directory no later than thirty (30) days after the PBM receives updated provider information.

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- **15. Marketing Materials and Communications to Medicaid Members.** Without limiting PBM's obligations elsewhere in the Agreement regarding marketing materials and Member communications, PBM agrees as follows:
- 15.1 PBM acknowledges and agrees that all marketing materials are subject to state Governmental Body approval in accordance with 42 CFR 438.104(b)(1)(i), and as such, PBM shall not distribute any marketing materials without first obtaining IngenioRx's written approval.
- 15.2 In any materials that PBM communicates to Medicaid Members, PBM shall ensure that if it uses any terms set forth in 42 CFR 438.10(c)(4)(i), PBM's use of such terms shall be consistent with the definitions provided by the state Governmental Body.
- 15.3 PBM shall comply with all applicable requirements of 42 CFR 438.10 in its oral and written communications to Medicaid Members. Without limiting the generality of the foregoing, if PBM is responsible for communicating the Formulary to Medicaid Members, PBM shall at a minimum, make available in electronic or paper form, the following information about the Formulary: (i) Which medications are covered (both generic and name brand); and (ii) Which tier each medication is on.

Formulary drug lists must be made available via the web in a machine readable file and format as specified by the Secretary of Health and Human Services.

- **16. Pharmacy Network.** Without limiting PBM's obligations under <u>Exhibit 1-E</u> (Pharmacy Network) of the Agreement, PBM agrees as follows:
- 16.1 In accordance with 42 CFR 438.206(b)(1), PBM shall maintain and monitor a network of Participating Pharmacies that is sufficient to provide adequate access to all pharmacy services covered under the Medicaid Contract for all Medicaid Members, including those with limited English proficiency or physical or mental disabilities. PBM agrees that the Participating Pharmacy network for each Medicaid Plan shall at all times have the capacity to serve the expected enrollment in the service area and meet the state's standard for access and timeliness of care. PBM shall timely provide all information requested by IngenioRx for it to comply with its obligations to the states to submit documentation demonstrating that the State's network standards are met in accordance with each Medicaid Plan's Medicaid Contract and pursuant to 42 CFR 438.207(b). PBM shall adhere to the time and distance standards developed by the state for pharmacies, and if applicable, Long-term services and supports ("LTSS") providers. PBM shall meet relevant state network adequacy standards for pharmacies, and if applicable, LTSS providers, in all geographic areas in which each Medicaid Plan operates. PBM shall take corrective action if it, or its Participating Pharmacies, fail to comply with the timely access requirements.
- 16.2 In accordance with 42 CFR 438.206(c)(1), PBM shall require that, to the extent applicable by Law to pharmacies, Participating Pharmacies shall: (i) meet the state standards for timely access to care and services, taking into account the urgency of need for services; (ii) offer hours of operation that are no less than the hours offered to commercial Medicaid Members or are comparable to Medicaid fee for service, if the provider serves only Medicaid Members; and (iii) provide physical access, reasonable accommodations, and accessible equipment for Medicaid Members with physical or mental disabilities.
- 16.3 In accordance with 42 CFR 438.214, and with respect to the development and maintenance of its Participating Pharmacy network, PBM shall: (i) follow the State's uniform credentialing and recredentialing policy that addresses acute, primary, behavioral, substance use disorder, and LTSS providers, as appropriate; (ii) follow a documented process for credentialing and recredentialing of network providers; (iii) ensure that its provider selection policies and procedures must not discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatment; (iv) not employ or contract with providers who have been excluded from Federal health care programs under either Section 1128 or 1128A of the Social Security Act; and (v) comply with any additional provider selection requirements established by the state Governmental Body.

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- 16.4 In accordance with 42 CFR 438.608(b), PBM shall ensure that all Participating Pharmacies are enrolled with the State as Medicaid providers consistent with the provider disclosure, screening and enrollment requirements of 42 CFR part 455, subparts B and E.
- 16.5 <u>Indian Health Care Providers</u>. PBM shall comply with the provisions of 42 CFR 438.14 with respect to its pharmacy network and Indian Health Care providers' provision of pharmacy Covered Services to Indians enrolled in Medicaid Plans and payment for such services. In accordance with Section 42 CFR 457.1209, PBM shall also comply with the provisions of 42 CFR 438.14 with respect to its pharmacy network and Indian Health Care providers' provision of pharmacy Covered Services to Indians enrolled in CHIP and payment for such services.
- 17. Provider Medicaid Member Communications. In accordance with 42 CFR 438.102, PBM shall not prohibit or restrict a provider acting within the lawful scope of practice, from advising or advocating on behalf of a Medicaid Member who is his or her patient regarding: (i) The Medicaid Member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered; (ii) Any information the Medicaid Member needs to decide among all relevant treatment options; (iii) The risks, benefits, and consequences of treatment or non-treatment; and (iv) The Medicaid Member's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
- 18. Rebates. Without limiting PBM's obligations under Exhibit 1-I (Rebate Contracting and Administration) of the Agreement, PBM agrees as follows: In accordance with 42 CFR 438.3(s)(2), PBM shall report to IngenioRx drug utilization data that is necessary for the state to bill manufacturers for rebates, such that Medicaid Plans can submit such data no later than forty-five (45) days after the end of each Contract Quarter (or such other time period required by Law). Drug utilization information includes, at a minimum, information on the total number of units of each dosage form, strength, and package size by National Drug Code (NDC) of each Covered Drug by Medicaid Plans. PBM shall exclude utilization data for Covered Drugs that are subject to discounts under the 340B drug pricing program from drug utilization data reports when states do not require submission of managed care drug claims data from covered entities directly.
- **19. Drug Utilization Review.** Upon IngenioRx request, PBM shall operate a drug utilization review program that includes prospective drug review, retrospective drug use review, and an educational program as required at 42 CFR part 456, subpart K to the extent applicable. PBM shall provide to IngenioRx a detailed description of PBM's drug utilization review program activities for their submission to the states on an annual basis. In accordance with 42 CFR 438.350, PBM and its Participating Pharmacies shall cooperate with IngenioRx and Medicaid Plans and the states in their annual, external independent reviews of the quality, timeliness, and access to covered pharmacy services under each Medicaid Contract.
- **20. Utilization Management.** In accordance with 42 CFR 438.210(e), to the extent PBM is delegated any utilization management activities under this Agreement, PBM agrees that the compensation it receives for such activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any Member. PBM shall comply with 42 CFR 438.210 and Section 1927(d)(5) of the Social Security Act in its provision of any delegated prior authorization responsibilities under this Agreement. Should PBM utilize an Approved Subcontractor for any aspect of its delegated utilization management activities, PBM shall ensure that its Approved Subcontractor complies with 42 CFR 438.210(e), and all applicable provisions of 42 CFR 438.210 and Section 1927(d)(5) of the Social Security Act.
- **21. Fraud, Waste and Abuse.** Without limiting PBM obligations under <u>Exhibit 1-T</u> (FWA Services) of the Agreement, in accordance with 42 CFR 438.608(a), PBM shall implement and maintain arrangements and procedures that are designed to detect and prevent fraud, waste, and abuse. The arrangements and procedures must include the following:
 - 21.1 A compliance program that meets the requirements of 42 CFR 438.608(a)(1);

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- 21.2 Prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, to IngenioRx for reporting to the state;
- 21.3 Prompt notification to IngenioRx when it receives information about changes in a Member's circumstances that may affect the Member's eligibility including all of the following: changes in the Member's residence and the death of a Member;
- 21.4 Notification to IngenioRx when it receives information about a change in a network provider's circumstances that may affect the network provider's eligibility to participate in the Medicaid Plan network, including the termination of the provider agreement;
- 21.5 A method to verify, by sampling or other methods, whether Services that have been represented to have been delivered by network providers were received by Members and the application of such verification processes on a regular basis;
- 21.6 In the event the Medicaid Plan makes or receive annual payments under the Medicaid Contract of at least \$5,000,000, written policies for all employees of PBM that provide detailed information about the False Claims Act and other federal and state Laws described in Section 1902(a)(68) of the Social Security Act, including information about rights of employees to be protected as whistleblowers;
- 21.7 Prompt referral of any potential fraud, waste, or abuse that PBM identifies to IngenioRx and the state Medicaid program integrity unit or any potential fraud directly to the state Medicaid Fraud Control Unit; and
- 21.8 PBM's suspension of payments to a network provider for which the state determines there is a credible allegation of fraud in accordance with 42 CFR 455.23.
- **22. Overpayments.** In accordance with 42 CFR 438.608, PBM shall have a process for reporting and recovering overpayments to IngenioRx, which shall enable Medicaid Plans to report overpayments to the state in accordance with applicable Law. PBM shall require Participating Pharmacies to report to the PBM when it has received an overpayment, to return the overpayment within no greater than sixty (60) days after the date on which the overpayment was identified, and to notify the PBM in writing of the reason for the overpayment. PBM shall provide all overpayment recovery information needed by Medicaid Plans in connection with their annual reporting to the state in accordance with 42 CFR 438.608(d)(3).
- 23. Cost Sharing. Except in those instances where the state Governmental Body has permitted a pharmacy to require cost-sharing of a Medicaid Member as governed by 42 CFR 447.52(e)(1), PBM and its Participating Pharmacies shall not deny Services to a Member on account of the individual's inability to pay the cost-sharing. Neither PBM nor its Participating Pharmacies are prohibited from choosing to reduce or waive a Medicaid Member's sharing on a case-by-case basis.
- **24. Confidentiality.** Without limiting PBM's confidentiality obligations elsewhere in the Agreement, in accordance with 42 CFR 438.224, with respect to medical records and any other health and enrollment information that identifies a particular Member, PBM, Approved Subcontractors and Participating Pharmacies shall use and disclose such individually identifiable health information in accordance with the privacy requirements in 45 CFR Parts 160 and 164, Subparts A and E, to the extent that these requirements are applicable.
- **25. Health Information Systems.** To the extent PBM performs any delegated activities requiring use of a health information system, such as claims processing or grievances and appeals, PBM's health information system shall function in accordance with the requirements in Section 42 CFR 438.242.
- **26. Encounter Data.** PBM's submission of Medicaid Member's encounter data to IngenioRx must, at a minimum, meet the following requirements in order for the Medicaid Plan to comply with applicable provisions of 42 CFR 438.242 and 42 CFR 438.818: (i) PBM's Medicaid Member data reports must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security and privacy standards and be

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submitted in the format required by the Medicaid Statistical Information System or format required by any successor system to the Medicaid Statistical Information System; (ii) PBM must validate that its Medicaid Member encounter data is accurate and complete; (iii) PBM's encounter data reports must fully comply with all encounter data reporting requirements of the Medicaid Statistical Information System or any successor system; (iv) PBMs encounter data must contain sufficient data to identify the provider who delivers any item(s) or service(s) to Medicaid Members; (v) PBM must comply with all requirements of the Medicaid Plan's Medicaid Contract(s) and submit such data at a frequency and level of detail specified by CMS and the State; and (vi) PBM shall submit such encounter data in standardized ASC X12N 837 and NCPDP formats, and the ASC X12N 835 format as appropriate.

27. Prohibited Affiliations. In accordance with 42 CFR 438.610, PBM represents and warrants that:

- 27.1 It is not excluded from participation in any Federal health care program under Section 1128 or 1128A of the Social Security Act and shall not have a relationship with an individual or entity that is excluded from participation in any Federal health care program under Section 1128 or 1128A of the Social Security Act;
- 27.2 It is not debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549:
- 27.3 It is not an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of an individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549:
- 27.4 It does not and shall not shall not knowingly have a relationship with an individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549; and
- 27.5 It does not and shall not knowingly have a relationship with an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of an individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.

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Schedule C-8 KENTUCKY MEDICAID PLANS

This <u>Schedule C-8</u> (Kentucky Medicaid Plans) is comprised of the following attachments:

- Attachment 1 to Schedule C-8 (State Specific Description of Services Kentucky Medicaid Plans)
- Attachment 2 to Schedule C-8 (State Specific Performance Guarantees Kentucky Medicaid Plans)
- Attachment 3 to Schedule C-8 (State Specific Fees and Compensation Kentucky Medicaid Plans)
- Attachment 4 to Schedule C-8 (State Specific Regulatory Addendum Kentucky Medicaid Plans)



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<u>Attachment 1 to Schedule C-8</u> STATE SPECIFIC DESCRIPTION OF SERVICES – KENTUCKY MEDICAID PLANS

In addition to the Services set forth in <u>Attachment 1 to Schedule C</u> (LOB Description of Services – Medicaid Line of Business), in connection with the Kentucky Medicaid Plans, PBM shall also provide the Services set forth in this <u>Attachment 1 to Schedule C-8</u> (State Specific Description of Services – Kentucky Medicaid Plans). To the extent the provisions of this <u>Attachment 1 to Schedule C-8</u> (State Specific Description of Services – Kentucky Medicaid Plans) conflict with any other provisions of the Agreement (including <u>Attachment 1 to Schedule C</u> (LOB Description of Services – Medicaid Line of Business), the provisions of this <u>Attachment 1 to Schedule C-8</u> (State Specific Description of Services – Kentucky Medicaid Plan) shall control for purposes of the Kentucky Medicaid Plans. For purposes of this Schedule C-8, Kentucky Medicaid Plans shall mean Anthem Health Plans of Kentucky, Inc. d/b/a Anthem Blue Cross and Blue Shield.



<u>Attachment 2 to Schedule C-8</u> <u>STATE SPECIFIC PERFORMANCE GUARANTEES – KENTUCKY MEDICAID PLANS</u>

In addition to the Performance Guarantees set forth in <u>Attachment 2 to Schedule C</u> (LOB Performance Guarantees – Medicaid Line of Business), in connection with the Kentucky Medicaid Plans, PBM shall also meet the Performance Guarantees set forth in this <u>Attachment 2 to Schedule C-8</u> (State Specific Performance Guarantees – Kentucky Medicaid Plans). [Reserved]



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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 638-646 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."

Attachment 4 to Schedule C-8 STATE SPECIFIC REGULATORY ADDENDUM - KENTUCKY MEDICAID PLANS

In addition to complying with the requirements set forth in Attachment 4 to Schedule C (LOB Regulatory Addendum - Medicaid Line of Business), in connection with the Kentucky Medicaid Plans, PBM shall also comply with the requirements set forth in this Attachment 4 to Schedule C-8 (State Specific Regulatory Addendum - Kentucky Medicaid Plans). To the extent the provisions of this Attachment 4 to Schedule C-8 (State Specific Regulatory Addendum - Kentucky Medicaid Plans) conflict with any other provisions of the Agreement (including Attachment 4 to Schedule C (LOB Regulatory Addendum - Medicaid Line of Business), the provisions of this Attachment 4 to Schedule C-8 (State Specific Regulatory Addendum -Kentucky Medicaid Plan) shall control for purposes of the Kentucky Medicaid Plans; provided however, that PBM shall comply with the most stringent requirement.

The following terms and provisions are applicable to the extent such Services are delegated by IngenioRx to PBM for Kentucky Medicaid Plans, in support of the provision of Services under the provision of Services under the Kentucky Medicaid Contract.

- Defined Terms. For purposes of this Attachment 4 to Schedule C-8, the following terms shall have the meanings set forth below with respect to Services furnished under the Kentucky Medicaid Program:
- "Agency" means a federal, Commonwealth or local agency, administration, board or other governing body responsible for the governance or administration of a Program. With respect to the operation of the Programs, Agency means, without limitation, the Kentucky Department of Medicaid Services, the Cabinet for Health and Family Services, the Kentucky Cabinet for Finance and Administration, and CMS.
 - 1.2 "Commonwealth" means the Commonwealth of Kentucky.
- 1.3 "Program" shall mean the Kentucky Plan for Medical Assistance in accordance with the requirements of Title XIX of the Social Security Act of 1935, as amended (the "Act"), and the statutes, laws, and regulations of Kentucky; and the Kentucky Children's Health Insurance Program (KCHIP) in accordance with the requirements of the Title XXI of the Social Security Act.
- Monitoring. IngenioRx shall monitor the quality of Services delivered to Medicaid Members by PBM hereunder, and shall monitor PBM's performance on an ongoing basis in accordance with the Performance Standards set forth in this Attachment 4 to Schedule C-8, and the Agreement. PBM shall be subject to and cooperate with IngenioRx's formal review schedule, which shall be consistent with industry standards and be no less than annually. IngenioRx may request the initiation of corrective action, revoke delegation of certain or all Services related to the Program, or invoke any other remedies set forth in the Agreement when there has been a failure by PBM to provide Services in accordance with this Attachment 4 to Schedule C-8 or the Agreement. PBM shall comply with corrective action plans initiated by IngenioRx. In addition, PBM shall have a process to identify and notify IngenioRx of deficiencies or areas of improvement, and any necessary corrective action.
- Accreditations. To the extent PBM maintains National Committee for Quality Assurance (NCQA)/URAC or other national accreditation, PBM shall provide IngenioRx with a copy of the current certificates of accreditation together with a copy of the survey report.
- Compliance with Law. Without limiting PBM's obligations elsewhere in the Agreement, PBM shall and shall require Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies to, comply with all applicable Law, including without limitation, the following laws: (i) Rules and regulations prescribed by the United States Department of Labor in accordance with 41 C.F.R. Parts 60-741; (ii) Regulations of the United States Department of Labor recited in 20 C.F.R. Part 741, (iii) Section 504 of the Federal Rehabilitation Act of 1973 (Public Law 93-112); and (iv) KRS 205.8451-8483.
- Encounter Data. PBM shall require PBM Contracted Pharmacies and PBM Owned Pharmacies to provide encounter data to PBM in an accurate and timely fashion for Services rendered to Medicaid Members consistent with the terms of this Agreement and all applicable state and federal Laws. PBM shall have a computer and data processing system sufficient to accurately produce the data, reports and encounter files set in formats and timelines required by this Agreement and as directed by IngenioRx. The

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system shall be capable of following or tracing an encounter within its system using a unique encounter identification number for each encounter. At a minimum, PBM shall electronically provide encounter files to IngenioRx within sufficient time for IngenioRx to provide them to the Agency, on a weekly schedule. Encounter files must follow the format, data elements and method of transmission specified by the Agency. All changes to edits and processing requirements due to federal or state Law changes shall be provided to PBM in writing no less than sixty (60) Business Days prior to implementation, whenever possible. Other edits and processing requirements shall be provided to PBM in writing no less than thirty (30) Business Days prior to implementation. PBM shall submit electronic test data files as required by the Agency in the format referenced in this Agreement and as specified by the Agency. The electronic test files are subject to Agency review and approval before production of data. The Agency will process the encounter data through defined edit and audit requirements and reject encounter data that does not meet its requirements. Threshold edits, those which will enable the encounter file to be accepted, and informational editing, those which enable the encounter to be processed, shall apply. The Agency reserves the right to change the number of, and the types of edits used for threshold processing based on its review of PBM's monthly transmissions. PBM shall be given thirty (30) Business Days' prior notice of the addition/deletion of any of the edits used for threshold editing.

- Contents and Format. The submission is to include all adjudicated (paid and denied) Claims, corrected Claims and adjusted Claims processed by PBM. PBM shall submit all claims within thirty (30) days of adjudication. Encounter data must be submitted in the format defined by Health Insurance Portability and Accountability Act (HIPAA) Accredited Standards Committee (ASC) X12 version 4010A1 to ASC X12 version 5010 transaction 837 and National Council for Prescription Drug Programs (NCPDP) version 5.1 to NCPDP version 2.2. PBM is required to use procedure codes, diagnosis codes, provider numbers and other codes as directed by IngenioRx. PBM must also use appropriate National Provider Identifier (NPI)/Provider numbers for all encounters. Encounter file transmissions that exceed a five percent (5%) threshold error rate (total claims/documents in error equal to or exceed five percent (5%) of claims/documents records submitted) will be subject to penalties as provided in the Agreement. Encounter file transmissions with a threshold error rate not exceeding five percent (5%) will be accepted and processed by the Agency. Only those erred encounters will be returned to PBM for correction and resubmission. Denied claims submitted for encounter processing will not be held to normal edit requirements and rejections of denied claims will not count towards the minimum five percent (5%) rejection.
- 5.2 <u>Encounter Corrections</u>. PBM shall have capacity to track all Erred encounter records and provide a report detailing transmission reconciliation of each failed transaction or file within thirty (30) calendar days of the transaction or file error. Encounter corrections (encounter returned to PBM for correction, i.e., incorrect procedure code, blank value for diagnosis codes) will be transmitted to PBM electronically for correction and resubmission. Corrected encounter record, which is not resubmitted within thirty (30) days of the date the record is returned, may subject PBM to penalties.
- 5.3 Annual Validity Study. PBM acknowledges the Agency will conduct an annual validity study to determine the completeness, accuracy and timeliness of the encounter data submitted. Completeness will be determined by assessing whether the encounter data transmitted includes each Service that was provided. Accuracy will be determined by evaluating whether or not the values in each field of the encounter accurately represent the Service that was provided. Timeliness will be determined by assuring that the encounter was transmitted to the Agency the month after adjudication. PBM agrees to fully cooperate with IngenioRx in providing Agency with all information necessary to complete its validity study, and will provide to IngenioRx in sufficient time for IngenioRx to provide to the Agency a corrective action plan within sixty (60) days if deficiencies are found.
- 5.4 PBM shall use required codes for reporting encounter data in accordance with guidelines and versions of all code sets as defined by the Agency. PBM must also use appropriate NPI/Provider numbers for encounters as directed by the Agency.
- 5.5 PBM shall submit corresponding data in all data fields on each encounter file submitted to the Agency. Claims shall be submitted with a current and valid date in the format identified by the applicable encounter file submission guidelines.

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- 5.6 Encounters submitted without dates, even those that have previously been allowed to be submitted blank shall be populated with a valid date or the encounter shall threshold. A complete list of field requirements at both the detail and the header levels is provided by the Agency.
- 5.7 All subcontracts with pharmacies or other vendors of service must have provisions requiring that an encounter is reported/submitted in an accurate and timely fashion.
 - 5.8 PBM shall report the reconciliation status of failed transactions on a monthly basis.
- 5.9 PBM shall submit encounter data after the Agreement ends for services rendered during the Agreement period for a sufficient time as determined by the Agency to ensure timely filing and complete data.
- **6. Financial Incentives.** No provision in this Agreement shall, or shall be construed to, create any financial incentive for PBM to withhold Medically Necessary services to Medicaid Members under the Program.
- 7. Indemnification. In no event shall the Commonwealth of Kentucky, the Agency, or Medicaid Member be liable for the payment of any debt or fulfillment of any obligation of PBM or any Approved Subcontractors, PBM Contracted Pharmacies, or PBM Owned Pharmacies to any subcontractor, supplier, out-of-network provider or any other party, for any reason whatsoever, including the insolvency of the Medicaid Plan, IngenioRx, PBM, any Approved Subcontractors, PBM Contracted Pharmacies, and/or PBM Owned Pharmacies. PBM agrees that all subcontracts shall contain such a hold harmless provision.
- 7.1 PBM shall indemnify, defend, save and hold harmless the Commonwealth, the Agency, its officers, agents, and employees (collectively, the "Indemnified Parties") from all claims, demands, liabilities, suits, judgments, or damages, including court costs and reasonable attorney fees made or asserted against or assessed to the Indemnified Parties, arising out of or connected in any way with this Agreement or the performance or nonperformance by PBM, its officers, agents, employees, and suppliers, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies, including without limitation any claim attributable to:
- 7.1.1 The improper performance of any service, or improper provision of any materials or supplies, irrespective of whether the Agency knew or should have known such service, supplies or materials were improper or defective;
- 7.1.2 The erroneous or negligent acts or omissions, including without limitation, disregard of federal or Commonwealth law or regulations, irrespective of whether the Agency knew or should have known of such erroneous or negligent acts;
- 7.1.3 The publication, translation, reproduction, delivery, collection, data processing, use, or disposition of any information to which access is obtained pursuant to this Agreement in a manner not authorized by this Agreement or by federal or Commonwealth law or regulations, irrespective of whether the Agency knew or should have known of such publication, translation, reproduction, delivery, collection, data processing, use, or disposition; or
- 7.1.4 Any failure to observe federal or Commonwealth law or regulations, including, but not limited to, insurance and labor laws, irrespective of whether the Agency knew or should have known of such failure.
- 7.2 PBM shall and shall require Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies to indemnify, defend and hold harmless the Commonwealth of Kentucky, its officers, agents and employees from any and all liability whatsoever arising in connection with the Program or this Agreement for the payment of any debt or the fulfillment of any obligation of PBM, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies.
- 7.3 PBM shall and shall require Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies to indemnify, defend and hold harmless Medicaid Members under from any liability whatsoever arising in connection with the Program or this Agreement for the payment of any debt of or the fulfillment of any obligation of PBM, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies, except as otherwise provided in this Agreement.
- 7.4 PBM, Approved Subcontractors, PBM Contracted Pharmacies, and PBM Owned Pharmacies further covenant and agree that in the event of a breach or termination of this Agreement by PBM, or insolvency of IngenioRx, PBM shall provide all services and fulfill all of its obligations pursuant to this Attachment 4 to Schedule C-8 for the remainder of any month for which Agency has made payments

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to IngenioRx, and shall fulfill all of its obligations respecting the transfer of Medicaid Members to other pharmacies, including record maintenance, access and reporting requirements all such covenants, agreements, and obligations of which shall survive the termination of the Medicaid Contract and this Attachment 4 to Schedule C-8.

8. Nondiscrimination.

- 8.1 PBM will not discriminate against any employee or applicant for employment because of race, religion, color, national origin, sex, sexual orientation, gender identity or age. PBM further agrees to comply with the provision of the Americans with Disabilities Act of 1990 (Public Law 101- 336), 42 U.S.C. § 12101, and applicable federal regulations relating thereto prohibiting discrimination against otherwise qualified disabled individuals under any program or activity. PBM agrees to provide, upon request, needed reasonable accommodations. PBM will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. PBM agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
- 8.2 PBM will, in all solicitations or advertisements for employees placed by or on behalf of PBM, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, sexual orientation, gender identity, age or disability.
- 8.3 PBM will send to each labor union or representative of workers with which PBM has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the PBM's commitments under this section and shall post copies of the notice in conspicuous places available to employees and applicants for employment. PBM will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance.
- 8.4 PBM will comply with and will furnish all information and reports required by all provisions of Executive Order No. 11246 of September 24, 1965, as amended, and of the rules, regulations, and relevant orders of the Secretary of Labor, and will permit access to PBM's books, records, and accounts by the Agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- 8.5 PBM shall report to IngenioRx any violations of this Section within five (5) business days, together with a suggestion resolution of the alleged violation. In the event of the PBM's noncompliance with the nondiscrimination clauses of this Agreement or with any of such rules, regulations, or orders, this Agreement may be cancelled, terminated or suspended in whole or in part and the PBM may be declared ineligible for further government contracts or federally assisted contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, as amended, and such other sanctions may be imposed and remedies invoked as provided in or as otherwise provided by law.
- 8.6 PBM will include the provisions of Section 202 of Executive Order 11246 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, as amended, so that such provisions will be binding upon each subcontractor or vendor.
- **9. Third Party Beneficiary.** The Commonwealth is the intended third party beneficiary of contracts between the Agency and Kentucky Medicaid Plans and any subcontracts or provider agreements entered into by IngenioRx and, as such, the Commonwealth is entitled to the remedies afforded to third party beneficiaries under the law.
- 10. Records. Without limiting PBM's obligations elsewhere in the Agreement:
- 10.1 PBM shall maintain medical, financial and administrative records concerning services provided to Medicaid Members under the Program in accordance with industry standards and Law, including, without limitation, any applicable law regarding confidentiality of Medicaid Member information. All records shall be maintained and available for review by authorized federal and state personnel during the entire term of the Agreement and for a period of five (5) years after termination of the Agreement, except

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that when an audit has been conducted, or audit findings are unresolved. In such case records shall be kept for a period of five (5) years in accordance with 907 KAR 1:672, or as amended or until all issues are finally resolved, whichever is later.

- 10.2 PBM shall have available medical records for each clinical encounter. PBM shall permit IngenioRx or its designated agent to review records directly related to services provided to Medicaid Members under the Program in accordance with this Agreement.
- 10.3 The rights and obligations of the parties under this section shall survive the termination of this Agreement. For purposes of auditing, IngenioRx, the Agency, the Office of the Inspector General and other authorized Commonwealth and agents thereof, shall have access to medical records of Medicaid Members under the Program.

11. Pharmacy Maintenance of Medical Records.

- 11.1 PBM shall require PBM Contracted Pharmacies and PBM Owned Pharmacies to maintain Medicaid Members' medical records on paper or in an electronic format and to maintain such records so that they are timely, legible, current, detailed and organized to permit effective and confidential patient care and quality review. Complete medical records include, but are not limited to, prescription files, provider specialist reports, consultant and other health care professionals' findings, and other documentation sufficient to disclose the quantity, quality, appropriateness, and timeliness of services provided under the Agreement. The medical record shall be signed by the provider of service.
- 11.2 The Medicaid Member's medical record is the property of the pharmacy who generates the record. However, upon request, Participating Pharmacies shall provide each Medicaid Member or his/her representative with one (1) free copy of his/her medical record and may charge for additional copies. PBM shall require Participating Pharmacies to preserve and maintain Medicaid Members' medical records for a minimum of five (5) years unless federal requirements mandate a longer retention period (i.e., immunization and tuberculosis records are required to be kept for a person's lifetime).
- 12. Confidentiality. PBM agrees to abide by the rules and regulations regarding the confidentiality of protected health information as defined and mandated by HIPAA (42 U.S.C. § 1320d) and set forth in federal regulations at 45 C.F.R. Parts 160 and 164. PBM is required to abide by the same statutes and regulations regarding confidentiality of protected health information as is IngenioRx. The parties agree that all information, records, and data collected in connection with this Agreement, including Medical Records, shall be protected from unauthorized disclosure as provided in 42 C.F.R. Section 431, Subpart F, KRS 194.060A, KRS 214.185, KRS 434.840 to 434.860, and any applicable state and federal laws. PBM acknowledges that HIPAA Regulations do not bar disclosure of protected health information (PHI) to health oversight agencies, including, but not limited to, OIG, MFCU, DHHS and DOJ.
- Access to Premises. Upon reasonable notice, and for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later, PBM shall provide duly authorized agents or representatives of the Commonwealth or federal government or the independent external quality review organization required by Section 1902 (a)(30)(c) of the Social Security Act, 42 U.S.C. Section 1396a(a)(30), access to PBM's premises and equipment to inspect, audit, investigate, monitor or otherwise evaluate the performance of PBM. PBM shall forthwith produce all records, documents or other data requested as part of such review, investigation or audit. In the event right of access is requested under this section, PBM shall provide and make available staff to assist in the audit or inspection effort and provide adequate space to reasonably accommodate the Commonwealth, federal, or external quality review personnel conducting the audit, investigation, or inspection effort. If requests, PBM shall provide computer access with log-in credentials in order to access PBM's claims and customer service systems on a readonly basis. PBM shall provide access to a locked space and office security credentials for use during business hours. All access under this Section shall comply with HIPAA's minimum necessary standards and any other applicable Commonwealth or federal law, and shall be conducted in a manner as will not unduly interfere with the performance of PBM's activities. All information obtained will be accorded confidential treatment as provided under applicable laws, rules and regulations.
- **14. Assignment.** This Agreement may not be assigned or further subcontracted by PBM without the prior written consent of IngenioRx and Agency. This prohibition only applies to the Agreement with respect to this <u>Schedule C-8 Attachment 4</u> and <u>Schedule C-8 Attachment 1</u>.
- 15. Additional Requirements.

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- 15.1 PBM shall encourage PBM Contracted Pharmacies and PBM Owned Pharmacies to participate in the Kentucky Health Information Exchange and shall require such participation if Agency mandates such participation.
- 15.2 If requested by IngenioRx, PBM shall participate in Quality Assessment/Performance Improvement (QAPI) activities (including submission of complete encounter records as required herein).
- 15.3 PBM shall comply with the prompt pay statute, codified within KRS 304.17A-700-730, as may be amended, and KRS 205.593, and KRS 304.14-135 and KRS 304.99-123, as may be amended.
- 15.4 In the delivery and/or provision of any Information Technology hardware, software, systems, and/or services as a part of the Services provided under this Attachment 4 to Schedule C-8, PBM shall prevent unauthorized access to "Identity Information" of Commonwealth citizens, clients, constituents and employees. "Identity Information" includes, but is not limited to, an individual's first name or initial and last name in combination with any of the following information: (1) Social Security Number; (2) Driver's License Number; (3) System Access ID's and associated passwords; and (4) Account Information –such account number(s), credit/debit/ProCard number(s), and/or passwords and/or security codes.
- 15.5 PBM represents that it (i) is aware of the requirements and penalties outlined in KRS 45A.485, (ii) has properly disclosed all information required by KRS 45A.485, and (iii) will continue to comply with the requirements of KRS 45A.485 for the duration of this <u>Attachment 4 to Schedule C-8</u>.
- **16. Marketing.** PBM shall not engage in, and shall require Participating Pharmacies to not engage in, any marketing activities related to the Kentucky Medicaid Program. To the extent IngenioRx delegates any marketing activities to PBM, PBM shall comply with all Laws and requirements as instructed by IngenioRx.
- **17. Release for Ethical Reasons.** PBM shall not require any PBM Contracted Pharmacy or PBM Owned Pharmacy to perform any treatment or procedure that is contrary to such pharmacy's conscience, religious beliefs, or ethical principles in accordance with 42 C.F.R. § 438.102.
- **18. Ownership or Controlling Interest/Fraud and Abuse.** PBM shall require in its pharmacy agreements that no PBM Contracted Pharmacy or PBM Owned Pharmacy, nor any individual who has a direct or indirect ownership or controlling interest of five percent (5%) or more of such pharmacies, nor any officer, director, agent or managing employee (i.e., general manager, business manager, administrator, director or like individual who exercises operational or managerial control over such pharmacies or who directly or indirectly conducts the day-to-day operation of the pharmacy) is an entity or individual (1) who has been convicted of any offense under Section 1128(a) of the Social Security Act (42 U.S.C. § 1320a-7(a)) or of any offense related to fraud or obstruction of an investigation or a controlled substance described in Section 1128(b)(1)-(3) of the Social Security Act (42 U.S.C. § 1320a-7(b)(1)-(3)); or (2) against whom a civil monetary penalty has been assessed under Section 1128A or 1129 of the Social Security Act (42 U.S.C. § 1320a-7a; 42 U.S.C. § 1320a-8); or (3) who has been excluded from participation in a program under Title XVIII, 1902(a)(39) and (41) of the Social Security Act, Section 4724 of the BBA or under a Commonwealth health care program. PBM shall certify its compliance with 42 C.F.R. § 438.610(a) and (b) and have processes and/or procedures in place to ensure ongoing compliance throughout the life of this Agreement.
- 19. Program Integrity Compliance with Federal Law.
- 19.1 PBM is prohibited from paying for an item or service (other than an emergency item or service, not including items or services furnished in an emergency room of a hospital):
- 19.1.1 Furnished by any individual or entity during any period when the individual or entity is excluded from participation under Title V, XVIII, or XX of the Social Security Act or sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act;
- 19.1.2 Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or pursuant to section 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of the exclusion (after a reasonable time period after reasonable notice has been furnished to the person);
- 19.1.3 Furnished by an individual or entity to whom Agency has suspended payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless Agency determines there is good cause not to suspend such payments.

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- 19.2 <u>Audit by Agency or its Designee</u>. If the Agency performs or contracts with an entity that performs audits of Claims and identifies an overpayment, PBM shall remit the amount or balance of the overpayment within ninety (90) calendar days of notification by the Agency to IngenioRx unless otherwise notified in writing by IngenioRx.
- **20. Remedies.** PBM acknowledges and agrees that Agency has the right to invoke against PBM any remedy set forth in the Medicaid Contract between Agency and Kentucky Medicaid Plans, including the right to require termination of this Services under <u>Attachment 4 to Schedule C-8</u> for each and every reason for which it may invoke such a remedy against IngenioRx or require the termination of the Medicaid Contract.
- 21. Disclosure of Subcontractors. Without limiting PBM's obligations elsewhere in the Agreement, PBM shall promptly inform IngenioRx of any subcontractors that have any transaction or series of transactions in performance of any obligations under this Agreement, which in one (1) fiscal year exceeds the lesser of twenty-five thousand dollars (\$25,000) or five percent (5%) of PBM's operating expense related to the Program.
- **22. Performance Standards.** In addition to the performance standards set forth in the Agreement, including this <u>Attachment 4 to Schedule C-8</u>, PBM shall comply with all performance standards required by the Agency applicable to PBM and/or the Services PBM is responsible for providing to IngenioRx in connection with Kentucky Medicaid Plans as set forth in this <u>Attachment 4 to Schedule C-8</u> and as otherwise provided by IngenioRx to PBM in writing ("Agency Performance Standards").
- 23. Delegated Services. Without limiting PBM's obligations elsewhere in the Agreement, PBM shall administer and provide Services in accordance with this Agreement and applicable Law, including but not limited to, that all claims adjudicated as payable shall be for eligible Medicaid Members, to Participating Pharmacies, for Covered Drugs, and in accordance with the payment rules and other policies, regulations, and statutes of the Agency. PBM shall:
 - 23.1 Ensure the POS system satisfies the functional and informational requirements by:
- 23.1.1 Supporting the POS function for Claims submissions by Participating Pharmacies twenty-four (24) hours per day, three hundred and sixty-six (366) days per year (except for scheduled and approved downtime).
- 23.1.2 Providing the ability to apply an ICN to each Claim and its supporting documentation, regardless of submission format. This unique number is used to cross reference the ICN for tracking, Claims, research, reconciliation, or audit purposes.
- 23.1.3 Ensuring appropriate HIPAA safeguards are in place to protect the confidentiality of client information.
- 23.1.4 Ensuring the system is capable of adding, changing, or removing Claim adjudication processing rules to accommodate state and federal required changes to the Program within sixty (60) days, unless otherwise approved.
- 23.2 Process, adjudicate, and pay Claims for Medicaid Members, including voids and full or partial adjustments, via an online, real-time POS system by:
- 23.2.1 Using the specified current National Council for Prescription 127 Drug Program (NCPDP) format. Required updates to this format shall be at no cost to IngenioRx;
- 23.2.2 Identifying and denying claims that contain invalid pharmacy numbers including where the Taxonomy/NPI or pharmacy number is missing or is invalid. Claims containing errors shall be returned to the originating pharmacy;
- 23.2.3 Identifying pharmacies on all Claims by their specific NPI; Drug Enforcement Administration (DEA) numbers, Taxonomy, or any other identifying number as required by the Agency, or HIPPA shall be captured by the pharmacy files;
- 23.2.4 Utilizing a system that has the functionality to process Claims requiring International Classification of Diseases Ninth Revision (ICD-9) and International Classification of Diseases Tenth Revision (ICD-10) codes when available; and
- 23.2.5 Validating Claims to identify any liable third party (e.g., Medicare), and ensure that Medicaid is the payer of last resort.

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- 23.3 PBM shall maintain, through an online system an accounts receivable (A/R) process that includes records for IngenioRx to systematically track adjustments, recoupments, manual payments, and other required identifying A/R and Claim information;
- 23.4 PBM shall provide Claims payment services, including paying ninety-five percent (95%) of all clean Claims submitted by Participating Pharmacies and non-participating pharmacies within twenty-one (21) calendar days of receipt and one hundred percent (100%) of all Claims in thirty (30) calendar days.
- 23.4.1 The term "pay" means either send the pharmacy cash or cash equivalent in full satisfaction of the clean claim, or give the pharmacy a credit against any outstanding balance owed by that pharmacy to PBM.
- 23.4.2 The term "clean claim" means a properly completed paper or electronic claim submitted in compliance with NCPDP standards and approved for payment.
- 23.4.3 Resubmission of a claim with further information and/or documentation shall constitute a new claim for purposes of establishing the time frame for claims processing.
- 23.4.4 PBM shall pay the claim or advise the pharmacy that the claim submitted is denied and specify all reasons for the denial.
- 23.5 PBM shall also provide the ability to process Claims on batch electronic media and paper Claims submitted directly for processing. Paper claims may include, but are not limited to, those submitted in situations when a Medicaid Member has to visit an out-of-network pharmacy in an emergency. Paper claims shall be submitted on the NCPDP UCF version D.0.
- 23.5.1 PBM shall process and adjudicate paper claims within ten (10) calendar days of receipt.
 - 23.5.2 PBM shall assign ICNs to all batch claims within twenty-four (24) hours of receipt.
 - 23.5.3 PBM shall maintain electronic backup of batch claims for the duration of the

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- 23.5.4 Electronic batch claims shall be adjudicated through the same processing logic as the POS claims.
- 23.6 Claims (837) and Remittance Advices (R/A) (835) shall use the American National Standards Institute (ANSI) X12 Electronic Data Interface (EDI) standard required for HIPAA compliance.
- 23.7 PBM shall notify IngenioRx in sufficient time for IngenioRx to notify the Agency in writing no later than one (1) calendar day from discovery of any POS processing and/or claims adjudication issue that is or has the potential to significantly impact processing time for claims submissions, claims adjudication, and/or continuity of Medicaid Member drug therapy. A significant impact means for this purpose a threshold of one hundred (100) or more Medicaid Members impacted by the issue. Notification shall be followed by a written explanation of the root cause and corrective action.
- 23.8 PBM shall establish a unique Medicaid-specific Processor Identification (BIN)/Issuer Identification Number (IIN), Processor Control Number (PCN), and Group Number combination for POS pharmacy claims processing, to ensure Medicaid claims are not the same as commercial and/or Medicare Part D business lines.
- 23.9 PBM shall develop, maintain and distribute to pharmacies a procedure and billing manual that lists detailed billing instructions.

24. Formulary Communications, other Pharmacy Communications, and Pharmacy Manual.

- 24.1 IngenioRx shall maintain a preferred drug list and PBM shall make information available to Participating Pharmacies and Medicaid Members, including the co-pay tiers or other information as necessary. PBM shall provide information to Participating Pharmacies regarding the Preferred Drug List (PDL) for Medicaid Members under the Program via posting on the web and other relevant means of communication. This list may be updated by IngenioRx and shall reflect changes in the status of a drug or to the addition of new drugs, as required.
- 24.2 PBM shall provide all Participating Pharmacy educational communications and materials related to Kentucky Medicaid Members including but not limited to: Participating Pharmacy letters; Participating Pharmacy bulletins; PDL drug changes and distribution; POS messaging; Training sessions, webinars, quarterly newsletters, and other training activities as requested by IngenioRx; Claim resolution; Website postings of the PDL; and Billing instruction.

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- 24.3 PBM shall prepare and issue a Pharmacy Manual to all network pharmacies. For newly contracted providers, PBM shall issue copies of the Pharmacy Manual within five (5) working days from inclusion of the pharmacy in the network or provide online access to the Pharmacy Manual and any changes or updates. All Pharmacy Manuals shall be available in hard copy format and/or online.
- 24.4 The Pharmacy Manual is subject to Agency approval, including any Pharmacy Manual provided by a subcontractor for direct services, and any updates to the Pharmacy Manual, prior to publication and distribution to pharmacies.
- 24.5 The Pharmacy Manual and updates shall serve as a source of information to pharmacies regarding Covered Services, PBM's Policies and Procedures, pharmacy credentialing and recredentialing, including Medicaid Member grievances and appeals, claims submission requirements, reporting fraud and abuse, prior authorization procedures, Medicaid laws and regulations, telephone access, the QAPI program, standards for preventive health services and other requirements identified by PBM.
- 24.6 PBM shall prepare and issue provider communications as necessary to inform pharmacies about PBM's policies, initiatives or other information. Provider communications may be subject to Agency approval prior to distribution if it changes or amends the way business is conducted with the pharmacy. An example of a pharmacy communication requiring approval is notification of a rate change.
- Rebate Administration. Pursuant to the Affordable Care Act and 42 C.F.R. § 438.3(s), CMS requires states to collect CMS level rebates on all Medicaid MCO utilization. In order for the Agency to comply with this requirement PBM shall be required to report timely drug utilization data that is necessary for the Agency to bill manufacturers for rebates in accordance with section 1927(b)(1)(A) of the Social Security Act no later than forty-five (45) calendar days or as required by the Agency after the end of each quarterly rebate period. Therefore, Covered Drugs Claims for Medicaid Members, including diabetic testing supplies, insulin, and those drug products administered by pharmacies in an office/clinical or other noninstitutional setting, are subject to the same manufacturer rebate requirements as Kentucky Medicaid FFS outpatient drugs. Such utilization information must include, at a minimum, information on the total number of units of each dosage form, strength, date of service (date of dispense), paid date (actual date claim was paid) and package size by NDC of each Covered Drug Claim. PBM shall submit to IngenioRx for submission to the Agency this NDC level information on drugs, biologics, and other products, including, but not limited to drug codes (e.g., J-Code/Q-Code/A-Code), units and conversions consistent with federal and Agency requirements. The Agency or its designated contractor shall provide this Claims level detail to manufacturers to assist in dispute resolutions. However, since the Agency is not the POS Claims processor, resolutions of unit disputes are dependent upon cooperation of PBM. PBM shall assist Agency in resolving drug rebate disputes with the manufacturer as requested. If at any time during this Agreement, requirements are revised to align with state or federal laws, regulations or guidance, PBM shall make all changes necessary to remain in compliance.
- **340B Transactions.** PBM shall submit all drug encounters including physician administered drugs, with the exception of in-patient hospital drug encounters, to IngenioRx for submission to the Agency pursuant to the requirements of this Agreement. PBM shall maintain the systems capability and methodology to appropriately identify 340B claims in real time, prospectively, and retrospectively to avoid duplicate discounts and to support all Agency based efforts and initiatives for 340B claim identification at a claim level of detail, including the utilization of the NCPDP fields designed for this purpose. PBM shall require PBM Contracted Pharmacies and PBM Owned Pharmacies, and any Approved Subcontractors to identify 340B purchased drugs on Claims in accordance with Agency requirements. PBM may receive notice of billing guide changes as necessary and with implementation deadlines with which PBM shall comply.
- 27. Emergency Supplies. In the event the prescription is for a non-preferred drug and Participating Pharmacy cannot reach the physician or PBM for approval and the pharmacist deems it necessary, a seventy-two (72) hour emergency supply shall be provided. If the physician prescribed an amount of the medicine that is less than a seventy-two (72) hour supply but is packaged so that it must be dispensed intact, Participating Pharmacy may dispense the packaged drug and the PBM shall pay for it even if it exceeds a seventy-two (72) hour supply. PBM shall instruct Participating Pharmacies on how to perform the override in the NCPDP environment of the POS Claims processing system. Except for those Medicaid Members diagnosed with conditions listed in 907 KAR 1:019, Kentucky Medicaid Members may be limited

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to three (3) brand prescriptions and four (4) total prescriptions, based upon their diagnoses and/or medical condition.

28. Pharmacy Call Center.

- 28.1 In addition to all other pharmacy Services required herein, PBM shall operate a toll-free provider call center twenty-four (24) hours a day, three hundred sixty-six (366) days per year for access by pharmacies. The call center shall provide access to registered pharmacists during all hours of operation to respond to pharmacy related questions.
- 28.2 The pharmacy call center shall include management call tracking and reporting capability. The management tracking system shall retain information taken on each call and be retrievable using personal information for the individual from whom the call was received and made available to the Agency upon request. Agency may monitor the call center through review of statistical reports, telephone calls, or onsite visits.
 - 28.3 Call Center capabilities shall include:
- 28.3.1 Producing an electronic record to document all calls, including, but not limited to, PA requests and claims processing;
- 28.3.2 Providing a complete record of communication to the call line from pharmacies and other parties;
- 28.3.3 Providing an escalation procedure whereby a caller not satisfied with the response received may pursue a resolution; and
 - 28.3.4 Ensuring compliance with HIPAA confidentiality requirements.
- 28.4 PBM shall provide a quality assurance program to sample calls and make follow-up calls to monitor caller satisfaction.
- 29. Maximum Allowable Cost. If delegated to PBM, PBM shall establish, subject to approval by IngenioRx, and maintain a generic drug Maximum Allowable Cost (MAC) program in order to promote generic utilization and cost containment. PBM shall update MAC and other pricing benchmarks on a schedule at least as consistent as is required by CMS for Medicare Part D plans found at 42 C.F.R. § 423.505(b)(21) or state law. PBM agrees and shall include in its PBM Contracted Pharmacy and PBM Owned Pharmacy contracts that the MAC program requirements herein shall apply and PBM shall comply with all maximum allowable cost laws and administrative regulations promulgated by DOI or the Agency.

30. Participating Pharmacy Network.

- 30.1 <u>Licensing and Eligibility</u>. PBM shall require each of PBM Contracted Pharmacy and PBM Owned Pharmacy providing Services to Medicaid Members to be validly licensed to provide services in the Commonwealth, have a valid Drug Enforcement Agency ("DEA") registration number, NPI and taxonomy, if applicable, and be a Medicaid enrolled provider.
- 30.2 <u>Pharmacy Program Capacity Demonstration</u>. PBM shall assure that Covered Drugs are as accessible to Medicaid Members (in terms of timeliness, amount, duration, and scope) as the same Covered Drugs are available to commercial insurance Medicaid Members in the Medicaid region; and that no incentive is provided, monetary or otherwise, to pharmacies for the withholding from Medicaid Members of medically necessary services. PBM shall make available and accessible facilities, service locations, and personnel sufficient to provide covered services consistent with the requirements specified in this section. PBM shall provide the following: Access for pharmacy services shall not exceed thirty (30) miles or thirty (30) minutes from the Medicaid Member's residence.

30.3 Network Enrollment.

30.3.1 In accordance with 42 C.F.R. § 438.206(b)(1)(i)-(v), when establishing and maintaining its network of pharmacies, PBM shall consider the anticipated Medicaid enrollment; the expected utilization of services, given the characteristics and health care needs of the specific Medicaid populations enrolled with PBM; the numbers and types (their training, experience, and specialization) of pharmacies required to provide the necessary Medicaid services; the numbers of network pharmacies who are not accepting new Medicaid patients; and the geographic location of pharmacies and their Medicaid Members, considering distance, travel time, the means of transportation ordinarily used by their Medicaid Members, and whether the location provides physical access for their Medicaid Members with disabilities. PBM shall maintain written agreements with its network of pharmacies.

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30.3.2 All pharmacies in PBM's network shall be enrolled in the Kentucky Medicaid Program. PBM may enroll pharmacies in its network who do not provide services to the fee-for-service (FFS) population. Pharmacies shall meet the credentialing standards described in the "Pharmacy Credentialing and Recredentialing" section of this Agreement and be eligible to enroll with the Kentucky Medicaid Program. A pharmacy joining PBM's network shall meet the Medicaid provider enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for FFS providers of the appropriate provider type. Federal Financial Participation is not available for amounts expended for providers excluded by Medicare, Medicaid, or SCHIP, except for Emergency Medical Services.

30.3.3 PBM shall enroll in its Participating Pharmacy network those pharmacies throughout the pharmacy community that are willing and able to meet the terms and conditions for participation established by PBM. PBM shall comply with the any willing provider statute as described in 907 KAR 1:672 or as amended and KRS 304.17A-270. PBM shall not require a pharmacy to enroll exclusively with its network to provide Services under this Attachment 4 to Schedule C-8, as such would violate the requirement of 42 C.F.R. Part 438 to provide Medicaid Members with continuity of care and choice.

30.3.4 Enrollment forms shall include those used by the Kentucky Medicaid Program as pertains to the provider type. PBM shall use such enrollment forms as required by the Agency.

30.3.5 PBM shall have written policies and procedures regarding the selection and retention of PBM's Participating Pharmacy network. The policies and procedures regarding selection and retention must not discriminate against pharmacies who service high-risk populations or who specialize in conditions that require costly treatment or based upon that pharmacy's licensure or certification.

30.3.6 PBM must offer participation agreements with currently enrolled Medicaid providers who have received electronic health record incentive funds and who are willing to meet the terms and conditions for participation established by PBM.

30.3.7 If PBM declines to include individuals or groups of pharmacies in its network, it shall give affected pharmacies written notice of the reason for its decision.

30.3.8 A pharmacy cannot enroll or continue participation in PBM's network if: (i) the pharmacy has active sanctions imposed by Medicare or Medicaid or SCHIP, (ii) required licenses and certifications are not current, (iii) money is owed to the Program, (iv) the Office of the Attorney General has an active fraud investigation involving the pharmacy, or (v) the pharmacy otherwise fails to satisfactorily complete the credentialing process.

30.3.9 <u>Enrolling New Pharmacies and Pharmacies Not Participating in Medicaid</u>. A pharmacy is not required to participate in the Kentucky Medicaid Fee-for-Service Program as a condition of participation with PBM's network but must be enrolled in the Kentucky Medicaid Program. If a potential pharmacy has not had a Medicaid number assigned, the pharmacy shall apply for enrollment with the Agency and meet the Medicaid pharmacy enrollment requirements set forth in the Kentucky Administrative Regulations and in the Medicaid policy and procedures manual for FFS providers of the appropriate provider type. All documentation regarding a pharmacy's qualifications and services provided shall be available for review by the Agency or its agents at PBM's offices during business hours upon reasonable advance notice.

30.4 Approval of Pharmacies. PBM understands and agrees that IngenioRx retains the right to approve, suspend, or terminate any pharmacy selected by PBM to participate in the network. PBM's Participating Pharmacy agreement shall provide such rights to IngenioRx.

30.5 <u>Termination of PBM Contracted Pharmacy and PBM Owned Pharmacy.</u>

30.5.1 PBM agrees that its agreements with PBM Contracted Pharmacies and PBM Owned Pharmacies shall require PBM to terminate the pharmacies' participation in the network for the following reasons:

• PBM Contracted Pharmacy and PBM Owned Pharmacy engages in an activity that violates any law or regulation and results in suspension, termination, or exclusion from the Medicare or Medicaid program;

• PBM Contracted Pharmacy and PBM Owned Pharmacy has a license, certification, or accreditation terminated, revoked or suspended;

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Engages in behavior that is a danger to the health, safety or welfare of

Medicaid Members; or

• Immediately upon receipt of notice from IngenioRx that the PBM Contracted Pharmacy and PBM Owned Pharmacy has been suspended, terminated, or excluded by the Program.

30.5.2 PBM shall terminate a pharmacy from the network effective upon receipt of notice that a pharmacy has been suspended, terminated, and/or excluded by the Kentucky Medicaid program.

30.5.3 PBM shall immediately notify IngenioRx of its termination of a PBM Contracted Pharmacy and PBM Owned Pharmacy from the network when such termination is for any of the reasons referenced in this section or for the following reasons: (i) adverse Medicare action; (ii) adverse action on professional license; (iii) deceased; (iv) professional license surrender; or (v) other state Medicaid adverse action. The notification should contain the reason, a brief description of the pharmacy's actions and/or applicable information leading to termination, the NPI, Medicaid ID, Entity Name, Provider Type (two digit) and complete mailing address. PBM shall send the email notification to the Division of Program Integrity, Pharmacy Enrollment Branch Manager and any applicable designee(s). In accordance with the Agreement, Medicaid Members who have received a service from the terminated pharmacy within the previous six (6) months shall be notified by mail within thirty (30) days.

30.5.4. PBM will report all terminations monthly in a format and manner for IngenioRx to submit via the Provider Termination Report. PBM shall indicate in its report the reason or reasons for which the pharmacy ceased participation.

30.5.5 PBM shall notify any Medicaid Member of a Participating Pharmacy's termination provided such Medicaid Member has received a service from the terminated Participating Pharmacy within the previous six (6) months. Such notice shall be mailed within thirty (30) days of such termination action.

30.5.6 In the event a Participating Pharmacy terminates participation with PBM, PBM shall immediately notify IngenioRx.

30.5.7 PBM may terminate from participation in its network any PBM Contracted Pharmacy and PBM Owned Pharmacy who materially breaches the pharmacy agreement and fails to timely and adequately cure such breach in accordance with the terms of the pharmacy agreement.

30.6 Specialty Pharmacy and Pharmacy Drugs.

30.6.1 PBM shall comply with industry standards for the management of specialty pharmacy drugs. Characteristics of specialty drugs may include the following:

30.6.1.1 Drugs that are used to treat and diagnose rare and complex diseases;

30.6.1.2 Drugs that require close clinical monitoring and management;

30.6.1.3 Drugs that frequently require special handling;

30.6.1.4 Drugs of a high dollar amount for a standard dosage; or

30.6.1.5 Drugs that may have limited access or distribution.

30.6.2 PBM may establish a specialty pharmacy network, subject to any willing provider specifications outlined in federal and/or state laws or regulations, and subject to the requirements and restrictions elsewhere in the Agreement. PBM's criteria for network participation shall be readily available.

30.7 Adequacy. PBM shall submit information in accordance with the "MCO Provider Network File Layout" requirements as provided by the Agency that demonstrate that PBM has an adequate network that meets the Agency's standards. PBM shall notify IngenioRx, in writing, for IngenioRx to notify the Agency of any anticipated network changes that may impact network standards as defined herein. PBM shall update this information with IngenioRx to reflect changes in PBM's pharmacy network monthly.

30.8 <u>Expansion and/or Changes in the Network.</u>

30.8.1 If at any time, PBM, IngenioRx, or the Agency determines that the pharmacy network is not adequate to comply with the access standards specified above for ninety-five (95%) of Medicaid Members, PBM or IngenioRx shall notify the other of this situation and within fifteen (15) Business Days PBM shall submit a corrective action plan to remedy the deficiency. Pharmacies in PBM's pharmacy network who will not accept Medicaid Members shall not be included in the assessment as to whether PBM's pharmacy network is adequate to comply with access standards. The corrective action plan shall describe the deficiency in detail, including the geographic location where the problem exists, and identify specific action steps to be taken by PBM and timeframes to correct the deficiency.

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30.8.2 In addition to expanding the service delivery network to remedy access problems, PBM shall also make reasonable efforts to recruit additional pharmacies based on Medicaid Member requests. When Medicaid Members ask to receive services from a pharmacy not currently enrolled in the network, PBM shall contact that pharmacy to determine an interest in enrolling and willingness to meet PBM's terms and conditions.

PBM shall submit to IngenioRx, for IngenioRx's submission to the Agency, any additions or changes to the PBM Participating Pharmacy network in a timely manner, and on a monthly basis, in the format specified by IngenioRx. PBM understands and agrees that encounter records containing provider numbers that are not on the Medicaid master Provider File will not be accepted by CMS. In addition to timely providing changes to the Participating Pharmacy network to IngenioRx for IngenioRx's monthly communications to the Agency, PBM shall ensure that all changes to the Participating Pharmacy network are communicated to Medicaid Members within ten (10) Business Days of such change. IngenioRx shall provide direction to PBM regarding whether PBM shall modify IngenioRx's provider directory file on its website, and PBM shall comply with such direction. Correcting the provider directory file such that IngenioRx can update its website within ten (10) Business Days of such pharmacy changes shall be deemed in compliance with this provision. PBM shall update a paper provider directory at least monthly.

- 30.9 In accordance with 42 C.F.R. § 438.10(h), the provider directory shall include the following:
 - 30.9.1 Pharmacy's name as well as any group affiliation;
 - 30.9.2 Street address;
 - 30.9.3 Telephone number(s);
 - 30.9.4 Website URL, as appropriate;
 - 30.9.5 Specialty, as appropriate;
 - 30.9.6 Whether the pharmacy will accept new Medicaid Members;
- 30.9.7 Pharmacy's cultural and linguistic capabilities including languages offered by the pharmacy or a skilled medical interpreter at the pharmacy's office, and whether the pharmacy has completed cultural competence training; and
- 30.9.8 Whether the pharmacy's office/facility has accommodations for people with physical disabilities including offices, exam rooms and equipment.
- 30.10 <u>Cultural Consideration and Competency</u>. PBM shall participate in IngenioRx's effort to promote the delivery of services in a culturally competent manner to all Medicaid Members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity. PBM shall address the special health care needs of Medicaid Members needing culturally sensitive services. PBM shall incorporate in policies, administration and service practice the values of: recognizing the Medicaid Member's beliefs; addressing cultural differences in a competent manner; fostering in staff and pharmacies' attitudes and interpersonal communication styles which respect Medicaid Member's cultural background.
- 30.11 <u>Pharmacy Electronic Transmission of Data.</u> PBM shall transmit to IngenioRx any additions or changes to PBM's pharmacy network as specified in the "MCO Provider Network File Layout" requirements as provided by the Agency. Encounter record containing pharmacy numbers that are not on the Medicaid master pharmacy file will not be accepted.

31. Pharmacy Payment Provisions.

- 31.1 <u>Claims Payments.</u> PBM shall accept only the uniform claim forms submitted from pharmacies that have been approved by the Agency and completed according to Agency guidelines. PBM shall accept claims submitted directly to PBM by the pharmacy. PBM shall ensure that payments are made to the appropriate pharmacy.
- 31.2 <u>Notice to Pharmacies on Change of Reimbursement</u>. PBM shall give at least thirty (30) days' written notice to pharmacies prior to any change in payment structure or reimbursement amount. The written notice must contain clear and detailed information about the change. The changes shall not be retroactive.
- **32. Pharmacy Benefits.** This section serves to clarify additional requirements specifically related to PBM's administration of pharmacy benefits on behalf of the Medicaid Plan.
 - 32.1 Pharmacy General Requirements.

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- 32.1.1 PBM shall administer pharmacy benefits in accordance with the Agreement and this Addendum, requirements specified in the contract between the Agency and Medicaid Plan, and in accordance with all applicable state and federal Laws.
- 32.1.2 Without limiting PBM's obligations elsewhere in the Agreement, at a minimum, PBM shall provide the following:
- 32.1.2.1 State-of-the-art, online and real-time rules-based point-of-sale (POS) claims processing services with prospective drug utilization review (ProDUR) and edits;
- 32.1.2.2 An accounts receivable (A/R) process that includes records for the Agency to systematically track adjustments, recoupments, manual payments, and other required identifying A/R and claim information;
- 32.1.2.3 Retrospective drug utilization review (RetroDUR) services upon IngenioRx's election;
 - 32.1.2.4 Pharmacy provider relations and education and call center services;
- 32.1.2.5 Seamless interfaces with the information systems of IngenioRx and the Agency, and as needed, any related vendors.
 - 32.1.2.6 Claims payment services;
- 32.1.2.7 Reporting and analysis to assist in monitoring and managing the pharmacy program and ensuring compliance with all federal and state requirements;
- 32.1.2.8 Assisting the Agency by cooperating and providing support during internal and external audits, including CMS certification or reviews, or transitions or upgrades of any MMIS/MEMS systems; and
- 32.1.2.9 Pursuant to Section 1903(i) of the Social Security Act, all handwritten or computer generated/printed Medicaid prescriptions for Claims shall require one or more approved industry-recognized tamper-resistant features to prevent all three (3) of the following: (i) copying of a completed or blank prescription form; (ii) erasure or modification of information written on the prescription pad by the prescriber; and (iii) use of counterfeit prescription forms. This requirement does not pertain to prescriptions received by fax, telephone, or electronically.
 - 32.2 Reimbursement Rates and Dispensing Fees.
- 32.2.1 The Agency shall set, create, or approve, and may change at any time for any reason, reimbursement rates between PBM and a pharmacy, or an entity which contracts on behalf of a pharmacy. Reimbursement rates shall include dispensing fees which take into account applicable CMS guidance. PBM shall notify IngenioRx in sufficient time for IngenioRx to notify the Agency no less than thirty (30) calendar days in advance of any proposed change of over five percent (5%) in the reimbursement rates for a pharmacy licensed in the state in connection with this Addendum. The Agency may disallow such a change. If the Agency disallows the proposed change, PBM shall to reprocess all affected claims without undue delay at the old reimbursement rate.
- 32.2.2 Pursuant to 18 RS HB 200, Medicaid Benefits, section (16), PBM shall comply with all dispensing fee requirements set by this Agreement. To the extent required by Law, PBM shall pay an additional dispensing fee of two dollars (\$2.00) without reduction of any kind or for any reason. This additional dispensing fee amount shall be in addition to the dispensing fee remitted to pharmacies for POS/retail claims as calculated or determined by contractual provisions negotiated directly with the dispensing pharmacy or any entity who contracts on behalf of the dispensing pharmacy.
- 33. Pharmacy Required Functions.
 - 33.1 PBM shall perform the following services and tasks:
 - 33.1.1 Enrolling, credentialing and recredentialing and performance review of pharmacy

providers;

- 33.1.2 Assisting pharmacies with Medicaid Member Enrollment status questions;
- 33.1.3 Assisting pharmacies with prior authorization and referral procedures;
- 33.1.4 Assisting pharmacies with Claims submissions and payments;
- 33.1.5 Explaining to pharmacies their rights and responsibilities as a member of PBM's

network;

33.1.6 Handling, recording and tracking pharmacy provider grievances and appeals properly and timely;

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- 33.1.7 Developing, distributing and maintaining a pharmacy manual;
- 33.1.8 Developing, conducting, and assuring pharmacy orientation/training;
- 33.1.9 Explaining to pharmacies the extent of Medicaid benefit coverage including EPSDT preventive health screening services and EPSDT Special Services;
- 33.1.10 Communicating Medicaid policies and procedures, including state and federal mandates and any new policies and procedures;
- 33.1.11 Assisting pharmacies in coordination of care for child and adult members with complex and/or chronic conditions;
 - 33.1.12 Coordinating workshops relating to PBM's policies and procedures;
- 33.1.13 Providing necessary technical support to pharmacies who experience unique problems with certain Medicaid Members in their provision of services;
 - 33.1.14 Annually addressing fraud, waste and abuse with pharmacies;
- 33.1.15 Consulting with a requesting pharmacy on authorization decisions, when appropriate; and
- 33.1.16 Ensuring no punitive action is taken against a pharmacy who either requests an expedited resolution or supports a Medicaid Member's appeal.
 - 33.2 PBM shall:
- 33.2.1 Establish and operate an interactive website which allows Medicaid pharmacies to file grievances, appeals, and supporting documentation electronically in an encrypted format which complies with federal and State Law and allows a Medicaid pharmacy to review the current status of a matter relating to a grievance or an appeal filed concerning a submitted claim.
- 33.2.2 Upon the request of a Medicaid pharmacy, provide at no cost to the pharmacy, all documents, records, and other information relevant to an adverse payment or coverage determination, PBM shall inform a Medicaid pharmacy of the determination with sufficient detail of the reason(s) therefore and the pharmacy's right to request and receive at no cost to the pharmacy, all documents, records, and other information related to the determination.
- 33.2.3 Provide to each Medicaid pharmacy the opportunity for an in-person meeting with a representative of PBM on any clean Claim that remains unpaid in violation of KRS 304.17A-700 to 304.17A-730; and on any Claim that remains unpaid for forty-five (45) days or more after the date on which the Claim is received by PBM and that individually, or in the aggregate, exceeds \$2,500.00.
- 33.2.4 Reprocess claims that are incorrectly paid or denied in error, in compliance with KRS 304.17A-708. PBM shall not require a Medicaid pharmacy to rebill or resubmit such a Claim in order to obtain correct payment, and no Claim shall be denied for timely filing if the claim was timely submitted.
- 33.3 Without limiting the general requirements in this section, PBM shall operate a provider call center that meets standards as determined by the Agency. Pharmacy provider call center services shall be staffed, at a minimum, Monday through Friday 8:00 am to 6:00 pm Eastern Time. PBM staff members shall be available to speak with providers any time during open hours.
- 33.4 <u>Drug Utilization Review (DUR) Program.</u> PBM shall operate a drug utilization review (DUR) program that complies with the requirements described in Section 1927(g) of the Social Security Act and 42 C.F.R. Part 456, Subpart K, and as required by the Agency, as if such requirements applied directly to PBM instead of the Agency. PBM's DUR program shall satisfy the minimum requirements for prospective and retrospective DUR as described in Section 1927(g) of the Social Security Act, amended by the OBRA of 1990, and as followed herein.
- 33.4.1 DUR standards shall ensure that pharmacies screen for allergies, idiosyncrasies, chronic conditions that may relate to drug utilization, potential drug therapy problems, and provide counseling to the Medicaid Member in accordance with existing pharmacy laws and federal regulations.
- 33.4.2 DUR standards shall also encourage proper drug utilization by ensuring maximum compliance, minimizing potential fraud, waste and abuse, and taking into consideration both the quality and cost of the pharmacy benefit.
- 33.4.3 PBM shall include review of mental health/substance use and narcotic drugs in its DUR program.

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- 33.4.4 A DUR program shall include current clinical standards for each category of DUR, i.e. therapeutic duplication, drug-drug interaction, disease-drug interactions, maximum daily dosage, and therapy duration.
- 33.4.5 If at any time during this Agreement DUR requirements are revised to align with state or federal Laws, regulations or guidance, or Agency policy, PBM shall make all necessary changes to remain in compliance.
- 33.4.6 PBM shall provide a detailed description of its drug utilization review program activities to IngenioRx to provide to the Agency on an annual basis. The actual date shall be determined by the Agency. PBM shall provide such information to IngenioRx within sufficient time for IngenioRx to provide all data necessary for appropriate CMS Annual DUR Report submissions including, but not limited to, completing PBM's portion of the actual annual report template furnished by CMS and within the requested timeframe.
- 33.5 <u>Interfaces Maintained</u>. Federal regulations require the Agency to maintain appropriate controls over POS eligibility contractors who perform both switching services and billing services. Switch and billing agent functions, if provided by the same company, shall be maintained as separate and distinct operations. If the contractor serving as the POS contractor also provides services as the pharmacies' agent, an organizational firewall shall be in place to separate these functions.

34. Pharmacy Approvals.

- 34.1 <u>Pharmacy Information Materials and Document Approval</u>. PBM shall submit to IngenioRx, for the purpose of obtaining Agency approval, all written materials in accordance with this Addendum. Any materials or communications conveying pharmacy related information to the Medicaid Member or pharmacy shall be subject to these requirements.
 - 34.2 Pharmacy Contract and Fee Approval.
- 34.2.1 All subcontracts and provider agreements are subject to Agency review and approval.
- 34.2.2 Any fee established, modified, or implemented directly or indirectly by a managed care organization, pharmacy benefit manager or administrator, or entity which contracts on behalf of a pharmacy that is directly or indirectly charged to, passed onto, or required to be paid by a pharmacy services administration organization, group buying organization or the like, pharmacy, or Medicaid recipient shall be submitted to IngenioRx for submission to the Agency for approval. This paragraph shall not apply to any membership fee or service fee established, modified, or implemented by a pharmacy services administration organization, group buying organization, or the like on a pharmacy licensed in Kentucky that is not directly or indirectly related to product reimbursement.
- 34.2.3 Any contract entered into or renewed by PBM for the delivery in whole or part of Medicaid pharmacy services shall comply with all Laws, including administrative regulations promulgated by the Agency, and other applicable regulatory authority, including, but not limited to, the regulation of maximum allowable costs programs.
- **35. Pharmacy Credentialing and Recredentialing.** PBM shall conduct credentialing and recredentialing in compliance with NCQA standards, KRS 205.560(12), 907 KAR 1:672 or other applicable state regulations and federal law. PBM shall document the procedure, which shall comply with the Agency's current policies and procedures, for credentialing and recredentialing of pharmacy providers with whom PBM contracts or employs to treat Medicaid Members.
- 35.1 <u>Credentialing Timeline</u>. PBM shall complete the credentialing or recredentialing of a pharmacy within ninety (90) calendar days of receipt of all relative information from the pharmacy. The status of pending requests for credentialing or recredentialing shall be submitted as required below.
- 35.2 <u>Pharmacy Enrollment Coversheet</u>. PBM shall have a process in place that requires the completion of a Pharmacy Enrollment Coversheet, which shall include the following data elements, as applicable, and which shall be submitted electronically to IngenioRx for submission to the Agency:
 - Pharmacy Name
 - Address-Physical & telephone number
 - Address-Pay-to-address
 - Address-Correspondence
 - E-mail address

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- Address-1099 & telephone number
- Fax Number
- Electronic Billing
- Specialty
- SSN/FEIN#
- License#/Certificate
- Begin and End date of Eligibility
- CLIA
- NPI
- Taxonomy
- Ownership (5% or more)
- Previous Provider Number (if applicable) this also includes Change in Ownership
- Existing provider number if EPSDT
- Tax Structure
- Pharmacy Type
- DOB
- Map 347 (need group # and effective date)
- EFT (Account # and ABA #)
- DEA (Effective and Expiration dates)
- Fiscal Year End Date
- Document Control Number
- PBM Credentialing Date
- 35.3 <u>Credentialing and Recredentialing Policy and Procedure.</u> PBM shall have a documented policy and procedure, which shall comply with Agency's current policies and procedures, for credentialing and recredentialing of pharmacies with whom it contracts to treat Medicaid Members. This documentation shall include, but not be limited to, defining the scope of pharmacies covered, the criteria and the primary source verification of information used to meet the criteria, the process used to make decisions and the extent of delegated credentialing and recredentialing arrangements. PBM shall have a process for receiving input from participating pharmacies regarding credentialing and recredentialing of pharmacies.
- 35.3.1 The process for verification of pharmacy credentials and insurance shall include the following:
- Written policies and procedures that include PBM's initial process for credentialing as well as its recredentialing process that must occur, at a minimum, every three (3) years;
- A governing body, or the groups or individuals to whom the governing body has formally delegated the credentialing function;
 - A review of the credentialing policies and procedures by the formal body;
 - A credentialing committee which makes recommendations regarding

credentialing;

- Written procedures, if PBM delegates the credentialing function, as well as evidence that the effectiveness is monitored;
 - Written procedures for the termination or suspension of pharmacies; and
- Written procedures for, and implementation of, reporting to the appropriate authorities serious quality deficiencies resulting in suspension or termination of a pharmacy.
- 35.3.2 PBM shall be responsible for the ongoing review of pharmacy performance and credentialing as specified below:
- PBM shall verify that its pharmacies to whom Medicaid Members may be referred are properly licensed in accordance with all applicable Commonwealth law and regulations and have in effect such current policies of malpractice insurance as may be required by PBM.
- The process for verification of pharmacy credentials and insurance, and any additional facts for further verification and periodic review of pharmacy performance, shall be embodied in written policies and procedures, approved in writing by the Agency.

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 PBM shall maintain a file for each pharmacy containing a copy of pharmacy's current license issued by the Commonwealth and such additional information as may be specified by the Agency.

• The process for verification of pharmacy credentials and insurance shall be in conformance with the Agency's policies and procedures.

35.3.3 PBM shall meet requirements under KRS 205.560(12) related to credentialing. Verification of pharmacies' credentials shall include the following:

A current valid license or certificate to practice in the Commonwealth of

Kentucky;

A Drug Enforcement Administration (DEA) certificate and number, if

applicable;

- Previous five (5) years' work history;
- · Professional liability claims history;
- Current, adequate malpractice insurance, as verified through attestation;
- Documentation of revocation, suspension or probation of state license or

DEA/BNDD number;

- Documentation of sanctions or penalties imposed by Medicare or Medicaid;
- Documentation of censure by the State or County professional association;

and

Most recent information available from the National Practitioner Data Bank.

35.3.4 Pharmacy shall complete a credentialing application that includes a statement by the applicant regarding:

The ability to perform the essential functions of the positions, with or without

accommodation;

- Lack of present illegal drug use;
- History of loss of license and felony convictions;
- History of loss or limitation of privileges or disciplinary activity;
- Sanctions, suspensions or terminations imposed by Medicare or Medicaid;

and

- Applicants attest to the correctness and completeness of the application.
- 35.3.5 Before a pharmacy is credentialed, PBM shall verify information from the following organizations and shall include the information in the credentialing files:
 - National Practitioner Data Bank;
- Information about sanctions or limitations on licensure from the appropriate state boards applicable to pharmacy practice; and
 - Other recognized monitoring organizations appropriate to pharmacy practice.
- 35.3.6 At the time of credentialing, PBM shall perform an initial visit to pharmacies as it deems necessary and as required by law. (See 42 C.F.R. Part 455, Subpart E.) PBM shall document a structured review to evaluate the site against PBM standards. PBM shall document an evaluation of the medical record documentation and keeping practices at each site for conformity with PBM standards.
- 35.4 <u>Recredentialing Procedures.</u> PBM shall have formalized recredentialing procedures. PBM shall formally recredential pharmacies at least every three (3) years, and shall require:
 - 35.4.1 A current license to practice;
 - 35.4.2 A valid DEA number, if applicable;
- 35.4.3 Five (5) year history of professional liability claims that resulted in settlement or judgment paid by or on behalf of the practitioner; and
 - 35.4.4 A current signed attestation statement by the applicant regarding:
 - The ability to perform the essential functions of the position, with or without

accommodation;

- The lack of current illegal drug use;
- · A history of loss, limitation of privileges or any disciplinary action; and
- Current malpractice insurance.

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35.4.5 There shall be evidence that before making a recredentialing decision, PBM has verified information about sanctions or limitations on pharmacies from:

- The national practitioner data bank;
- Medicare and Medicaid;
- State boards of practice, as applicable; and
- · Other recognized monitoring organizations appropriate to the practitioner's

specialty.

- 35.5 Unless prohibited by NCQA standards, if PBM allows pharmacy to provide covered services to Medicaid Members before the credentialing or recredentialing process is completed and pharmacy is credentialed, PBM shall allow pharmacy to be paid for the period from the date of its application for credentials to completion of the credentialing or recredentialing process.
- 35.6 PBM shall establish ongoing monitoring of pharmacy sanctions, complaints and quality issues between recredentialing cycles, and take appropriate action.
- 35.7 PBM shall provide a credentialing process whereby the pharmacy is only required to go through one (1) credentialing process that applies to PBM, if one credentialing process meets NCQA requirements.
- 35.8 <u>Implementation of a Credentialing Verification Organization (CVO)</u>. PBM shall comply with and take all necessary actions to implement the requirements of 2018 Ky. Acts Ch. 69 and all other applicable federal and state Laws. PBM shall work with any identified CVO designated by the Agency.

 36. Pharmacy Orientation and Education.
- PBM shall conduct initial orientation for all pharmacies within thirty (30) days after PBM places a newly contracted pharmacy on an active status. PBM shall ensure that all pharmacies receive initial and ongoing orientation in order to operate in full compliance with the Agreement and all applicable federal and Commonwealth requirements. PBM shall use reasonable efforts to ensure that all pharmacies receive targeted education for specific issues identified by the Agency. PBM shall ensure that pharmacy relations staffing ratios are proportionally adequate to address pharmacy's issues in a timely manner. PBM shall maintain and make available upon request enrollment or attendance rosters dated and signed by each attendee or other written evidence of training of each pharmacy and their staff. PBM shall ensure that pharmacy education includes: PBM coverage requirements for Medicaid services; policies or procedures and any modifications to existing services, reporting fraud and abuse; Medicaid populations/eligibility; standards for preventive health services; special needs of Medicaid Members in general that affect access to and delivery of services; Claims submission and payment requirements; cultural sensitivity; responding to needs of Medicaid Members with mental, developmental and physical disabilities; and; the rights and responsibilities of both Medicaid Members and pharmacies. PBM shall ensure that ongoing education is conducted relating to findings from the QAPI program when deemed necessary by either PBM, IngenioRx, or the Agency.
- 36.2 PBM shall develop, implement, and conduct ongoing educational programs for Kentucky Medicaid pharmacy provider community. These educational initiatives shall include, but not be limited to:
 - 36.2.1 Provider letters and bulletins.
 - 36.2.2 PDL drug changes and distribution.
 - 36.2.3 POS messaging.
- 36.2.4 Training sessions, webinars, quarterly newsletters, and other training activities as requested by the Agency.
 - 36.2.5 Billing instructions and claim resolution.
 - 36.2.6 Website postings of the PDL.
 - 36.2.7 PA processes and procedures.
 - 36.3 PBM shall cooperate with the Agency as needed regarding pharmacy-related matters.

37. Member Services.

- 37.1 <u>Member Call Center</u>. To the extent IngenioRx delegates member call center services to PBM, the following shall apply to PBM's performance of Medicaid Member call center operations:
- 37.1.1 The call center shall be staffed and available by telephone Monday through Friday 7:00 am to 7:00 pm Eastern Time.

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- 37.1.2 The call center shall meet the current American Accreditation Health Care Commission/URAC-designed Health Call Center Standard (HCC) for call center abandonment rate, blockage rate and average speed of answer for IngenioRx's programs with the exception of behavioral health: (i) The call center abandonment rate shall be no greater than 5%; (ii) The call blockage rate shall be no greater than 1%; and (iii) An average of eighty (80) percent of calls each month are answered within thirty (30) seconds or the call is directed to an automatic call pickup system with the IVR options.
- 37.1.3 If there is a separate telephone line for different Medicaid populations, PBM shall report performance for each individual line separately.
- 37.1.4 PBM shall self-report to IngenioRx its prior month performance for call center abandonment rate, blockage rate and average speed of answer for its Member services line for IngenioRx's reporting to Agency.
- 37.1.5 Appropriate foreign language and/or oral interpreters shall be provided by PBM and available free of charge and as necessary to ensure availability of effective communication regarding treatment, medical history, or health education and otherwise comply with 42 C.F.R. § 438.10(d).
- 37.2 <u>Member Services Communications</u>. To the extent IngenioRx delegates Medicaid Member services communications to PBM, the following shall apply to such Medicaid Member communication materials: (i) Member written materials shall be provided and printed in each language spoken by five percent (5%) or more of the Medicaid Members in each county; (ii) Oral interpretation shall be provided for all non-English languages; (iii) PBM's Member Services staff shall be able to respond to the special communication needs of the disabled, blind, deaf and aged and effectively interpersonally relate with economically and ethnically diverse populations; and (iv) PBM shall provide ongoing training to its staff and pharmacies on matters related to meeting the needs of economically disadvantaged and culturally diverse individuals.
- 38. [Reserved]
- 39. Pharmacy Grievances and Appeals.
 - 39.1 <u>General Requirements</u>.
- 39.1.1 PBM shall implement a process to ensure that a pharmacy shall have the right to file an internal appeal with PBM regarding denial of a health care service or claim for reimbursement, provider payment or contractual issues. PBM shall provide written notification to the pharmacy regarding a denial. PBM shall utilize a standard Pharmacy Grievance Form provided by the Agency for its pharmacy grievance process. Appeals received from pharmacies that are on the Medicaid Member's behalf for denied services with requisite consent of the Medicaid Member are deemed Medicaid Member appeals and not subject to this section.
- 39.1.2 PBM shall log pharmacy appeals. Appeals shall be recorded in a written record and logged with the following details: date, nature of appeal, identification of the individual filing the appeal, identification of the individual recording the appeal, disposition of the appeal, corrective action required and date resolved. Pharmacy grievances or appeals shall be resolved and the pharmacy shall receive in writing the resolution within thirty (30) calendar days. If the grievance or appeal is not resolved within thirty (30) days, PBM shall request a fourteen (14) day extension from the pharmacy. If the pharmacy requests the extension, the extension shall be approved by PBM. PBM shall ensure that there is no discrimination against a pharmacy solely on the grounds that the pharmacy filed an appeal or is making an informal grievance. PBM shall monitor and evaluate pharmacy grievances and appeals. PBM shall submit monthly reports to IngenioRx for submission to the Agency regarding the number, type and outcomes including final denials of pharmacy grievances and appeals as required in this Agreement.
- 39.1.3 A pharmacy who has exhausted PBM's internal appeal process shall have a right to appeal a final denial, in whole or in part, by PBM to an external independent third party in accordance with applicable state laws and regulations including denials, in whole or in part, involving emergency care services. PBM shall provide written notification to the pharmacy of its right to file an appeal. A pharmacy shall have a right to appeal a final decision by an external independent third party to the Cabinet for Health and Family Services Division of Administrative Hearings for a hearing in accordance with applicable state laws and regulation. If the pharmacy prevails, in whole or in part, PBM shall comply with any final order within sixty (60) days unless the final order designates a different timeframe.

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- 39.2 Other Related Processes. PBM shall provide information specified in 42 C.F.R. § 438.10(g)(2)(XI) about the grievance and appeal system to all pharmacies and subcontractors at the time they enter into a contract.
 - 39.3 Release for Ethical Reasons.
- 39.3.1 PBM shall not require pharmacies to perform any treatment or procedure that is contrary to the pharmacies' conscience, religious beliefs, or ethical principles in accordance with 42 C.F.R. § 438.102.
- 39.3.2 PBM shall have a referral process in place for situations where a pharmacy declines to perform a service because of ethical reasons. The Medicaid Member shall be referred to another pharmacy licensed, certified or accredited to provide care for the individual service.
- 39.3.3 A release for ethical reasons only applies to PBM's network pharmacies; it does not apply to PBM.
- 39.3.4 PBM shall not prohibit or restrict a pharmacy from advising a Medicaid Member about his or her health status, medical care or treatment, regardless of whether benefits for such care are provided under the Agreement, if the pharmacy is acting within the lawful scope of practice.
- **40. Lock-In Program.** To the extent delegated to PBM, PBM shall develop a program to address and contain Medicaid Member over utilization of pharmacy services. The criteria for this program must be submitted to the IngenioRx for approval.
- 41. Reporting Requirements. PBM acknowledges that IngenioRx is obligated to provide the Agency managerial, financial, utilization, quality, Program Integrity and enrollment reports, and any additional reports requested by the Agency, including ad hoc reports. PBM agrees to prepare and submit to IngenioRx all such reports, or information necessary to complete reports, at IngenioRx's option, in the format requested by IngenioRx to the extent such reports relate to the Services provided under this Agreement, as follows:
 - 41.1 Reporting Requirements and Standards.
- 41.1.1 PBM shall verify the accuracy for data and other information on reports submitted. Reports or other required data shall be received on or before scheduled due dates. All required information shall be fully disclosed in a manner that is responsive and without material omission.
- 41.1.2 PBM shall be responsible for assuring the accuracy, completeness and timely submission of each report. Reports shall be submitted in electronic format, paper or disk. PBM shall provide such additional data and reports as may be reasonably requested by IngenioRx. IngenioRx shall furnish PBM with the appropriate reporting formats, instructions, and timetables for submission.
- 41.2 <u>PBM Reporting</u>. PBM shall comply with all pharmacy benefit reporting requirements of this Agreement, the Agency, and those set forth by applicable statutory or regulatory authority.
- 41.2.1 PBM shall deliver to IngenioRx for delivery to the Agency no later than August 15 of each contracting year, the following pharmacy benefit information:
- 41.2.1.1 The total Medicaid dollars paid to PBM by IngenioRx in connection with Medicaid Members under this Addendum.
- 41.2.1.2 The total amount of Medicaid dollars paid to PBM by IngenioRx in connection with Medicaid Members under this Addendum which were not subsequently paid to a pharmacy licensed in Kentucky.
- 41.2.1.3 The average reimbursement, by drug ingredient cost, dispensing fee, and any other fee paid by PBM to licensed pharmacies with which the PBM shares common ownership, management, or control; or which are owned, managed, or controlled by any of PBM's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company; or which share any common Medicaid Members on the board of directors; or which share managers in common.
- 41.2.1.4 The average reimbursement, by drug ingredient cost, dispensing fee, and any other fee, paid by PBM to pharmacies licensed in Kentucky which operate more than ten (10) locations.
- 41.2.1.5 The average reimbursement by drug ingredient cost, dispensing fee, and any other fee, paid by PBM to pharmacies licensed in Kentucky which operate ten (10) or fewer locations.

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41.2.1.6 Any direct or indirect fees, charges, or any kind of assessments imposed by PBM on pharmacies licensed in Kentucky with which PBM shares common ownership, management, or control; or which are owned, managed, or controlled by any of PBM's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company; or which share any common Medicaid Members on the board of directors; or which share managers in common.

41.2.1.7 Any direct or indirect fees, charges, or any kind of assessments imposed by the pharmacy benefit manager on pharmacies licensed in Kentucky which operate more than ten (10) locations.

41.2.1.8 Any direct or indirect fees, charges, or any kind of assessments imposed by PBM on pharmacies licensed in Kentucky which operate ten (10) or fewer locations.

41.2.1.9 All common ownership, management, common Medicaid Members of a board of directors, shared managers, or control of PBM, or any of PBM's management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, manager, or holding company with any managed care organization contracted to administer Kentucky Medicaid benefits, any entity which contracts on behalf of a pharmacy, or any pharmacy services administration organization, or any common ownership, management, common Medicaid Members of a board of directors, shared managers, or control of a pharmacy services administration organization that is contracted with a pharmacy benefit manager, with any drug wholesaler or distributor or any of the pharmacy services administration organizations, management companies, parent companies, subsidiary companies, jointly held companies, or companies otherwise affiliated by a common owner, common Medicaid Members of a board of directors, manager, or holding company.

- 41.2.2 All information provided by PBM or its agent or contracted entity shall reflect data for the most recent full calendar year and shall be divided by calendar months pursuant to the reporting template format approved and directed by the Agency. This reporting template may be revised by the Agency without additional notice to PBM so long as delivery of the revised template is made sixty (60) days prior to the next reporting delivery date.
- 41.2 <u>Member Services Report</u>. By the fifteenth (15th) of each month, PBM shall self-report its prior month performance in call center abandonment rate, blockage rate and average speed of answer, for their member services call-in system to IngenioRx for reporting to the Agency.
- 41.3 <u>Pharmacy Network Reporting.</u> PBM shall submit to IngenioRx on a quarterly basis, in a format specified by IngenioRx, a report summarizing changes in the pharmacy network.
- 41.4 <u>Financial Reports.</u> PBM shall maintain its accounting systems in accordance with statutory accounting principles, generally accepted accounting principles, or other generally accepted system of accounting. The accounting system shall clearly document all financial transactions between the PBM and IngenioRx. These transactions shall include, but not be limited to, Claims payment, refunds and adjustment of payments.
- 41.5 <u>Utilization and Quality Improvement Reporting</u>. Utilization and Quality Improvement reports demonstrate compliance with IngenioRx and Agency service delivery and quality standards. These reports shall include, but not be limited to:
- Trending and analysis reports on areas such as quality of care, access to care, or service delivery access;
 - Encounter data as specified in this Agreement;
 - Utilization review and management activities data; and
- Other required reports as determined by IngenioRx, including, but not limited to, performance and tracking measures.
 - 41.6 Additional reporting requirements are set forth in Attachment 1 to this Addendum.
- **42. Violation, Breach or Non-Performance of the Medicaid Contract.** PBM understands and agrees that its actions or non-actions, including those listed below, may cause IngenioRx to be in breach of the Medicaid Contract and may result in letters of concern, corrective actions or penalties against IngenioRx and/or PBM, including, but not limited to, civil money penalties and termination of this <u>Attachment 4 to Schedule C-8</u>.

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- 42.1 Non-performance of the particular terms and conditions of the Medicaid Contract as a result of failure of PBM to perform the services it has been delegated in accordance with terms and conditions of the Medicaid Contract;
- 42.2 The conduct of IngenioRx, PBM, any subcontractor or supplier, or the standard of services provided by or on behalf of IngenioRx, fails to meet Agency's minimum standards of care or threatens to place the health or safety of any group of Medicaid Members in jeopardy;
- 42.3 PBM fails to or knowingly permits any subcontractor, supplier, or any other person or entity who receives compensation pursuant to performance of the Medicaid Contract, to fail to comply with the nondiscrimination and affirmative action requirements of this Agreement;
- 42.4 PBM provides or knowingly permits any subcontractor to provide fraudulent, or intentionally misleading or misrepresentative information to any Medicaid Member, or to any agent of the Commonwealth or the United States in connection with this Agreement:
- 42.5 Gratuities other than de minimus or otherwise legal gratuities are offered to, or received by, any public official, employee or agent of the Commonwealth from IngenioRx, its agent's employees, PBM or subcontractors, or suppliers, in violation of Offer of Gratuities and Affirmative Action of the Medicaid Contract;
- 42.6 Failure to provide a required report in an allotted time frame or submitting incomplete or incorrect reports required herein;
 - 42.7 Failure to comply with a Corrective Action Plan;
 - 42.8 Prompt pay violations;
 - 42.9 Substantial non-compliance that affects Medicaid Members' access to Services; or
- 42.10 Failure to submit correct data except for encounter submission or if otherwise addressed in the Agreement.
- **43. Utilization Review/Prior Authorization.** PBM acknowledges and agrees that if/when utilization management, including prior authorization services, are delegated to PBM, additional requirements shall apply, which shall be documented in an amendment hereto, and which shall include compliance with requirements of section 1927(d)(5) of the Social Security Act and 42 C.F.R. §§ 438.10 and 438.404.
- **44. Formulary Support.** PBM acknowledges and agrees that if/when formulary services (e.g., development and maintenance of a formulary) is delegated to PBM, additional requirements shall apply, which shall be documented in an amendment hereto.

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ATTACHMENT 1 – SAMPLE REPORTING REQUIREMENTS AND REPORTING DELIVERABLES

| Document Name | MCO Reports Description |
|---------------|---|
| Date Created | September4,2011 |
| Last Revised | July 19, 2018 |
| Owner | Medicaid Managed Care Oversight Contract Management |

| Report# | Report Name | Status |
|---------|--|--------|
| 173 | MCO-PBM Compliance Report for POS Transactions | Active |

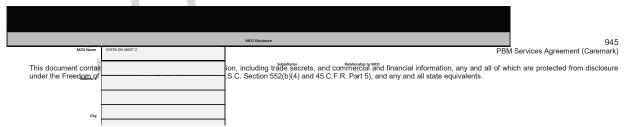
 $Note: A \, report \, will \, not \, be \, required \, to \, be \, submitted \, to \, the \, Department \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, report \, has \, a \, status \, of \, 'lnactive' \, during \, the \, period \, the \, per$

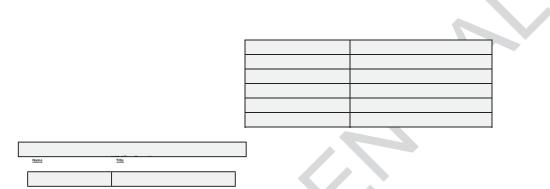
| 173 | Created: | 07/12/2018 |
|--|--|--|
| MCO-PBM Compliance Report for POS Transactions | Last Revised: | |
| Pharmacy | Report Status: | Active |
| | | |
| | | |
| Annual | Exhibits: | NA. |
| | | |
| State Fiscal Year July 1 – June 30. | | |
| 30 calendar days following the report period. | | |
| KentuckyDepartmentforMedicaidServices | | |
| | MCO-PBM Compliance Report for POS Transactions Pharmacy Annual State Fiscal Year July 1 – June 30. 30 calendar days following the report period. | MCO-PBM Compliance Report for POS Transactions Pharmacy Report Status: Annual Exhibits: State Fiscal Year July 1 – June 30. 30 calendar days following the report period. |

Description:

Monthly summary of Ownership & Related Entities with details for each MCO, PBM and the related entities; Monthly Financial Detail; Cumulative Financial Detail; Related Entity Financial Detail; Related Entity Financial Detail; Pharmacy Type Financial Detail. List Executive Staff Titles; Relationship Titles; MCO and the PBM shall each submit a legal structure chart.

Sample Layout:



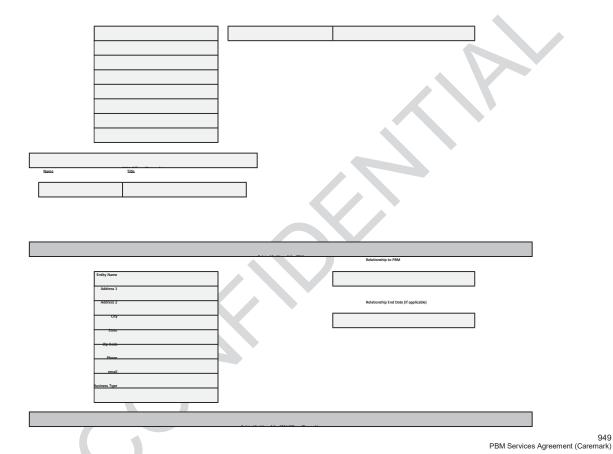


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Relationship

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| мсо | | |
|------------------------|---|--|
| Name: | | |
| Report Run Date: | | |
| Reporting Period | | |
| NOTE: See "I | Data Dictionary and Terminology" tab for detail on reporting items. | |

PBM Services Agreement (Caremark)

| | | | | Jan 2017 | Financial Information | | | | | | | | | | |
|-------|--|--------|------------|------------|-----------------------|--------|---------|--------------|----|--|--|--|--|--|--|
| item# | | | | | | | | | | | | | | | |
| 1 | Medicald \$ paid to PBM | \$ - | | | | | | | | | | | | | |
| 2 | Medicaid \$ paid to PBM, not paid to pharmacies | \$ - | | | | | | | | | | | | | |
| | | Ingre | dlent Cost | Dispensing | : Fee | Oth | er Fees | | | | | | | | |
| | | median | mean | median | mean | median | mean | total claims | | | | | | | |
| 3 | Average reimbursement by claim, PBM to pharmacles of common ownership | s - | s - | s - | s - | \$ - | \$ - | 0 | | | | | | | |
| 43 | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply | \$ - | \$ - | s - | s - | \$ - | \$ · | 0 | | | | | | | |
| 4b | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply | \$ - | s - | s - | s - | \$ - | \$ - | 0 | | | | | | | |
| 5a | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply | \$ - | s - | s - | s - | \$ - | \$ - | 0 | | | | | | | |
| Sb | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply | s - | s - | s - | s - | \$ - | \$ - | 0 | 95 | | | | | | |

| | | Other Assessments |
|---|---------|-------------------|
| | DI Fees | /Charges |
| Total remuneration fees charged to pharmacies of common ownership, by fee | | |

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| | | | 2017 | Cumulative Financial Detail | | | | |
|--|--|---|------|-----------------------------|-----------|--------|----------|--------------|
| MCO Name: Report Run Date: Reporting Period From: Reporting Period To: | hata Dictionary and Ter | rminology" tab for detail on reporting lies | 715. | | | | | |
| Item# | Medicald \$ paid to PBM | \$. | | | | | | |
| 2 | Medicaid \$ paid to PBM, not paid to pharmacies | \$ - | | | nsing Fee | | or Fores | • |
| | | ingrediem median | mean | median | mean | median | mean | total claims |
| 3 | Average reimbursement by claim, PBM to pharmacies of common ownership | \$ 0 | | \$ - | s - | s - | s - | |
| 4a | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply | \$ 0 | \$ - | s - | s - | \$ - | s - | |

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| 4b | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply | \$ · | s - | \$ - | s - | \$ - | s - | | |
|----|--|------|------|------|------|------|------|--|--|
| 5a | Average reimbursement by claim, PBM to pharmacles with 10 or fewer locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Sb | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| | Other Assessments DI Fee: (Charges | | | | | | | | |
| 6 | Total remuneration fees charged to pharmacies of common ownership, by fee type | ş | | \$ - | | | | | |

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| 7 | Total remuneration fees charged to pharmacies with 11 or more locations, by fee type | \$ | - | \$ | - |
|---|---|----|---|----|---|
| 8 | Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type | \$ | - | ş | - |

| | Related Entity Financial Detail | | | | | | | | | | | |
|-------------|---|----------|----------|--------|--------|---------|---------|-------------------|--|--|--|--|
| | | Jan 2017 | | | | | | | | | | |
| | Average reimbursement by claim from PBM to Pharmacies of common ownership ownership | | | | | | | | | | | |
| | Ingredic | ent Cost | Dispensi | ng Fee | Oth | tr Fees | | | | | | |
| | | | | | | | | Other Assessments | | | | |
| Entity Name | median | mean | median | mean | median | mean | DI Fees | /Charges | | | | |
| | | | | | | | | | | | | |

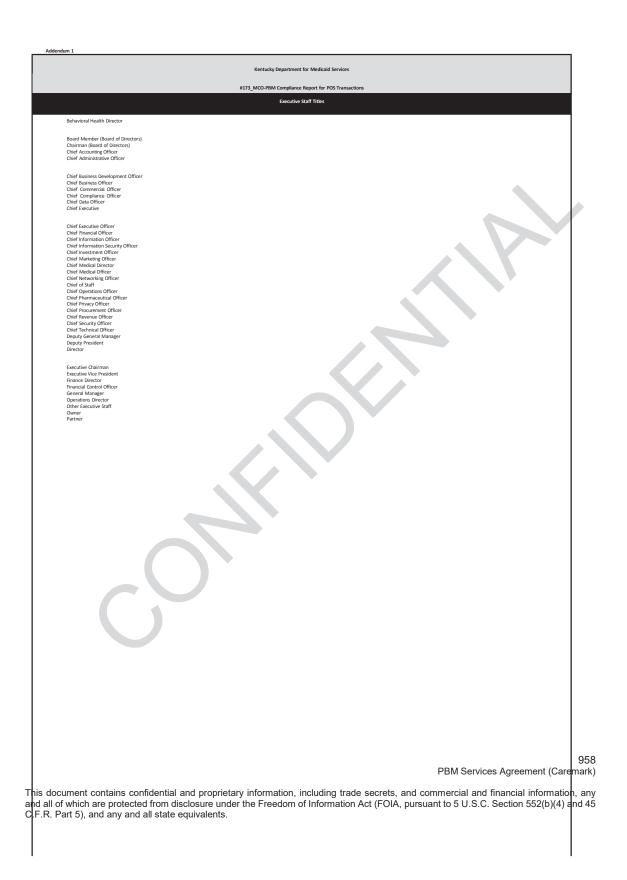
PBM Services Agreement (Caremark)



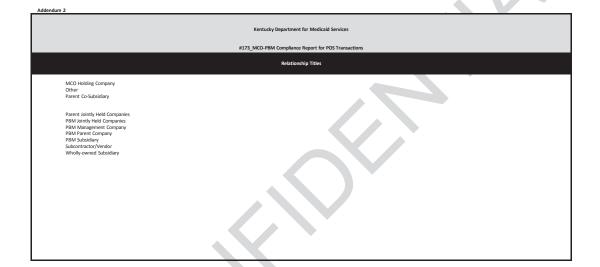
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| | Jan 2017 | | | | | | | | | | | |
|---------------------------------|----------|----------|------------------------|--|--------|-----------|---------|-------------------------------|--|--|--|--|
| | | Av | erage reimbursement by | Total assessments charged to pharmacies by pharmacy type | | | | | | | | |
| | Ingredic | ent Cost | Disp | ensing Fee | | ther Feer | | | | | | |
| Pharmacy Type | median | mean | median | mean | median | mean | DI Fees | Other Assessments /Charges | | | | |
| Specialty | | | | | | | DI Pees | | | | | |
| Mail Order / Home Delivery | |) | | | | | | | | | | |
| LTC / Institutional | | | | | | | | | | | | |
| Maintenance Supply (≥ 90 DS) | | | | | | | | | | | | |

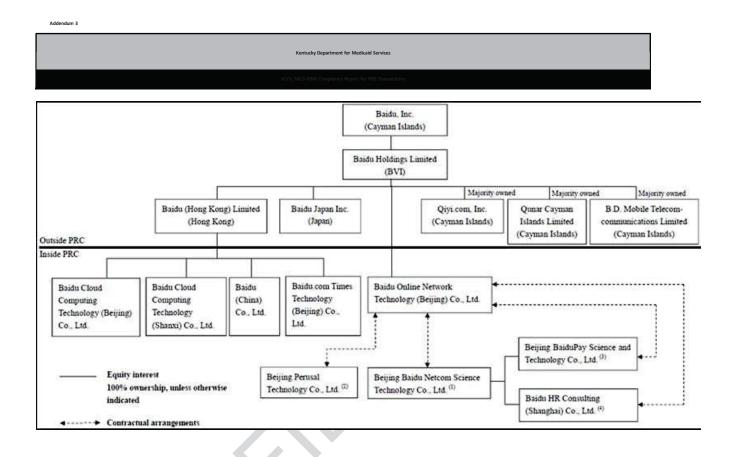
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| President |
|---------------------------------|
| Proprietor |
| |
| Senior Executive Vice President |
| Senior Vice President |
| |
| |



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960 PBM Services Agreement (Caremark)

| Medicaid S paid to PBM, not paid to pharmacies 2 S - | 1 | Medicaid \$ paid to PBM | \$ | - |
|--|---|-------------------------|----|---|
| | 2 | | \$ | - |



PBM Services Agreement (Caremark)

| | Ingredient Cost Dispensing Fee Other Fees | | | | | | | |
|--|--|---------|----------|---------|----------|------------|-------|--------------|
| | | Ingredi | ent Cost | Disper | sing ree | Other Fee: | s | |
| | | mec ian | mean | met ian | mean | mec ian | mei n | total claims |
| 3 | Average reimbursement by claim, PBM to pharmacies of common ownership | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |
| 4a | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | s - | \$ - | |
| 4b | Average reimbursement by claim, PBM to pharmacies with 11 or more locations for fills greater than a 34 days supply | \$ - | \$ - | \$ - | \$ - | ş - | \$ - | |
| 5a | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills up to a 34 days supply | \$ - | \$ - | \$ - | \$ - | S - | \$ - | |
| 5b | Average reimbursement by claim, PBM to pharmacies with 10 or fewer locations for fills greater than a 34 days supply | \$ - | \$ - | \$ - | \$ - | s - | \$ - | |
| Other Assessments DI Fees /Charges Total remuneration fees charged to | | | | | | | | |
| 6 | pharmacies of common ownership, by fee type | \$ | | \$ - | | | | |
| 7 | Total remuneration fees charged to pharmacies with 11 or more locations, by fee type | s · | | | | | | |
| 8 | Total remuneration fees charged to pharmacies with 10 or fewer locations, by fee type | s · · | | | | | | |
| | | | | | | | | |

| | Kentucky Department for Medicaid Services |
|--------|---|
| | #173_MCO-PBM Compliance Report for POS Transactions |
| | Instructions |
| | |
| Tab 1: | Instructions: Read Only. |
| | · |
| Tab 2: | Report ID Information: Enter the identifying information for your organization. |
| | |

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Tab 3: Ownership & Related Entities: Enter the details for each MCO, PBM, and the related entities.

- Managed care health plans should replicate their information on the Annual Disclosure of Ownership form as submitted to the Kentucky Department for Medicaid Services' Provider Enrollment Department.
- To identify the officers/ownership for the entities of the PBM, include all national level and state level contacts.
- The "Toggle Utilities" button at the top right hand corner of the tab, should be utilized for additional "Related Entities" and "Officers/Ownership" information.
- · Input information for all shaded cells.
- Use drop-down menus to complete "Relationship Type" and "Executive Titles".
- Tab 4: Monthly Financial Detail: Enter the monthly financial details by month and entity.
- Tab 5: Cumulative Financial Detail: This tab self populates; you do not need to enter information on this tab.
- Tab 6: Related Entity Financial Detail: Enter the monthly financial details by month and entity for the Kentucky Medicaid dollars
- **Tab 7:** Pharmacy Type Financial Detail: Enter the monthly financial details by month and pharmacy type for the Kentucky Medicaid dollars spent.
- Tab 8: Data Dictionary and Terminology.
- Tab 9: Addendum 1_Executive Staff Titles.
- Tab 10: Addendum 2_Relationship Titles.
- Tab 11: Addendum 3_Example_Legal Structure Chart: The MCO and the PBM are shall each submit a legal structure chart.
- NOTES: 1. Reporting data should be at the date of service level.
 - All dates must be entered in the following format: mm/dd/yyyy.
 - When data is complete and accurate, save this workbook under the following: MCOName_PBM Compliance Report_Calendar Year (yyyy).
 - 4. Transmit completed workbook to the Kentucky Department for Medicaid Services via SharePoint.
 - 5. For each new report that is submitted, the previous reported months of data will need to be refreshed.
 - 6. The macro security will need to be set to "enable all macros" in order to use this template.

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REPORT DUE DATE: Th

This report will be due by the 15th of the calendar month following the report period calendar month/year.



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Attachment C.21.a-1. Pharmacy Benefit Manager (PBM) Subcontract Copy

As noted, pages 690-722 of Attachment C.21.a-1 contain Proprietary Data and are being submitted under separate sealed cover marked "Proprietary Data."