health information designs

A member of the HID Alliance

Response to Request for Quotes for Retrospective Drug Utilization Review (BMS14096)

Submitted to the State of West Virginia, Department of Health and Human Resources, Bureau for Medical Services

April 16, 2014

Technical Proposal - Original

391 Industry Drive • Auburn, AL 36832 • (334) 502-3262 • www.hidinc.com

Response to Request for Quotations for Retrospective Drug Utilization Review Services

RFQ No. BMS14096

COST PROPOSAL – Original

Submitted to the State of West Virginia, Department of Health and Human Resources, Bureau for Medical Services

April 16, 2014

391 Industry Drive • Auburn, AL 36832 • Phone: (334) 502-3262 • www.hidllc.com

Overview

Introduction

Health Information Designs, LLC (HID) is pleased to provide this Cost Proposal, including our completed Pricing Page as required by *RFQ BMS 14096 Requirement 5.2*, including:

- Monthly cost for each service and deliverable
- Yearly cost for each service and deliverable
- Requested totals for each service (data collection, member profiles, and Lock-In program) and deliverable (reports, educational programs for providers)
- All mailing costs and RetroDUR Committee financial incentives

Assumptions

The pricing in this proposal is based on the following assumptions:

- The "Member Profiles" line item in the Price Page table includes the following services: claims-based data review, member profiling and review, review committee reimbursement, communications with prescribers and pharmacy providers, and desktop RetroDUR base application for the Bureau.
- No additional costs will be passed on to the Bureau outside of this submitted quote.
- This quote is based on an implementation period of 90 days.
- Per *RFQ, Terms and Conditions, item 48, Additional Agency and Local Government Use*, expansion to other agencies may incur additional cost for production and mailing.
- If the State elects not to use the online profile review solution, HID will meet all aspects of the requirement for mailing hard copies of profiles for RetroDUR Committee review.
- If the State elects not to move to online newsletters, HID will meet all aspects of the requirement for mailing newsletters for BMS providers and pharmacies.
- Pricing of the solution includes the following items, as referenced throughout our Technical Proposal:
    - Price of hardware and application development for the online profile review application
    - Cost of mailing results of patient profile reviews to prescribers and/or pharmacy providers for Fee-for-Service members
    - Cost of design, production, and mailing of interventions to targeted prescribers or pharmacy providers

- Cost information pertinent to the production and mailing of letters regarding Lock-In Program to members, prescribers, and pharmacy providers
- Costs associated with the provision of the RetroDUR Committee
- Cost of production of the quarterly newsletter
- Costs associated with DUR Board support

Pricing Page

Description of Services	YEAR 1			OPTIONAL YEAR 2			OPTIONAL YEAR 3		
	Monthly		**Yearly**	**Monthly**		**Yearly**	**Monthly**		**Yearly**
Data Collection	$375.35	×12	$4,504.20	$375.35	×12	$4,504.20	$375.35	×12	$4,504.20
(Member Profiles)	$6,957.59	×12	$83,491.08	$6,957.59	×12	$83,491.08	$6,957.59	×12	$83,491.08
Educational Programs for Providers (Newsletters, Educational Population-Based Interventions, Member Profile Review Letters)	$4,912.96	×12	$58,955.52	$4,912.96	×12	$58,955.52	$4,912.96	×12	$58,955.52
Retrospective Drug Utilization Review Reports	$845.59	×12	$10,147.08	$845.59	×12	$10,147.08	$845.59	×12	$10,147.08
Lock-In Program (including letters to members, prescribers, and pharmacy providers) and Help Desk	$3,507.47	×12	$42,089.64	$3,507.47	×12	$42,089.64	$3,507.47	×12	$42,089.64
Totals	**$16,598.96**	×12	**$199,187.52**	**$16,598.96**	×12	**$199,187.52**	**$16,598.96**	×12	**$199,187.52**

VENDOR'S TOTAL BID (3 Year Price) **$597,562.56**

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
BMS14096	1

ADDRESS CORRESPONDENCE TO ATTENTION OF
BOB KILPATRICK
304-558-0067

RFQ COPY

VENDOR
TYPE NAME/ADDRESS HERE

SHIP TO
HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES
ROOM 251
350 CAPITOL STREET
CHARLESTON, WV
25301-3709 304-558-1737

DATE PRINTED
03/19/2014

BID OPENING DATE: 04/16/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

THE WEST VIRGINIA PURCHASING DIVISION IS SOLICITING BIDS ON BEHALF OF THE WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES, TO ESTABLISH A CONTRACT TO PROVIDE FOR RETROSPECTIVE DRUG UTILIZATION REVIEW (RETRODUR) SERVICES, PER THE ATTACHED SPECIFICATIONS.

ATTACHMENTS INCLUDE:

1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS
2. GENERAL TERMS AND CONDITIONS
3. BMS14096 SPECIFICATIONS, INCLUDING PRICING PAGE
4. HIPAA BUSINESS ASSOCIATE ADDENDUM
5. CERTIFICATION AND SIGNATURE PAGE
6. PURCHASING AFFIDAVIT
7. VENDOR PREFERENCE CERTIFICATE

0001	1	LS		948-72		

RETROSPECTIVE DRUG UTILIZATION REVIEW SERVICES

SIGNATURE	TELEPHONE	DATE
	334-466-3086	April 16, 2014

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Chief Sales & Marketing Officer	45-3797235	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Response to Request for Quotations for Retrospective Drug Utilization Review Services

RFQ No. BMS14096

TECHNICAL PROPOSAL – Original

Submitted to the State of West Virginia, Department of Health and Human Resources, Bureau for Medical Services

April 16, 2014

391 Industry Drive • Auburn, AL 36832 • Phone: (334) 502-3262 • www.hidllc.com

April 16, 2014

Health and Human Resources
Bureau for Medical Services
Room 251
350 Capitol Street
Charleston, WV 25301

health information designs

A member of the HID Alliance

Mr. Kilpatrick,

Health Information Designs, LLC (HID) is pleased to provide the following proposal in response to solicitation BMS 14096 for Retrospective Drug Utilization Review (RetroDUR) Services. We firmly believe that our RetroDUR solution, including HID's proprietary RxExplorer® Clinical Intervention and Analysis System, will fully satisfy the Bureau of Medical Services (BMS)'s need for a solution that establishes and uses a RetroDUR database of Medicaid members' medical and drug history claims. Our solution is comprised of a HIPAA-compliant, Web-based application that collects and stores data in an accessible database—allowing both standard and ad hoc reporting—and an experienced team of licensed clinicians dedicated to improving care of your members.

HID is proud of our 38-year history of providing systems and services in support of pharmacy operations for state government agencies across the nation, including RetroDUR, Pharmacy Support, Lock-In, Automated PA, Clinical Help Desk, Case Management, Decision Support, Clinical Web Portal, ePrescribing, Prescription Drug Monitoring, and Academic Detailing. Based on this history, and our successful experience as a past RetroDUR Vendor to the BMS, we believe that we are the best and most experienced vendor to provide the necessary combination of quality systems and services needed for West Virginia.

HID provides the following acknowledgements regarding our response to the RFQ:

- HID names Kathleen Sabo, Director of Business Development, as the principal contact for this response. Ms. Sabo can be contacted at 334-466-3031 and kathleen.sabo@hidllc.com.
- HID has read and will comply with the *HIPAA Business Associate Addendum*. The signature page for Attachment A, *Subchapter A, General Provisions*, is provided in the HIPAA Business Associate Addendum section of this response.
- HID has read and signed the *Certification and Signature* page. We include it in the Certification and Signature section of this response.
- HID has read, understood, and signed the *Purchasing Affidavit*. We include it in the Purchasing Affidavit section of this response.
- HID has read, understood, and signed the *Vendor Preference Certificate*. We include it in the Vendor Preference Certificate section of this response.
- HID has received *RFQ Addendum 1* and has made all the required adjustments to the RFQ based on this notice. We include the signed *Addendum Acknowledge Form* in on the following page.

We appreciate the opportunity to demonstrate that our Retrospective Drug Utilization Review Solution will meet and often exceed the needs of the State of West Virginia. Should you need any further information in support of this proposal, please feel free to contact me or my associates.

Sincerely,

Michael A. Renwick

Chief Sales & Marketing Officer

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS14096

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[✓]	Addendum No. 1	[ ]	Addendum No. 6
[ ]	Addendum No. 2	[ ]	Addendum No. 7
[ ]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Health Information Designs, LLC
Company

Authorized Signature

April 16, 2014
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

Table of Contents

Executive Summary **1**
Introduction 1
The Bureau's Challenge 1
The Bureau's Mission Objectives 2
The HID Advantage 3
Summary 4
Instructions to Vendors Submitting Bids **5**
Overview 5
General Terms and Conditions **6**
Overview 6
Specifications **7**
1. Purpose and Scope 7
2. Definitions 8
3. Qualifications 8
3.1 RetroDUR Experience 12
3.2 Current RetroDUR Services 22
3.3 Staff Experience 26
4. Mandatory Requirements 29
4.1 Mandatory Contract Services Requirements and Deliverables 30
5. Contract Award 98
5.1 Contract Award 99
5.2 Pricing Page 99
6. Performance 100
7. Payment 100
8. Travel 100
9. Facilities Access 100
10. Vendor Default 101
10.1 Vendor Default Specifications 101
10.2 Default Remedies 101
11. Miscellaneous 102
11.1 Contract Manager 102
HIPAA Business Associate Addendum **103**
Overview 103
Certification and Signature Page **106**
Overview 106
Purchasing Affidavit **108**
Overview 108
Vendor Preference Certificate **110**
Overview 110

Executive Summary

Introduction

Health Information Designs, LLC (HID) is pleased to provide this proposal in response to the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS)'s Request for Quotation for Retrospective Drug Utilization Review Services. HID has a long history of working with stakeholders in the State of West Virginia. We understand the State's mission, guiding principles, and goals. We also intrinsically know the challenges you face to ensure you are providing quality services to beneficiaries in the Medicaid program and maintain positive provider relations. This summary will describe HID's experience and value-added approach to meeting the business requirements of your RFQ.

The Bureau's Challenge

When it comes to managing drug regimens, Medicaid administrators must control costs while producing positive patient outcomes. Without the ability to gather, manage, and analyze data while providing a successful intervention method, agencies risk increased costs and less than positive health care outcomes. As drug regimens become increasingly complex, improper drug use is manifested in many forms: inappropriate or unnecessary therapies, inappropriate duration of therapies, multiple providers, multiple pharmacy providers, therapeutic duplication, and high dosage utilization.

The goal is clear—to create positive health care outcomes and control costs by reducing inappropriate drug use and mitigating future risk. To achieve these goals, Medicaid agencies need a management tool that provides the right information to the right people.

HID understands that West Virginia BMS is seeking a qualified vendor that can establish a RetroDUR database of Medicaid members' medical and drug history claims that can be used to construct a medical and pharmacy profile of each Medicaid member, whether they be Fee-for-Service or enrolled in a Medicaid Managed Care Organization (MCO). As the RetroDUR program's emphasis is on both improving outcomes and reducing unnecessary costs, HID further understands that West Virginia BMS is seeking the vendor that can provide the best value for a RetroDUR program.

HID has led the nation in providing RetroDUR services for more than 35 years. HID was the first company to develop an effective RetroDUR system and service solution, which includes a pharmacy data analytics and decision support application, clinical criteria processing and intervention management application, clinical research and analysis services, and additional services such as Lock-In program management.

The Bureau's Mission Objectives

"The Bureau for Medical Services is committed to administering the Medicaid Program, while maintaining accountability for the use of resources, in a way that assures access to appropriate, medically necessary, and quality health care services for all members; provide these services in a user friendly manner to providers and members alike; and focus on the future by providing preventive care programs."

HID understands that a mission statement is more than a reason to exist; it is a promise to the population—provider, prescriber, and patient—that BMS works for daily. HID takes pride in our ability to leverage a history of expertise and innovation into building solutions that support state Medicaid agencies like West Virginia as they fulfill their mission and meet their strategic goals.

Administering the Medicaid Program

In 2013, nearly 400,000 people received health care through Medicaid in West Virginia. With the expansion of Medicaid services throughout the state, this number is expected to increase. HID has experience supporting Medicaid agencies across the nation with population bases from one-hundred thousand to four million.

Most importantly, HID knows West Virginia. As a past RetroDUR vendor for the Bureau and as the current provider for the Bureau's Clinical Web Portal, we know the state's program policies, procedures, administrators, population trends, pharmaceutical history, and prescriber and pharmacy provider populations. HID will help the Bureau maintain the tradition of a strong, forward-thinking Medicaid program.

Maintaining accountability of resources

With specialty drug spend experiencing an overall increase of 14.7% in 2013 alongside a 2.6% increase in per member per year (PMPY) spend for Medicare beneficiaries, state Medicaid agencies are increasingly implementing appropriate budget controls while ensuring positive health care outcomes for patients. HID is a leader in the application of health care analytics to affect cost savings and improvements in patient care. Our clinical experience assists in providing oversight for appropriate therapy that allows state Medicaid agencies to establish and maintain responsible pharmacy spend.

Assuring access to quality health care services

HID understands the Bureau's need to provide access to appropriate, medically necessary, and quality health care services for all members, whether they are Fee-for-Service or part of a Medicaid MCO. By developing a database of Medicaid members' medical and drug history claims, HID can help ensure appropriate and consistent care to West Virginia's patient population, increasing quality health care services for all.

Providing user-friendly services

HID delivers software systems that are flexible, functional, and easy to use. RxExplorer® was created and developed using the knowledge of HID's clinical professionals—pharmacists, physicians, and nurses who bring their experience and understanding of health care provider workflows and environments. This experience has evolved into a system that is designed to be intuitive while meeting the needs of various users, from administrators to clinicians. Our services simplify the logistical challenges of transforming disparate data into actionable information.

Focusing on the future

HID believes that technology should be used to increase the efficiency of policies, practices, procedures, and programs without sacrificing patient care or provider relationships in the community. HID continuously strives to innovate from within; and this commitment has led to amazing developments such as a fully automated prior authorization (PA) system that adjudicates claims in as little as half a second from the point of care, and a Clinical Web Portal that enables providers and beneficiaries to work as partners in encouraging member wellness and preventative health measures in West Virginia. HID will continue to improve our suite of products and services to better meet the needs of all clients—past, present, and future.

The HID Advantage

HID's RetroDUR solution combines a comprehensive approach to saving money, reducing risk, and improving quality of care with expert systems and services that ensures success for state Medicaid agencies, private health plans, and other government agencies in 35 states. By listening closely, customizing our solutions to meet specific needs and requirements, and managing each project with client satisfaction as our first priority, we continue to extend and build new client partnerships. Our solution includes:

- A robust retrospective drug utilization review system, RxExplorer®, that houses claims data for Medicaid members, and uses that data to provide nearly 200 standard utilization and trending reports, as well as ad hoc report and query functionality to customize reporting to the Bureau's specific data and information needs.
- Clinical and administrative support for the DUR Board and RetroDUR Committee, including clinical reviews, expert clinical advice and recommendations for interventions, focused outcomes reporting, and a vast clinical library of therapeutic criteria using RxExplorer.
- A Lock-in program that works with state agencies to accommodate specific laws, regulations, and needs to better identify patients who over-utilize controlled substances and limit their access to appropriate amounts; identify physicians with questionable prescribing habits and pharmacists with questionable dispensing activities; and coordinate between member and Lock-in pharmacy.

HID is able to leverage our expertise in health care analysis and clinical program management to provide our clients with valuable solutions that are

- Actionable – provides robust reporting with which informed decisions can be made

- Appropriate – promotes therapy guideline compliance and utilization controls
- Consistent – reduces variability of clinical decisions
- Cost-Effective – delivers proven return on investment
- Flexible – allows for ad hoc reporting to meet specific client needs
- Intelligent – supports clinically sound decisions driven by innovative analysis and research
- Quality – increases member health and provider satisfaction
- Scalable – manages the increasing complexity of regulatory advancements and pharmaceutical discovery

Summary

Harnessing decades of experience and forward-thinking approaches, HID will combine our knowledge of pharmacology, information security, health care analytics, and West Virginia Medicaid stakeholders with an understanding of the industry to address the Bureau's specific needs for their RetroDUR program. Our clinical expertise, robust and sophisticated therapeutic criteria, data collection and processing application, reporting functionality, easy-to-use data mining application, and powerful educational interventions provide the tools that the Bureau needs to meets its objectives.

BMS needs a reliable partner that is client-focused, can deliver a RetroDUR program that satisfies or exceeds the Bureau's requirements, and has succeeded—over and over again—in delivering cost savings and improvements in client health care to Medicaid agencies across the nation, including in West Virginia.

HID is that partner.

Instructions to Vendors Submitting Bids

Overview

HID has thoroughly reviewed the content provided by the Bureau in the Instructions to Vendors Submitting Bids, which include the following items:

1. Review Documents Thoroughly
2. Mandatory Terms
3. Prebid Meeting
4. Vendor Question Deadline
5. Verbal Communication
6. Bid Submission
7. Bid Opening
8. Addendum Acknowledgement
9. Bid Formatting

HID understands that these instructions contain critical information regarding proposal requirements that, if overlooked or unanswered, could lead to disqualification of our bid. We have made use of these instructions to ensure that each step of the proposal process is attended in fine detail. All instructions have been have been followed throughout this proposal.

General Terms and Conditions

Overview

HID agrees with all General Terms and Conditions specified by the Bureau in the RFQ, which include the following:

1. Contractual Agreement
2. Definitions
3. Contract Term; Renewal; Extension
4. Notice to Proceed
5. Quantities
6. Pricing
7. Emergency Purchases
8. Required Documents
9. Litigation Bond
10. Alternates
11. Exceptions and Clarifications
12. Liquid Damages
13. Acceptance/Rejection
14. Registration
15. Communication Limitations
16. Funding
17. Payment
18. Unit Price
19. Delivery
20. Interest
21. Preference
22. Small, Women-Owned, or Minority-Owned Businesses
23. Taxes
24. Cancellation
25. Waiver of Minor Irregularities
26. Time
27. Applicable Law
28. Compliance
29. Prevailing Wage
30. Arbitration
31. Modifications
32. Waiver
33. Subsequent Forms
34. Assignment
35. Warranty
36. State Employees
37. Bankruptcy
38. (Reserved)
39. Confidentiality
40. Disclosure
41. Licensing
42. Antitrust
43. Vendor Certifications
44. Purchasing Card Acceptance
45. Vendor Relationship
46. Indemnification
47. Purchasing Affidavit
48. Additional Agency and Local Government Use
49. Conflict of Interest
50. Reports
51. Background Check
52. Preference for Use of Domestic Steel Products
53. Preference for Use of Domestic Aluminum, Glass, and Steel

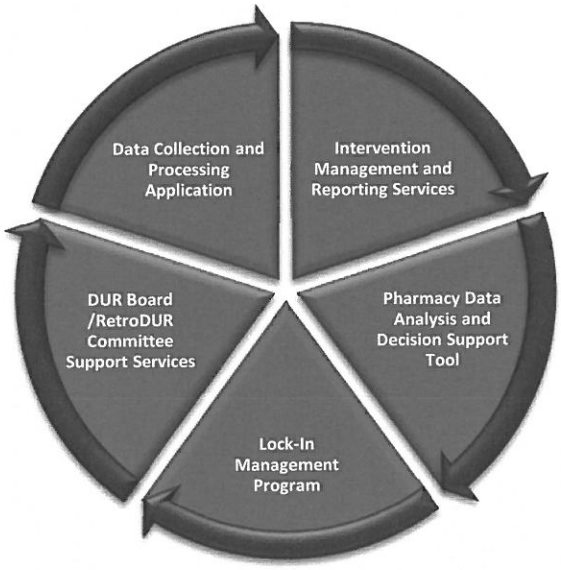
Specifications

1. Purpose and Scope

For state Medicaid Agencies, HID's RetroDUR Solution, including RxExplorer, is the leading claims data analysis solution that combines technical capability, clinical expertise, and analytics experience to significantly lower overall costs, increase enterprise efficiency, and enhance patient outcomes.

RxExplorer leads the industry in the extensiveness and flexibility of its clinical criteria, as well as its data mining capabilities and reporting functionality. These services provide state Medicaid personnel with the tools needed to improve their efficiencies, and the will augment the West Virginia DUR Board's scope of possible interventions by analyzing program data and conducting interventions that ensure quality of care to clients in a cost-effective manner.

HID's RetroDUR program is a comprehensive package of software and clinical services that can be customized to accommodate the needs of each client. Our RetroDUR solution includes:



RxExplorer is a comprehensive RetroDUR solution.

- A data collection and processing application that evaluates claims data against our robust and sophisticated therapeutic criteria to produce an enhanced database for analysis, clinical review, and intervention
- Full management of interventions from inception to production to outcomes analysis and reporting, including an annual intervention proposal packet for approval by the client and DUR Board prior to start-up, educational interventions to prescribers that provide clear and specific clinically-based recommendations for improving prescribing habits to effect positive health care outcomes, outcomes reporting with each intervention, and an annual outcomes final report
- An easy-to-use data-mining application that provides pharmacy data analysis and decision support with an extensive and sophisticated set of standard and ad hoc reporting capabilities
- A comprehensive Lock-In management program that provides profile review, recommendation of potential candidates, notification of inclusion to selected Lock-In members, pharmacy selection management, and Help Desk services

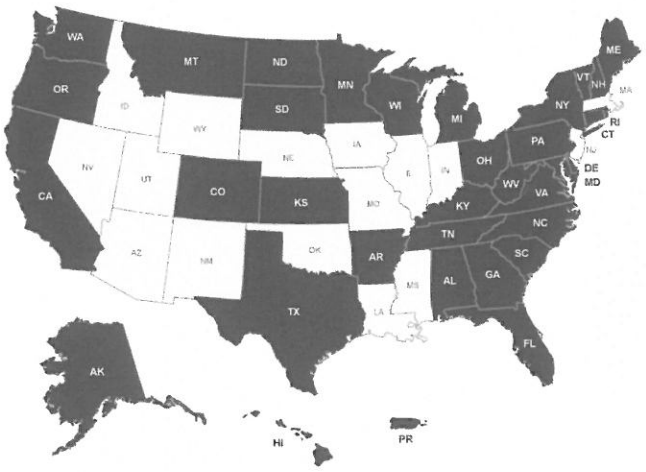
- DUR Board/RetroDUR Committee support services that include annual CMS Report preparation assistance, attendance at DUR Board meetings and RetroDUR Committee meetings, and ad hoc report creation

2. Definitions

HID understands the terms provided by the State, including additional definitions found in the General Terms and Conditions section of the RFQ. HID will use the terms as defined by the State throughout the entirety of this response.

3. Qualifications

HID sets the standard for public health care programs in pharmacy data analytics and decision support. HID began providing pharmacy support services in 1976 and today provides these services to health care organizations in 35 states across the nation.



States in which HID provides clinical and analytic solutions in green

Our clients include 16 state Medicaid agencies, 15 state health department programs, and 20 commercial pharmacy benefit management (PBM) organizations.

Our health care analytics and pharmacy support services support more than 17 million Medicaid recipients and 135.5 billion Medicaid dollars—nearly 40% of the nation's total annual Medicaid expenditures.

HID realizes the critical need for rational drug therapy as a means to improve patient outcomes, avoid potentially adverse events, and reduce needless overspending of precious health care dollars. Our suite of pharmacy support services continually meets client expectations, especially in the extensiveness and flexibility of our data-mining capabilities and reporting functionality. The experience of our team is unmatched by any competitor and provides extensive value to the Bureau.

For state Medicaid Agencies, HID's RetroDUR Solution, including RxExplorer, is the leading data management tool that combines clinical expertise and analytics experience to significantly lower overall costs, increase enterprise efficiency, and enhance patient outcomes.

Our History

HID's initial mission was to market pharmacy data analysis services to state Medicaid agencies throughout the nation. Soon after HID's acquisition, Dr. Ty Gibson, HID's President and CEO from 1997–2007, expanded the scope of the business to include a full suite of technologically advanced health benefits management and pharmacy support services, including RetroDUR, prior authorization, prescription drug monitoring, and decision support. With this expansion, HID began to offer services that focused on improving care and inappropriate expenditures earlier in the pharmacy service life cycle.

Our Clinical Experience

HID is clinical at the roots—providing products and services for pharmacy and health care in the public and private sectors. Our clinical support team includes:

- 1 medical director
- 15 pharmacists with doctoral degrees (PharmD)
- 5 clinical pharmacists (RPh)
- 4 registered nurses (RN)
- 1 licensed clinical social worker (LCSW)
- 40 certified pharmacy technicians (CPhT)
- 4 committees
    - Pharmacy Data Analytics Committee
    - Internal P&T Committee
    - Criteria Advisory Board
    - Outcomes Reporting Committee

The clinical support team represents more than 650 years of in-the-field clinical experience. Key clinical support team members have the following specialties:

- Anesthesia
- Antipsychotics
- Asthma
- Cardiovascular Therapy
- Compounding
- Diabetes
- Drugs of Abuse/Designer Drugs
- Geriatrics
- Hospice
- Hypertension
- Long-Term Care
- Medical Surgery
- Mental Health
- Narcotics
- Obstetrics
- Opioid Utilization
- Pediatrics / Pediatric Surgery
- Pharmacotherapy
- Respiratory Diseases
- Sedatives

- Immunizations
- Internal Medicine
- Liquid Chromatography
- Stimulants
- Synagis®
- Tranquilizers

Our Service Focus

HID is an established company with a proud tradition of putting our clients first and building strong client relationships through proactive service, responsiveness, and innovation. We take pride in the state-of-the-art systems we develop and operate and in the high quality of services we provide. HID's superior service focus is illustrated by the fact that our clients consistently expand, extend, and renew their contracts with us.

In addition to the clinical services, user-friendly Web applications, and tools and resources proposed above, HID currently provides the following clinically-based services to other state RetroDUR programs:

- Academic Detailing
- Customer Service Help Desk
- Drug Use Management Program Assessment
- Epocrates Formulary Maintenance
- Live Continuing Education Programs
- Lock-In Program Management
- Managed Care Organization Formulary Review
- On-site Clinical Pharmacists
- Quarterly and Annual Reports
- Support with Writing State Regulatory Changes

These services can be combined to create a comprehensive RetroDUR program that meets the needs of each client. HID's extensive RetroDUR-related service offerings are the avenues through which we can provide valuable and actionable information, and assist Medicaid stakeholders in using this information to reduce program costs and improve patient care.

Our Experience with West Virginia

As a past RetroDUR vendor for the Bureau and as the current provider for the Bureau's Clinical Web Portal, HID has the experience, expertise, and relationships necessary to implement and support a successful RetroDUR solution for West Virginia. HID understands the State's challenges and has the experience to assist the Bureau in guiding provider populations to improve the quality of care.

Our Experience Supporting Government Clients

HID has a long history of successfully designing, developing, implementing, and operating sophisticated systems and services to support state government agencies in meeting their goals and objectives. We currently provide solutions to 35 government clients. Our clients range from 16 state Medicaid programs to 13 RetroDUR programs to 20 Prescription Drug Monitoring Programs (PDMP).

HID provides the following comprehensive list of state agencies for which HID provides solutions:

- Alabama Department of Public Health
- Alabama Medicaid Agency
- Alaska Board of Pharmacy
- Arkansas Department of Human Services
- Colorado Department of Regulatory Agencies
- Connecticut Department of Social Services (Subcontractor to HP Enterprise Services)
- Delaware Department of State, Division of Professional Regulation
- Delaware Department of Health and Social Services (Subcontractor to HP Enterprise Services)
- Florida Department of Health
- Georgia Drugs and Narcotics Agency
- Hawaii Department of Public Safety, Hawaii Narcotics Enforcement Division
- Kansas Medical Assistance Program (Subcontractor to HP Enterprise Services)
- Commonwealth of Kentucky Cabinet for Health and Family Services
- Maine Office of Substance Abuse, Department of Health and Human Services
- Maryland Department of Health and Mental Hygiene and Chesapeake Regional Information System for our Patients (CRISP)
- Maryland Department of Human Services
- Minnesota Board of Pharmacy
- Minnesota Department of Human Services, Health Services
- Mountain Pacific Quality Health
- New Hampshire Board of Pharmacy
- New York Office of Medicaid Management (Subcontractor to CSC)
- New York Department of Health (Subcontractor to CSC)
- North Carolina Department of Health and Human Services
- North Dakota Department of Human Services
- Oregon Health Authority

- Pennsylvania Department of Public Welfare (Subcontractor to HP Enterprise Services)
- Rhode Island Department of Human Services (Subcontractor to HP Enterprise Services)
- South Carolina Department of Health and Environmental Control
- South Dakota Board of Pharmacy
- South Dakota Department of Social Services
- Texas Health and Human Services Commission
- Vermont Department of Health
- Washington State Department of Health
- West Virginia Bureau for Medical Services
- Wisconsin Department of Administration
- Wisconsin Department of Health and Family Services (Subcontractor to HP Enterprise Services)

3.1 RetroDUR Experience

A minimum of 5 years of experience providing RetroDUR services similar to those specified herein to state Medicaid Programs. A letter of attestation documenting the required experience of the Vendor is preferred with the bid, but will be required prior to award of any Contract.

HID was founded to help health care organizations improve patient health while reducing operating costs. HID provides systems and services to public and private clients and is committed to helping our clients provide improved health care in a cost-effective manner. HID's strategic direction toward meeting this commitment began with RetroDUR.

Our Experience with RetroDUR

HID is the industry leader in providing RetroDUR services to state Medicaid agencies. We pioneered our RetroDUR services in 1976—years before RetroDUR was mandated by the federal regulations that make up OBRA '90. Today, out of the 184 total employees comprising HID, 45 full-time employees devote their time to managing and providing RetroDUR services to Medicaid agencies nationwide.

HID has a long history of successfully designing, developing, implementing, and operating sophisticated systems to support state Medicaid agencies in meeting their goals and objectives. HID currently provides health care analytics and pharmacy support services to government clients in 35 states. We believe our company is especially qualified to provide the services outlined in the RFQ for the following reasons:

- We are a leader in the application of health care analytics to affect cost savings and patient-care improvements.
- We have outstanding and experienced clinical professionals.
- We have built our solutions based on best practices and our clients' needs.

- We have the necessary financial resources.
- We are client-driven and nimble.

HID currently provides its RetroDUR program and/or system to 13 state Medicaid agencies and several private health plans in Alabama, Arkansas, Connecticut, Delaware, Kansas, Maryland, Montana, New York, North Dakota, Pennsylvania, Rhode Island, South Dakota, and Wisconsin. This makes HID one of the leading providers of pharmacy support services in the country.

HID's experience suggests that every successful RetroDUR program includes the following elements:

- Professional program design
- Thorough education of professionals and training of users
- Timely implementation and deployment of the program
- Efficient data collection
- Extensive customer support
- Expert data management
- Systematic data analysis and reporting
- Impeccable security
- An intuitive, user-friendly, thin-client browser-based user interface

The strength of HID's professional and clinical services, as well as the features of HID's RxExplorer system, satisfy each of the elements necessary for a successful RetroDUR program.

Our Current Medicaid Clients

On the following page, HID provides a list of the Medicaid clients we serve. For 13 of these, HID's RetroDUR solution is in place—including the RxExplorer Clinical Intervention and Analytics application and clinical support services. For all RetroDUR clients, HID has been in service for *more than* 5 years each.

Agency	Solutions Provided by HID
Alabama Medicaid Agency (since 2000)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ On-Site Clinical Pharmacist ▪ Academic Detailing ▪ CMS Report Preparation Assistance ▪ DUR Board Support ▪ Educational Interventions ▪ Electronic Profile Review (ProfileXpress) ▪ Quarterly and Annual Reports ▪ Automated Prior Authorization (RxPert) ▪ PA Clinical Help Desk
Arkansas Department of Human Services (since 2000)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ On-Site Clinical Pharmacist ▪ Lock In ▪ CMS Report Preparation Assistance ▪ Quarterly and Annual Reports
Connecticut Department of Social Services (since 2007), as a subcontractor to HP Enterprise Services	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ On-Site Clinical Pharmacist ▪ CMS Report Preparation Assistance ▪ DUR Board Support ▪ Lock-In ▪ Educational Interventions ▪ Electronic Profile Review (ProfileXpress) ▪ Quarterly/Annual Reporting
Delaware Department of Health and Social Services (since 2007), as a subcontractor to HP Enterprise Services	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Kansas Medical Assistance Program (since 2008), as a subcontractor to HP Enterprise Services	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ On-Site Clinical Pharmacist ▪ Academic Detailing ▪ CMS Report Preparation Assistance ▪ DUR Board Support ▪ Educational Interventions ▪ Electronic Profile Review (ProfileXpress) ▪ Quarterly and Annual Reports

Agency	Solutions Provided by HID
Maryland Department of Human Services (since 2000)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ On-Site Clinical Pharmacist ▪ CMS Report Preparation Assistance ▪ DUR Board Support ▪ Electronic Profile Review (ProfileXpress) ▪ Educational Interventions ▪ Lock-In ▪ Quarterly and Annual Reports ▪ Drug Use Management Program Assessment ▪ Managed Care Organization Formulary Review ▪ Epocrates Formulary Maintenance ▪ Live Continuing Education Programs ▪ Support with Writing State Regulatory Changes ▪ Clinical Criteria Recommendations
Minnesota Department of Human Services, Health Services (since 2010)	▪ Automated Prior Authorization (RxPert) ▪ PA Clinical Help Desk
Mountain Pacific Quality Health (Montana) (since 2002)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics System)
New York Office of Medicaid Management (since 2003), as a subcontractor to CMA Consulting Services	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ DUR Board Support ▪ Educational Interventions ▪ CMS Report Preparation Assistance ▪ Quarterly and Annual Reports ▪ Automated Prior Authorization (RxPert)
North Dakota Department of Human Services (since 2005)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ Academic Detailing ▪ DUR Board Support ▪ Educational Interventions ▪ Online Profile Review (ProfileXpress) ▪ Rebate Administration ▪ CMS Report Preparation Assistance ▪ Quarterly and Annual Reports ▪ PA Clinical Help Desk ▪ NDC Drug Lookup ▪ Prescription Monitoring Program (RxSentry)

Agency	Solutions Provided by HID
Pennsylvania Department of Public Works (since 2009)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ Electronic Profile Review (ProfileXpress) ▪ Educational Interventions ▪ CMS Report Preparation Assistance ▪ Quarterly and Annual Reports
Rhode Island Department of Human Services (since 2003), as a subcontractor to HP Enterprise Services	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ DUR Board Support ▪ CMS Report Preparation Assistance ▪ Educational Interventions ▪ Lock-In ▪ Quarterly and Annual Reports
South Dakota Department of Social Services (since 2002)	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ Educational Interventions ▪ Automated Prior Authorization (RxPert) ▪ Clinical PA Help Desk ▪ Pharmacy and Therapeutics Committee Support
Texas Health and Human Services Commission (since 2010)	▪ Automated Prior Authorization (RxPert) ▪ Clinical PA Help Desk
West Virginia Bureau for Medical Services (since 2012)	▪ Clinical Web Portal
Wisconsin Department of Health and Family Services (since 1996), as a subcontractor to HP Enterprise Services	▪ RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services) ▪ On-site Clinical Pharmacist ▪ DUR Board Support ▪ Educational Interventions ▪ Lock-In ▪ Electronic Profile Review (ProfileXpress) ▪ Quarterly and Annual Reports ▪ CMS Report Preparation Assistance

HID also provides systems and services, including our RetroDUR Program, to private health care benefits management organizations across the United States. These clients have asked to remain anonymous in our proposal materials.

Our Clients' Success

HID's clients are provided with unequaled drug review capability through the following solution features:

- Relational database expertise
- Clinically thorough criteria set
- Initial criteria exception report software
- Patient profiles including medical and pharmacy claims histories
- Extensive intervention letter portfolio management
- Lock-In case management capabilities
- Cost effectiveness reporting systems

The following table illustrates successes of several HID RetroDUR clients.

State	Intervention Packets Mailed	Estimated Total Drug Savings	Total ROI
State 1	18,267	$16,085,629	3,413%
State 2	1,711	$623,456	706%
State 3	294	$565,452	628%
State 4	1,620	$254,183	362%
State 5	30,162	$2,405,071	343%
State 6	11,931	$1,411,423	203%
State 7	1,115	$84,851	192%

Letter of Attestation

On the following pages, HID provides a letter of attestation documenting our experience providing RetroDUR services similar to those specified in this RFQ.

HEALTH INFORMATION designs

A member of the HID Alliance

Attestation of RetroDUR Experience

April 9, 2014

I, Clay Jones, as Chief Financial Officer for Health Information Designs, LLC, do hereby attest that the information provided concerning our Retrospective Drug Utilization Review experience is accurate, true, and complete.

I provide the following table as evidence of HID's experience providing RetroDUR services similar to those specified in the Request for Quotation (BMS14096) for West Virginia Retrospective Drug Utilization Review Services.

Agency	Length of Service	Solutions Provided by HID
Alabama Medicaid Agency	2000 – Present (14 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Arkansas Department of Human Services	2000 – Present (14 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Connecticut Department of Social Services, as a subcontractor to HP Enterprise Services	2007 – Present (7 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Delaware Department of Health and Social Services, as a subcontractor to HP Enterprise Services	2007 – Present (7 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Kansas Medical Assistance Program as a subcontractor to HP Enterprise Services	2008 – Present (6 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)

391 Industry Drive • Auburn, AL 36832 • 334.502.3262 • www.hidllc.com

HEALTH INFORMATION designs

A member of the HID Alliance

Agency	Length of Service	Solutions Provided by HID
Maryland Department of Human Services	2000 – Present (14 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Mountain Pacific Quality Health (Montana)	2002 – Present (12 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics System)
New York Office of Medicaid Management, as a subcontractor to CMA Consulting Services	2003 – Present (11 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
North Dakota Department of Human Services	2005 – Present (9 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Pennsylvania Department of Public Works	2009 – Present (5 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
Rhode Island Department of Human Services, as a subcontractor to HP Enterprise Services	2003 – Present (11 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
South Dakota Department of Social Services	2002 – Present (12 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)

391 Industry Drive • Auburn, AL 36832 • 334.502.3262 • www.hidllc.com

HEALTH INFORMATION designs

A member of the HID Alliance

Agency	Length of Service	Solutions Provided by HID
Wisconsin Department of Health and Family Services, as a subcontractor to HP Enterprise Services	1996 – Present (18 years)	RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)

Sincerely,

Clay Jones, Chief Financial Officer
Health Information Designs, LLC

391 Industry Drive • Auburn, AL 36832 • 334.502.3262 • www.hidllc.com

HEALTH INFORMATION designs

A member of the HID Alliance

Acknowledgment

STATE OF ALABAMA)
) ss.
COUNTY OF LEE)

On this ninth day of April, 2014, before me, the undersigned, a Notary Public, (or before any officer within this State or without this State now qualified under existing law to take acknowledgments), duly commissioned, qualified, and acting, within and for said County and State, appeared in person the within named Clay Jones (being the person authorized by said limited liability company to execute such instrument, stating his capacity in that behalf), to me personally well known, who stated that he is the Chief Financial Officer of Health Information Designs, LLC, an Alabama limited liability company, and is duly authorized in that capacity to execute the foregoing instrument for and in his name and on behalf of Health Information Designs, LLC, and further stated and acknowledged that he had so signed, executed and delivered said foregoing Attestation for the uses and purposes therein mentioned and set forth.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal.

Janet Mulvaney

Notary Public

Commission Expires: January 2, 2017

391 Industry Drive • Auburn, AL 36832 • 334.502.3262 • www.hidllc.com

3.2 Current RetroDUR Services

Current provision of Medicaid RetroDUR Services in at least three other states, excluding West Virginia. Provide the names and contact information for the state personnel who can attest to this provisioning; this information is preferred with the bid, and can be included in the letter required in 3.1

HID's references and all appropriate contact information for State personnel can be found in the following pages. HID takes pride in building strong, positive relationships with all of our clients, which result from HID staff working tirelessly to ensure each agency's unique goals and needs are met during every stage of each project. It is not an understatement to say that ensuring our clients' success is our service philosophy.

Arkansas Department of Human Services

Contract Period: 07/01/2000 – Present

Project Overview

HID supports the Arkansas Department of Human Services by providing the application tools and clinical services necessary to develop therapeutic criteria and providing clear and consistent intervention management to improve the quality of life of all Arkansans by protecting the vulnerable, fostering independence, and promoting better health.

Description of Services

HID provides the following Solutions to the Arkansas Medicaid Agency:

- RetroDUR Program (RxExplorer Clinical Intervention and Analytics Program and Clinical Support Services)
- On-Site Clinical Pharmacist
- Lock-In
- CMS Report Preparation Assistance
- Quarterly and Annual Reports
- Quarterly Newsletters

Success Story

HID's RetroDUR work assists the Arkansas Department of Human Services, specifically Arkansas Medicaid, by managing and facilitating the RetroDUR monthly committee meetings, training RetroDUR committee members, and reviewing 1000 recipient profiles every month. The Clinical Lead coordinates RetroDUR member honorariums as well as monthly continuing education credits for the pharmacists on the committee. HID provides the DUR Board with RetroDUR criteria recommendations in addition to quarterly data analytic reports. As a result of HID's clinical support and updated RetroDUR clinical criteria, the Arkansas Medicaid RetroDUR program is able to educate providers about possible medication over-utilization, under-utilization, drug-drug interactions, drug-disease interactions, and appropriate use.

State Personnel Contact Information

Suzette Bridges, PD
Arkansas Medicaid Pharmacy Program
Dept. of Human Services, DMS
700 Main Street, Slot S415
Little Rock, AR 72201
501-683-4120
suzette.bridges@dhs.arkansas.gov

Maryland Department of Health and Mental Hygiene

Contract Period: 04/01/2008 – Present

Project Overview

The Department of Health and Mental Hygiene is charged with the responsibility of evaluating the accessibility to medications and the quality of drug use management programs of each of its managed care organizations on an annual basis. HID provides the Maryland Department of Health and Mental Hygiene with all the tools necessary to assess the productivity of these programs, including state Medicaid.

Description of Services

HID provides the following solutions to the Maryland Department of Health and Mental Hygiene:

- RetroDUR Clinical Intervention and Analytics Program (RxExplorer)
- On-Site Clinical Pharmacist
- DUR Board Support
- Online Profile Review (ProfileXpress)
- Educational Interventions
- Lock-In
- CMS Report Preparation Assistance
- Quarterly and Annual Reports
- Drug Use Management Program Assessment
- Managed Care Organization Formulary Review
- Epocrates Formulary Maintenance
- Live Continuing Education Programs
- Support with Writing State Regulatory Changes
- Clinical Criteria Recommendations

Success Story

HID's RetroDUR work assists the Department of Health and Mental Hygiene's goal in providing Maryland providers with accessible, accurate, and up-to-date formularies by hosting and maintaining seven (7) formularies, including six (6) MCO formularies and the Maryland Medicaid PDL, on Epocrates. In conjunction with Epocrates, HID processes PDL and formulary updates weekly for those new drugs that are added to the system. Also, HID contacts the six MCOs to verify coverage of new drugs and any changes to their formularies on a monthly basis. Updates are entered into the Epocrates system by an HID clinical pharmacist weekly. Epocrates updates its system on Wednesday of the following week. As a result, of HID's clinical support staff, Maryland providers have up-to-date information on a weekly basis.

State Personnel Contact Information

Athos Alexandrou
Director Maryland Medicaid Pharmacy Program
Department of Health and Mental Hygiene
201 West Preston Street, Room 407
Baltimore, MD 21201
410-767-5369
athos.alexandrou@maryland.gov

North Dakota Department of Human Services

Contract Period: 02/13/2006 – Present

Project Overview

HID works to support the North Dakota Department of Human Services' mission to provide quality, efficient and effective human services, which improve the lives of people. HID works to support the North Dakota Department of Human Services' mission to provide quality, efficient and effective human services, which improve the lives of people. HID has built a strong working relationship with North Dakota DHS from our seven years' experience working with the State and their patient and provider populations.

Description of Services

HID provides the following Solutions to the Maryland Department of Health and Mental Hygiene:

- DUR Clinical Intervention and Analytics Program (RxExplorer)
- Academic Detailing
- DUR Board Support
- Educational Interventions
- Online Profile Review (ProfileXpress)
- CMS Report Preparation Assistance
- Quarterly and Annual Reports
- Rebate Administration
- NDC Look Up
- Manual Prior Authorization Help Desk
- Prescription Drug Monitoring Program (RxSentry)

Success Story

HID has created and maintains a Web portal that allows prescribers and pharmacists to look up information about prescription drug coverage for the North Dakota Medicaid program as part of the state's RetroDUR solution. The Web portal allows searches to be conducted using NDC, NDC/date, drug name, and drug name/date. Prescribers and pharmacists can then determine coverage status, pricing (EAC/MAC), prior authorization status, co-pay, and quantity limits. HID's support has reduced the number of calls into the Department regarding reimbursement and coverage questions and has improved adherence to North Dakota's PDL.

State Personnel Contact Information

Brendan Joyce, PharmD
Pharmacy Services Administrator
ND Dept. Of Human Services
600 E. Blvd. Ave., Dept. 325,
Bismark, ND 58505
701-328-4023
bjoyce@nd.gov

3.3 Staff Experience

HID's clinical professionals know the industry, and because we understand the constantly changing environment and our client' goals and needs, we can provide successful solutions based on years of clinical experience. When you choose HID, a partnership begins with a team of clinical and analytical experts who are focused on solving your unique challenges and optimizing your outcomes.

HID's clinical team includes clinical pharmacists, nationally certified pharmacy technicians, nurses, and a physician-consultant Medical Director. HID's professional staff includes a doctor of philosophy in communications; masters of business administration with concentrations in logistics, finance, and information development; and certified project management, quality control and compliance, and organizational management professionals. HID's information technology team members combine a broad understanding of medical and claims data with extensive experience designing databases, data marts, data aggregates, and queries using Oracle and other high-level database languages.

HID's staff is 36% clinical in nature. Our clinical support team includes:

- 1 medical director
- 15 pharmacists with doctoral degrees (PharmD)
- 5 clinical pharmacists (RPh)
- 4 registered nurses (RN)
- 1 licensed clinical social worker (LCSW)
- 40 certified pharmacy technicians (CPhT)

The clinical support team represents more than 650 years of in-the-field clinical experience. Key clinical support team members have the following specialties:

- Anesthesia
- Antipsychotics
- Asthma
- Cardiovascular Therapy
- Compounding
- Diabetes
- Drugs of Abuse/Designer Drugs
- Geriatrics
- Hospice
- Hypertension
- Immunizations
- Internal Medicine
- Liquid Chromatography
- Long-Term Care
- Medical Surgery
- Mental Health
- Narcotics
- Obstetrics
- Opioid Utilization
- Pediatrics / Pediatric Surgery
- Pharmacotherapy
- Respiratory Diseases
- Sedatives
- Stimulants
- Synagis®
- Tranquilizers

Staffing with experience in the administration of a RetroDUR program including:

3.3.1 Medical Director

HID will meet this requirement. HID's Medical Director for this contract will be Murray Yarbrough, MD. Dr. Yarbrough has held this role for over 10 years and serves as a medical resource for HID customers and HID staff. Dr. Yarbrough is the final authority for determinations regarding re-submitted denied prior authorization (PA) requests, which are second requests for specific drugs not included in the preferred drug list (formulary). He is also available to HID pharmacists and other staff to answer questions and provide medical details.

Dr. Yarbrough provided patient care in internal medicine for over 40 years, both in private practice and hospital settings. As a promising young physician at Veterans Administration Hospital in Grand Junction, Colorado, he was tapped for a hospital Chief of Medicine position. However, working with patients is his first love. Knowing that the administrative role would isolate him from patients, he chose to move to Alabama to start a private practice. His practice thrived and, subsequently, he became very involved in clinical research, serving as a primary investigator in hundreds of clinical trials.

In addition to his role as Medical Director at HID, Dr. Yarbrough has been a proofer for Oakstone Medical Publishing since 1999. Oakstone publishes summaries and critical reviews of medical journal articles and provides audio and electronic products in more than 30 medical, dental, and allied health specialties. In his role as proofer, Dr. Yarbrough reads and checks approximately 500 medical articles per month and contributes content to medical and surgical training products. This position capitalizes on his interest in medical literature, while also allowing him to stay abreast of current developments in the medical profession.

Combining years of patient care experience, involvement in clinical research, and exposure to current and cutting-edge medical developments, Dr. Yarbrough provides HID with a vast base of medical knowledge.

3.3.2 One or more pharmacists, one of which has specialty certification of mental health agents. One of these assigned pharmacists must attend quarterly DUR Board meetings and make presentations related to RetroDUR activity and proposals for population based educational interventions for Medicaid prescribers.

HID will exceed this requirement. HID will provide Joe Paradis, PharmD, a licensed pharmacist with 25 years of varied experience, as the Clinical Lead for this contract. As Clinical Lead, Dr. Paradis will attend the quarterly DUR Board Meetings and will make presentations related to RetroDUR activity and proposals for population based educational interventions for Medicaid prescribers.

In his role with HID, Dr. Paradis coordinates the RetroDUR programs for the Maryland and Rhode Island Medicaid accounts, and he served as the Clinical Lead for the West Virginia RetroDUR program from 2006–2010. His responsibilities include developing criteria, evaluating pharmacy and medical claims data, reviewing recipient profiles, performing interventions, evaluating outcomes, and producing reports and analyses. In addition, due to strong relationships with Medicaid clients who appreciate his wealth of experience, Dr. Paradis often provides additional consulting on clinical or pharmacy-related issues that fall outside the drug utilization review arena.

With a background that spans the pharmaceutical industry, Dr. Paradis has experience with drug testing, clinical research, regulatory affairs, budgetary management, human resource management, hospital pharmacy operations, retail pharmacy operations, and pharmacy consulting.

Dr. Paradis has first-hand knowledge of the rigor involved in clinical testing and marketing a new drug. He brings this perspective to his RetroDUR work, which focuses on insuring that drugs are used in the way they are indicated for use. His years in a clinical and patient care environment provide an appreciation for the importance of preventing dosing errors and drug interactions. Finally, Dr. Paradis's management experience, which includes managing individuals in pharmacy and clinical research environments, as well as managing the drug development process itself, grounds his ability to facilitate relationships between various groups and effect productive solutions.

RetroDUR Account Management

In addition to the Clinical Lead, HID will also provide Sara Caldwell as the Account Manager for the West Virginia RetroDUR solution. As Account Manager, Mrs. Caldwell will act as a liaison between the Bureau and HID while ensuring the day to day operations of the RetroDUR account.

Mrs. Caldwell has all the abilities necessary to implement and operate projects in this complex, highly regulated industry. As an experienced account manager, she excels at problem solving, facilitating communication, planning events, and streamlining processes. By proactively collaborating with senior leadership among state government agencies, private health benefit management groups, and our expert clinical staff, Mrs. Caldwell ensures the highest quality service and forward thinking solutions for all clients. Together, Mrs. Caldwell and Dr. Paradis will make certain that the West Virginia RetroDUR Program achieves your goals.

RetroDUR Clinical Support

HID will also use the knowledge gained by our entire clinical staff with specialty certification, including mental health agents, to better support the Bureau's RetroDUR program. HID has several unique resources such as an in-house Clinical Advisory Team, a Pharmacy & Therapeutics Committee, an Outcomes Reporting Committee, and a Pharmacy Data Analytics Committee that will assist the Clinical Lead in their duties. More information about HID's Pharmacy & Therapeutics Committee is available in our response to requirement 4.1.1.4 on page 34 of this response.

3.3.3 A database analyst

HID will meet this requirement. Sangita Pokharel, MS, will serve as the database analyst for this contract. She brings a strong statistical and analytical background to her position as Business Analyst for HID.

Ms. Pokharel is responsible for performing Medicaid analytics, predictive informatics, and data mining, in addition to data visualization. Ms. Pokharel is proficient in creating complex queries and reports and using SQL to create ad hoc reports. In addition, she regularly completes regression analysis and logistic analysis to generate cost savings analyses of PA and RetroDUR programs.

3.3.4 A Help Desk, available from 9:00am to 5:00pm ET, for answering inquiries from members, prescribers, or pharmacy providers regarding the Lock-In Program and any other inquiries about the RetroDUR program.

HID will meet this requirement. HID will provide a Help Desk for answering inquiries from members, prescribers, or pharmacy providers regarding the Lock-In Program and any other inquires about the RetroDUR program. The Help Desk will be available from 8:00 a.m. to 8:00 p.m. ET Monday through Friday, or as mutually determined upon contract award.

HID's Help Desk is staffed by technical and clinical support specialists who consistently provide top quality customer service to our RetroDUR Lock-In clients, including administrators, providers, pharmacy providers, and other stakeholders. This Help Desk currently serves all five of our Lock-In Programs and expertly handles up to 700 calls per month. HID thoroughly trains all Help Desk personnel in the particulars of each client's RetroDUR requirements, policies, and procedures.

4. Mandatory Requirements

HID will leverage our extensive experience and expertise in implementing and operating a RetroDUR solution for state Medicaid Agencies to fulfill the mandatory requirements outlined by the Bureau.

As a long-standing leader in the RetroDUR industry, HID is focused on providing solutions that meet our client's needs. We pride ourselves on offering valuable solutions, which include top-notch clinical services, high-tech technologies, and high quality customer service. HID is committed to ensuring the success and advancement of the West Virginia RetroDUR program based on the State's unique situations and challenges.

HID's RetroDUR program is a comprehensive package of software and clinical services that can be customized to accommodate the needs of the client. Our RetroDUR solution includes:

- A data collection and processing application that evaluates claims data against our robust and sophisticated therapeutic criteria to produce an enhanced database for analysis, clinical review, and intervention
- Full management of interventions from inception to production to outcomes analysis and reporting—including an annual intervention proposal packet for approval by the client and DUR Board prior to start-up, educational interventions to prescribers that provide clear and specific clinically-based recommendations for improving prescribing habits to effect positive health care outcomes, outcomes reporting with each intervention, an annual outcomes final report
- An easy-to-use data-mining application that provides pharmacy data analysis and decision support with an extensive set of standard and sophisticated ad hoc reporting capabilities
- A Pharmacy Lock-In Program to help agencies prevent members from over-utilizing controlled substances, monitor member care more closely, and facilitate appropriate prescribing habits
- RetroDUR Committee and DUR Board support services, which include annual CMS Report preparation assistance, attendance at RetroDUR Committee and DUR Board meetings, and ad hoc report creation

4.1 Mandatory Contract Services Requirements and Deliverables

Contract Services must meet or exceed the mandatory requirements listed below.

Harnessing decades of experience and forward-thinking approaches, HID will combine our knowledge of pharmacology, information security, health care analytics, and West Virginia Medicaid stakeholders. HID will meet or exceed all mandatory requirements of RFQ BMS 14096 section 4.1.

Therapeutic Criteria

4.1.1 The Vendor shall Develop West Virginia specific therapeutic criteria within ninety (90) calendar days of the contract award. The criteria must meet the following requirements:

HID will meet this requirement. HID will develop West Virginia-specific retrospective therapeutic criteria within ninety (90) calendar days of the contract award. As a former RetroDUR solution Vendor to BMS, HID is familiar with the West Virginia member and provider population.

HID has developed a vast criteria library of increasing complexity to meet the needs of our Medicaid clients. When HID last supported West Virginia's RetroDUR program, the State had accumulated a RetroDUR criteria list with 1,638 therapeutic criteria. HID currently has over 3,400 RetroDUR criteria in our library.

HID currently has over 3,400 RetroDUR criteria in our library.

Criteria Development

HID develops and incorporates new criteria into the criteria library as new drug entities are approved and introduced in the marketplace. When new safety concerns arise from marketed drug products, HID responds by working with our clients to develop new criteria to prevent negative outcomes and avoid adverse events. To assist with fraud detection, several of our therapeutic criteria look for problematic controlled substance utilization. The criteria provide the basis for focused clinical analysis that can lead to significant savings in drug and medical costs and improved patient outcomes.

HID's clinical staff works hard to develop therapeutic criteria that is extensive and flexible. This therapeutically appropriate criteria address the following:

- Dosing
- Drug interactions
- Warnings
- Precautions
- Adverse effects

Criteria can be organized in a way that focuses on specific disease states such as asthma, chronic obstructive pulmonary disease, congestive heart failure, chronic renal failure, diabetes, and high

risk hypertension, or on specific drug classes such as psychotherapeutic and central nervous system drugs.

Through the use of a practiced and consistent criteria development process, HID has developed a vast criteria library of over 3,400 RetroDUR criteria edits with increasing complexity to meet the needs of our Medicaid clients. The following table provides an example of therapeutic criteria designed for the Connecticut state Medicaid RetroDUR program.

Pediatric Stimulant Criteria

Stimulants may be over-utilized.
Focalin (dexmethylphenidate) may be over-utilized. The manufacturer's recommended maximum daily dose is 20mg/day (given in two divided doses). Higher doses may result in the increased frequency of adverse effects.
Stimulants are contraindicated in patients with marked anxiety, agitation and tension since the drugs may aggravate these symptoms.
ADHD stimulant therapy can lead to adverse effects which may suggest therapy failure and lead to unnecessary dose increases. Careful dose titration and ongoing medication management are essential in determining optimal dose. Adverse effects of these agents include anxiety, agitation, aggression, overstimulation and restlessness.
The patient is receiving high dose ADHD stimulant medication and an alpha agonist. Careful dose titration and ongoing medication management are essential to determine the optimal stimulant dose with minimal side effects. Stimulant therapy can cause adverse effects (e.g., anxiety, agitation, aggression, overstimulation and restlessness) which may lead to the diagnosis of a comorbid disorder and result in the addition of medication.

4.1.1.1 The Vendor's therapeutic criteria shall reflect current drug policies and programs (including prior authorized products and criteria for approval) and patterns of use. The vendor's therapeutic criteria must take into account newly marketed drugs and must be updated monthly for this purpose at no cost to the Bureau's pharmacy program.

HID will meet this requirement. HID's clinicians have the in-field experience and compendia knowledge necessary to build and sustain effective criteria sets that reflect current drug policies and programs. HID's staff has extensive experience in clinical criteria development, working with PBMs, health plans, state Medicaid agencies, and their respective DUR Boards and Pharmacy and Therapeutics Committees, and recommending new and modified criteria to meet the ever-changing needs of the client and trends of their member populations.

Patterns of Use

HID's therapeutic criteria development reflects provider and patient patterns of use. RxExplorer is able to develop trend reports or an initial criteria exception report (ICER) that allows clinicians to notice an outlier trend. With this type of analytical information at hand, HID can recommend intervention topics and/or PA criteria and act if approved by the Bureau and DUR Board.

Building Criteria

Our Clinical Criteria Team works closely with our clients to recommend, design, and build multi-step, complex criteria for prior authorization programs. HID ensures that this criteria reflects each client's current drug policies and programs.

HID will ensure that criteria is consistent with sources cited in OBRA '90 and that compendia include the following four (4) sources as well as peer-reviewed medical literature:

- American Hospital Formulary Service Drug Information
- United States Pharmacopoeia-Drug Information
- American Medical Association Drug Evaluations
- DRUGDEX
- Facts and Comparisons eAnswers
- Hansten & Horn's Drug Interactions Analysis and Management
- Pharmacotherapy: A Pathophysiologic Approach
- The Medical Letter on Drugs and Therapeutics
- Electronic Orange Book (FDA Approved Drug Products with Therapeutic Equivalence Evaluations)
- Clinical Pharmacology

Additionally, one of the most powerful aspects of our criteria set is its customizability—all criteria can be modified to meet the needs of the State. HID will update the Bureau's therapeutic criteria monthly, taking into account any newly marketed drugs or criteria changes requested and approved by the Bureau. As RetroDUR criteria development and maintenance is part of HID's RetroDUR solution, these updates will be available at no additional cost to the Bureau.

4.1.1.2 The Vendor shall reference literature documentation and make such documentation available, within ten (10) business days, in printed form upon request by providers and others at no additional cost to the Bureau.

HID will meet this requirement. HID will provide reference literature documentation and make the documentation available in printed form within ten (10) business days upon the provider request. Because this service is part of HID's RetroDUR solution, the reference material will be at no additional cost to the Bureau.

4.1.1.3 The Vendor shall develop the therapeutic criteria with attention given to types of diseases, therapeutic classes of drugs, and specific problems most often associated, or implicated in, cases of inappropriate drug therapy so that clinically significant alerts will be generated. The Vendor's therapeutic criteria shall be utilized to screen for potential therapeutic problems.

HID will meet this requirement. HID will develop therapeutic criteria with attention given to types of diseases, therapeutic classes of drugs, and specific problems most associated with, or implicated in, cases of inappropriate drug therapy so that clinically significant alerts will be generated. HID's therapeutic criteria will be available to be used in screening for potential therapeutic problems.

Within RxExplorer, data is indexed and pre-processed, then run against all client-approved therapeutic criteria. Claims are evaluated for exceptions to the therapeutic criteria, and an initial criteria exception report (ICER) is generated. The ICER stratifies the exceptions by risk, providing a clear map for clinical personnel to follow when targeting candidates for intervention.

Targeted disease categories shall include, but not be limited to:
4.1.1.3.1 Cardiovascular
4.1.1.3.2 Endocrine
4.1.1.3.3 Psychiatric Disorder
4.1.1.3.4 Gastrointestinal Disorder
4.1.1.3.5 Arthritis
4.1.1.3.6 Asthma
4.1.1.3.7 Chronic Obstructive Pulmonary Disease
4.1.1.3.8 Diabetes
4.1.1.3.9 Antineoplastics

HID will meet this requirement. Our RetroDUR criteria library already includes the following disease categories:

- Cardiovascular
- Endocrine
- Psychiatric Disorder
- Gastrointestinal Disorder
- Arthritis
- Asthma
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Antineoplastics

As new disease categories become of interest to the Bureau, the DUR Board, and the RetroDUR Committee, HID's Clinical Lead will coordinate the update of any criteria necessary to target those categories as well.

4.1.1.4 The Vendor shall develop criteria to screen for problems most often associated with inappropriate drug therapy which shall include, but not be limited to:
4.1.1.4.1 Over and under-utilization
4.1.1.4.2 Drug(s) contraindicated by diagnosis
4.1.1.4.3 Drug/drug interactions
4.1.1.4.4 Duplication therapy
4.1.1.4.5 Therapeutic appropriateness
4.1.1.4.6 Appropriate use of generic drugs
4.1.1.4.7 Incorrect drug dosage or duration of therapy
4.1.1.4.8 Clinical abuse and misuse
4.1.1.4.9 Iatrogenic complications
4.1.1.4.10 Treatment Failure

HID will meet this requirement. HID will develop criteria to screen problems associated with inappropriate drug therapy that include:

- Over and under-utilization
- Drugs contraindicated by diagnosis
- Drug/drug interactions
- Duplication therapy
- Therapeutic appropriateness
- Appropriate use of generic drugs
- Incorrect drug dosage or duration of therapy
- Clinical abuse and misuse
- Iatrogenic complications
- Treatment failure

Criteria Design

RxExplorer identifies major areas of drug therapy concerns for review by pharmacists with the objective to promote rational and appropriate use of medications. Some of the major categories identified by RxExplorer criteria sets are:

- Over-utilization of Medications (ER conflict code)
- Non-adherence/underuse of Medications (LR conflict code)
- Drug-Drug Interactions (DD conflict code)

- Drug-Disease Precautions/Warnings (MC, DB, DC conflict codes)
- Therapeutic Appropriateness (TA conflict codes)
- Therapeutic Duplication (TD conflict code)
- Use of Generic Agents (GA conflict code)

Criteria can be created for one drug, an entire class of drugs, or just one drug strength or formulation (for example, extended-release, solutions, injectables, etc.). Each individual criterion is created with its own specific requirements (that is, drugs involved, diagnoses, days' supply, age, gender, severity level, risk value and maximum dose) that make the criterion hit for a particular patient. Utilization (Util) categories are created that contain the drug(s) and/or diagnosis for each criterion. (Util A and B are for inclusions, and Util C is for exclusions.) All criteria must have at least one drug claim (for the drugs involved in the particular criterion) present in the most recent 30 days to allow the system to start scanning for that criterion.

The standard logic behind the different criteria types is shown on the following pages:

ER* – Over-utilization

Util A	Util B	Util C
Agent		

*ER – automatically calculates the daily dose using recommended maximum dose, day supply, quantity, and strength.

Requirements:
Minimum day supply received in most current 90 days
Max Dose

Logic:
For ER criteria to create a criteria exception, a drug from Util A must be present in the most recent 30 days, it must exceed the recommended dose, and it must have a certain day supply. The day supply requirement for drugs can vary with the agent (e.g., antibiotics have a lower day supply).

If the patient has been using drug A with a dose exceeding the set maximum dose with a certain day supply or more, the criteria will be created for review.

LR – Nonadherence (Underuse)

Util A	Util B	Util C
Agent		

Requirements:
Minimum day supply received in most current 90 days

Logic:
For LR criteria to create a criterion exception, a drug from Util A must be present in the most recent 30 days and it must have a certain day supply in the last 90 days or less. Nonadherence is typically set at 70 days or less than 90 days. This can vary by drug (e.g., antiretrovirals may use the more narrow range of 90 days or less).

*LR can be used to calculate the low dose but is rarely used this way.

DD – Drug/Drug Interaction

Util A	Util B	Util C
Agent	Agent	

Requirements:
Minimum day supply received in most current 90 days for each drug.

Logic:
For DD criteria to create a criteria exception, a drug from Util A or Util B must be present in the most recent 30 days, and the other drug must be present within 25 days of the conflicting drug. If the patient has received both drugs in Util A and Util B within 25 days of one another, a criteria will be created for review.

MC, DB, or DC - Drug-Disease Precautions/Warnings

1. MC – Drug Actual Disease Precaution/Warning

Util A	Util B	Util C
Agent	Diagnosis	

2. DB – Drug/Diagnosis Marker or Drug/Inferring Drug Marker Precaution/Warning

Util A	Util B	Util C
Agent	Agent or Diagnosis	Diagnosis

3. DC – Inferred Drug/Disease Precaution/Warning

Util A	Util B	Util C
Agent	Agent Inferring Diagnosis	

Requirements for all:
Minimum day supply received in most current 90 days for each drug and 1 occurrence of diagnosis

Logic:
For MC criteria to create a criteria exception for review, a drug from Util A and a diagnosis from Util B must be present.

For DB criteria to create a criteria exception for review, a drug from Util A and a diagnosis or a drug inferring that disease state from Util B must be present.

For DC criteria to create a criteria exception for review, a drug from Util A and a drug inferring the diagnosis of concern from Util B must be present.

*The DC and DB conflict codes were created because some clients could not provide diagnostic data. Drugs which infer disease states can be used.

TA – Therapeutic Appropriateness

Therapeutic Appropriateness Criteria types can be created in multiple ways:

Criteria Set Up			LOGIC:
1. Util A Agent	Util B	Util C	Util A agent must be present
2. Util A Agent	Util B	Util C (Negating) Agent and/or DX	Util A agent must be present without Util C agent or diagnosis
3. Util A Agent	Util B	Util C (Negating) Agent and/or DX	Util A agent must be present and also Util C agent or diagnosis
4. Util A Agent	Util B Agent	Util C	Util A and Util B agents must be present
5. Util A Agent	Util B Agent	Util C (Negating) Agent and/or DX	Util A and Util B agents must be present without Util C agent or diagnosis
6. Util A Agent Must have all three hit	Util B Agent	Util C (Including) Agent and/or DX	Util A and Util B agents must be present with Util C agent or diagnosis

Requirements for all:

Minimum day supply received in most current 90 days for each drug (Util A or Util B) and 1 occurrence of diagnosis

Util C may also contain drugs and ICD-9 codes. Util B may also contain drugs and ICD-9 codes. Util A can only search for drugs.

TD - Therapeutic Duplication

Util A	Util B	Util C
Agents		

Requirements for all:

Minimum day supply received in most current 90 days

Logic:

For TD criteria to create a criteria exception for review, at least 2 different GCNs for a drug from Util A must be present and occur within 25 days of one another.

This criteria type can determine if a patient is taking multiple strengths of one drug or taking 2 or more different drugs from Util A.

GA - Use of Generic Agents

Util A	Util B	Util C
Agent		

Requirements for all:
Minimum day supply received in most current 90 days

Logic:
For GA criteria to create a criteria exception, a drug which has a generic available must be present in Util A.
**Not used very often now because most Medicaid States have mandatory generic substitution with brand allowed with DAW 1 or prior authorization. States do not want intervention sent if prescriber and patient have met the rules to obtain a brand name product.*

All criteria must meet any other requirements placed on the particular criteria, in addition to the standard requirements of a drug being in the 30 days and having indicated minimum day supply.

HID Pharmacy & Therapeutics (P&T) Committee

HID also understands that the criteria development will not be limited to the above list. HID has implemented an in-house P&T committee that makes recommendations regarding drug safety and efficacy as well as prior authorization requirements. Our P&T Committee develops quarterly recommendation lists that review new drugs entering the market. New RetroDUR and PA criteria are developed from these lists.

Our P&T Committee uses their knowledge and understanding of these common pharmaceutical issues, new and updated drug guidelines, and current compendia to perform the following:

- Develop comprehensive criteria that address the different facets of appropriate drug utilization
- Recognize areas of need for therapy improvement
- Understand trends in the recipient population
- Identify trends in prescribing behavior

The P&T Committee's work will support the Clinical Lead in maintaining up-to-date information for the Bureau and the DUR Board.

4.1.1.5 The Vendor's therapeutic criteria shall allow for ongoing adjustments to be made by the DUR Board and/or the Retrospective Drug Utilization Committee. The Vendor shall implement adjustments prior to the next generation of profiles, or within two weeks of notification by the BMS Pharmacy Program, whichever is longer.

HID will meet this requirement. HID's RetroDUR therapeutic criteria allow for ongoing adjustments as requested by the DUR Board and/or the RetroDUR Committee. Once HID receives a

modification request, it is reviewed internally by our RetroDUR team to evaluate whether the requested enhancement has been requested by additional clients, if additional clients would benefit from this enhancement, and whether additional clients are interested in the enhancement. After internal review, the HID Account Manager and Clinical Lead review the proposed enhancement with the requesting client and provide an estimated cost and timeline, if necessary, before implementing the changes.

HID's standard monthly updates will not overwrite the DUR Board's adjustments. However, should the DUR Board's adjustment conflict with an FDA update or modification, HID's Clinical Lead will assess the request against compendia and notify the DUR Board of the need for review and possible modification of the criteria request to meet the new information.

HID will implement criteria adjustments prior to the next generation of profiles or within two (2) weeks of notification by the BMS Pharmacy Program, whichever is longer.

4.1.1.6 The Vendor shall maintain a complete listing of the West Virginia Medicaid therapeutic criteria and update as often as new clinical information regarding the criteria becomes available.

HID will meet this requirement. HID will maintain a complete listing of the West Virginia Medicaid therapeutic criteria and update the criteria as often as new clinical information regarding criteria becomes available. When HID was previously the RetroDUR vendor, West Virginia Medicaid had 1,638 therapeutic criteria on file. HID currently maintains over 3,400 RetroDUR criteria in our library.

4.1.1.7 The Vendor shall provide a hardcopy listing of therapeutic criteria within ten (10) business days of request by the Bureau's Pharmacy Program.

HID will meet this requirement. HID will provide a hardcopy listing of therapeutic criteria within ten (10) business days of request by the Bureau's Pharmacy Program.

4.1.1.8 The Vendor's system shall rank criteria by clinical significance to reduce the number of alerts likely to be false positives or clinically insignificant.

HID will meet and exceed this requirement. HID will rank criteria by clinical significance to reduce the number of alerts likely to be false positives or clinically insignificant.

RxExplorer's Initial Criteria Exception Report (ICER) stratifies therapeutic criteria exceptions by risk, providing a clear map for clinical personnel to follow when targeting candidates for intervention. Criteria are ranked by clinical significance to reduce the number of alerts likely to be "false positives" or clinically insignificant. These rankings are called Morbidity Relative Risk Scores. Multivariate algorithm logic is used so that members with the greatest risk will be given a computed priority. Individual patient risk scores are assigned to each criterion and are factored with the patient's available demographic and drug therapy data to produce the risk score. Assignable risk factors may include the following:

- Age
- Gender
- Number of Prescribers
- Number of Dispensers

- Concomitant Therapy or Diagnosis
- Concomitant Negating Therapy or Diagnosis
- Multiple Diseases

Some therapeutic criteria also have an intrinsic risk score. For example, the criterion that looks for salicylate use in the presence of Coumadin has a high risk value automatically associated with it regardless of the patient-specific data attached to the claim.

Each Therapeutic Criteria Exception (TCE) is evaluated and stratified by risk. The following table defines each risk category.

Category	Definition
High Risk	Major potential to harm Extensive documentation
Medium Risk	Moderate potential to harm Fair documentation
Low Risk	Low potential to harm Sparse documentation

A test ICER was run during implementation for a current HID client, and it identified 10,063 TCEs. Of these, RxExplorer categorized 1,630 as high risk, 3,105 as medium risk, and 5,328 as low risk. Next, HID selected a random sample of 400 profiles from the high risk score category. If this had not been a test ICER, HID would have recommended that 209 of these profiles be intervened upon using the following methods:

- Chronic Use Letter (114)
- Duplication of Therapy Letter (2)
- Early Refills Letter (6)
- Recommended to Lock-In Program (87)

4.1.1.9 The Vendor shall provide recommendations monthly to the Bureau's Pharmacy Program for clinical edits and prior authorization criteria based on the findings in the retrospective therapeutic review of profiles that would be beneficial to the health care of the Medicaid member, cost effective to the State, or both. These recommendations should be made by e-mail.

HID will meet this requirement. HID will provide recommendations monthly to the Bureau's Pharmacy Program for clinical edits and prior authorization criteria based on the findings in the retrospective therapeutic review of profiles that would be beneficial to the health care of the Medicaid member, cost effective to the State, or both. HID will communicate these recommendations to the Bureau's Pharmacy Program liaison via e-mail.

Developing recommendations that both benefit the health of Medicaid members and assist the cost-effectiveness of state programs is one of HID's greatest successes. HID works with our Medicaid clients to meet their strategic goals in operating their programs.

4.1.1.10The Vendor shall be able to read the Long Term Care (LTC) indicator(s) in order to distinguish LTC members from community-based members. The Vendor shall include LTC beneficiaries in the retrospective DUR therapeutic criteria reviews

HID will meet this requirement. RxExplorer includes the ability to read the Long Term Care (LTC) indicator(s) in order to distinguish LTC members from community-based members. HID will include LTC beneficiaries in the RetroDUR therapeutic criteria reviews.

4.1.1.11The Vendor shall update the DUR manuals to reflect the changes and additions to the therapeutic criteria, in addition to the lock-in algorithms.

HID will meet this requirement. HID will update all DUR manuals as needed to reflect the current changes and additions to the therapeutic criteria, in addition to the lock-in algorithms.

4.1.1.12The Vendor shall maintain an archive of exception profiles for the duration of the contract.

HID will meet this requirement. HID will maintain an archive of exception profiles for the duration of the contract. Profiles will be archived in a secure electronic format.

RetroDUR System

4.1.2 The Vendor shall design a RetroDUR computer system utilizing West Virginia specific therapeutic criteria for both member profile generation and a Lock-in program and begin operation within ninety (90) calendar days of the contract award.

The Vendor's RetroDUR system shall be able to:

- Utilize file extracts from the West Virginia Medicaid Medical Management System (MMIS)
- Read all available medical diagnoses codes, procedure codes and pharmacy history
- Utilize all physician specialty codes listed for specific prescribers
- Differentiate between an adjudicated claim, a voided claim, and a rejected claim when reviewing the patient's drug history
- Read and utilize demographic information for members and providers, including, but not limited to, the member's county code, county of service, county of residence, and the Medicare eligibility indicator code.

HID will meet this requirement. HID will provide our RxExplorer system to use West Virginia specific therapeutic criteria for member profile generation and the Lock-in program.

The HID Advantage is clinical expertise combined with technical experience. For each RetroDUR Solution, HID's clinical staff works with each client to determine and define which clinical interventions should take place. RxExplorer uses customized therapeutic criteria for each client implementation, and it can be configured to utilize West Virginia criteria specifically and begin operation within ninety (90) calendar days of the contract award.

Because of HID's technical experience, RxExplorer is able to

- Utilize file extracts from the West Virginia Medicaid Medical Management System (MMIS);
- Read all available medical diagnoses codes, procedure codes, and pharmacy history;
- Utilize all physician specialty codes listed for specific prescribers;
- Differentiate between an adjudicated claim, a voided claim, and a rejected claim when reviewing the patient's drug history; and
- Read and utilize demographic information for members and providers, including, but not limited to, the member's county code, county of service, county of residence, and the Medicare eligibility indicator code.

RxExplorer

Our RxExplorer system comprises two main components: a clinical criteria processing and intervention management engine and a pharmacy data analysis and decision support tool. RxExplorer is also HIPAA compliant as well as meeting industry-standard security practices.

HID has extensive experience designing, developing, maintaining, and operating customized and standard interfaces between RxExplorer and multiple systems. HID's technical staff have created secure interfaces with eligibility systems, Medicaid Management Information Systems (MMIS), pharmacy benefit management organizations, fiscal agents, retail pharmacies, hospitals, practitioners, licensing systems, internal state agency systems, and legacy systems across the nation. HID utilizes standard interfaces such as ANSI X12, NCPDP P4, NCPDP SCRIPT, XML, Web services, and we develop secure, customized interfaces to integrate with these systems.

Criteria Processing and Intervention Management

The therapeutic criteria are loaded into RxExplorer's criteria engine application, the engine that drives the RetroDUR process. RxExplorer runs claims against the therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, over-utilization, under-utilization, disease states, and cost savings. RxExplorer has the functionality to input member claims history (including diagnoses, procedures, and pharmacy history); to input physician specialty codes; and to differentiate between an adjudicated claim, voided claim, and rejected claim in a patient's drug history.

RxExplorer also allows users to utilize demographic information for members and providers to run useful reports matching the criteria against drug and diagnosis patterns. This demographic information includes the following items:

- Member's county code
- County of service
- County of residence
- Medicare eligibility indicator code

After the claims are run against the criteria, RxExplorer produces a full Initial Criteria Exception Report (ICER) that identifies potential drug-related problems in the cycle and the number of

occurrences of each problem—subdivided into risk categories (high, medium, low). The ICER is reviewed by HID's clinical staff, who propose which criteria exceptions should be examined in more depth. The chosen therapeutic criteria exceptions are then processed and patient profiles are created. RxExplorer is also used to conduct monthly reviews of the claims submitted to HID to update each patient's drug history.

The information from the selected patient profiles is used to create educational intervention packets, and the packets are sent to the prescribers for each patient. Cost effectiveness of each intervention is calculated and provided to the Bureau along with prescriber feedback.

Pharmacy Data Analysis and Decision Support

RxExplorer's pharmacy data analysis and decision support component is a user-friendly, browser-based data mining tool that combines accessible standard reports as well as a robust ad hoc reporting tool. Using RxExplorer's pharmacy data analysis and decision support component, the Bureau and DUR Board will be able to perform various analytic tasks such as viewing graphical representations of drug utilization trends.

4.1.2.1 The Vendor's system shall be able to incorporate changes within ten (10) business days from the time changes are made to the MMIS system or when the BMS Pharmacy Program determines additional fields should be added to the format, in order to capture required data to review.

HID will meet this requirement. HID's technical and clinical staff will incorporate changes to the RetroDUR system within 10 business days from the time changes are made to the MMIS system or when the BMS Pharmacy Program determines additional fields should be added to the format to capture required data.

4.1.2.2 The Vendor shall be responsible for coordinating file layouts from the MMIS vendor to populate the Vendor's RetroDUR system and a mutually acceptable method of transferring the files once weekly.

HID will meet this requirement. RxExplorer is compatible with the Medicaid Management Information System (MMIS) provided to the State by the MMIS vendor. We have experience coordinating file layouts with a variety of MMIS and PBM vendors in other states and commercial health plans. HID will work with the MMIS vendor to populate the RxExplorer system and achieve a mutually acceptable method of transferring the files once weekly.

HID has extensive experience designing, developing, maintaining, and operating customized and standard interfaces between RxExplorer and multiple systems. HID's technical staff have created secure interfaces with eligibility systems, Medicaid Management Information Systems (MMIS), pharmacy benefit management organizations, fiscal agents, retail pharmacies, hospitals, practitioners, licensing systems, internal state agency systems, and legacy systems across the nation. HID utilizes standard interfaces such as ANSI X12, NCPDP P4, NCPDP SCRIPT, XML, Web services, and we develop secure, customized interfaces to integrate with these systems.

4.1.2.3 The Vendor shall provide a RetroDUR system with the capability of producing all member profiles and reports required herein.

HID will meet this requirement. HID will ensure the efficient operation of the RetroDUR system and the production of all member profiles and reports required herein.

A feature of RxExplorer is the extensiveness and flexibility of its data mining and reporting functionality. Additional information about the full spectrum of reports and member profile generation available with HID can be found in our response to section 4.1.8 of the RFQ, beginning on page 69 of this document.

4.1.2.4The Vendor's Retrospective DUR system shall assess drug and diagnostic data against explicit predetermined standards including, but not limited to, monitoring for:

- therapeutic appropriateness,
- over-utilization
- under-utilization,
- incorrect drug dosage or duration of therapy

The Vendor shall scan Medicaid members' medical and pharmacy claims histories, applying the DUR Board-approved therapeutic criteria, to identify members whose drug use indicates a significant level of risk for drug induced or exacerbated outcomes.

HID will meet this requirement. RxExplorer allows users to assess drug and diagnostic data against explicit predetermined standards, including, but not limited to, monitoring for therapeutic appropriateness, over-utilization and under-utilization, incorrect drug dosage, and duration of therapy. HID's RetroDUR Program, including our RxExplorer system, is designed to provide clients with the tools needed to improve their efficiencies and augment the scope of possible interventions by analyzing program data and conducting interventions that ensure quality of care to clients in a cost-effective and efficient manner.

RxExplorer's powerful criteria processing and intervention management engine scans Medicaid members' medical and pharmacy claims histories and generates the Initial Criteria Exception Report (ICER) using criteria selected by the client. The ICER stratifies the exceptions by risk, providing a clear map for clinical personnel to follow when targeting candidates for intervention. Disease states or drug classes related to criteria with the highest risk scores indicate a potential topic for successful intervention.

HID's Clinical Lead and Database Analyst will use RxExplorer to perform data analysis using parameters requested by the Bureau. In addition, RxExplorer allows approved users to identify outliers, patterns, and trends in the data at any time. RxExplorer provides a user-friendly front end for power reporting capabilities. Using this reporting functionality, program staff can study drug utilization trends and display the results graphically. Reports and graphs can be exported into a variety of formats, including Microsoft Excel. RxExplorer can be used to answer questions similar to the following about the information in a database:

- How much money is being spent on medications in my program?
- For which medications am I spending the most money?

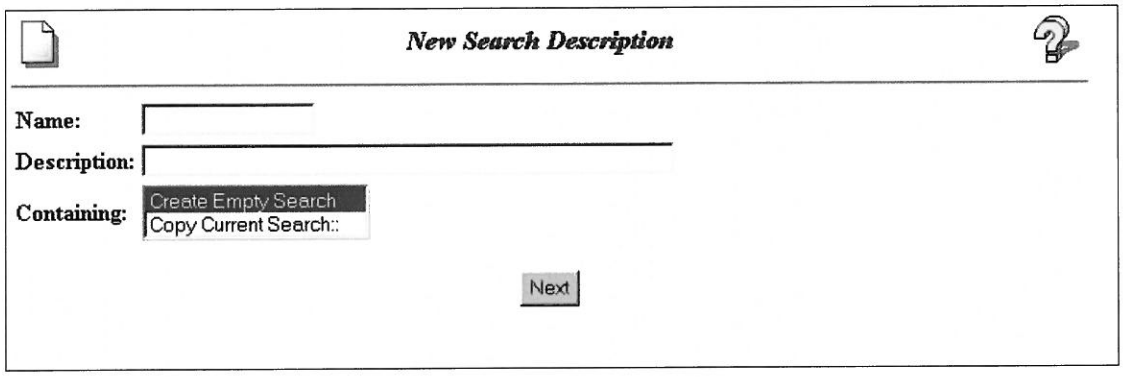
- What are the top 25 drugs my program is spending money on?
- Which doctor in my program is prescribing the most Oxycontin?

The following images show how RxExplorer captures the answers to the last question.

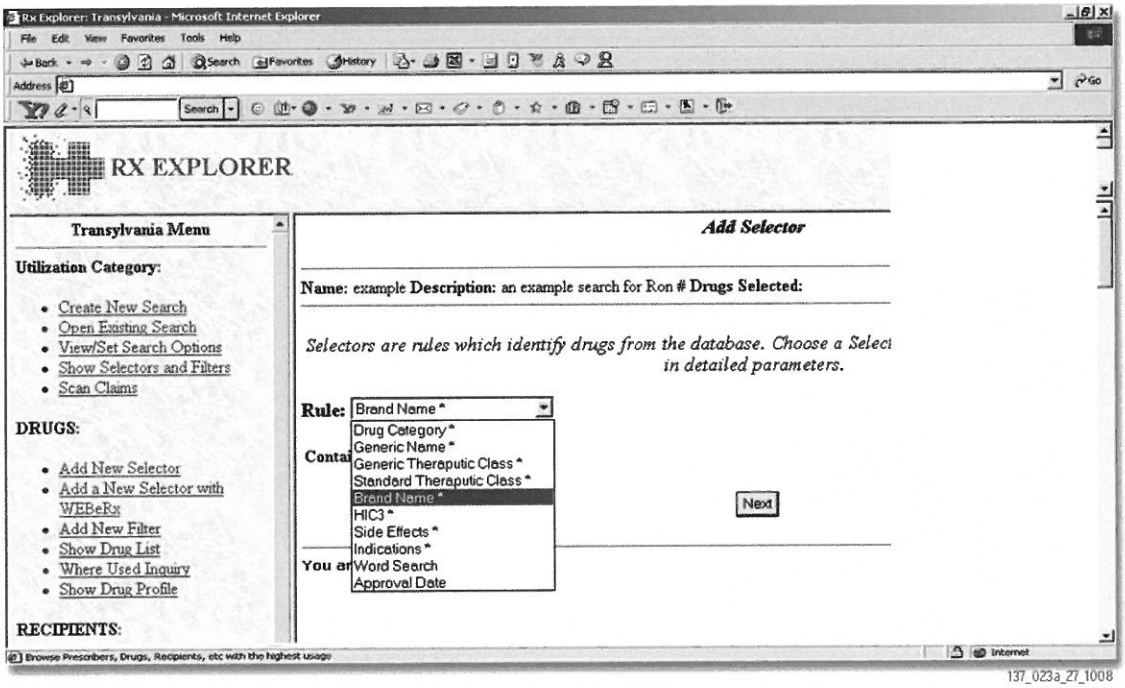
Note: All data in the following section has been redacted in order to maintain compliance with HIPAA security standards and confidentiality of protected health information (PHI).

"Which doctor in my program is prescribing the most Oxycontin?"

To find the doctor prescribing the most Oxycontin, the user must create a new search using RxExplorer's ad hoc reporting functionality. RxExplorer's ad hoc reporting functionality is user-friendly and intuitive. First, the user must select **Create New Search** from the left-hand menu. The following screen will be displayed, which allows the user to insert a name and description specific to this search:

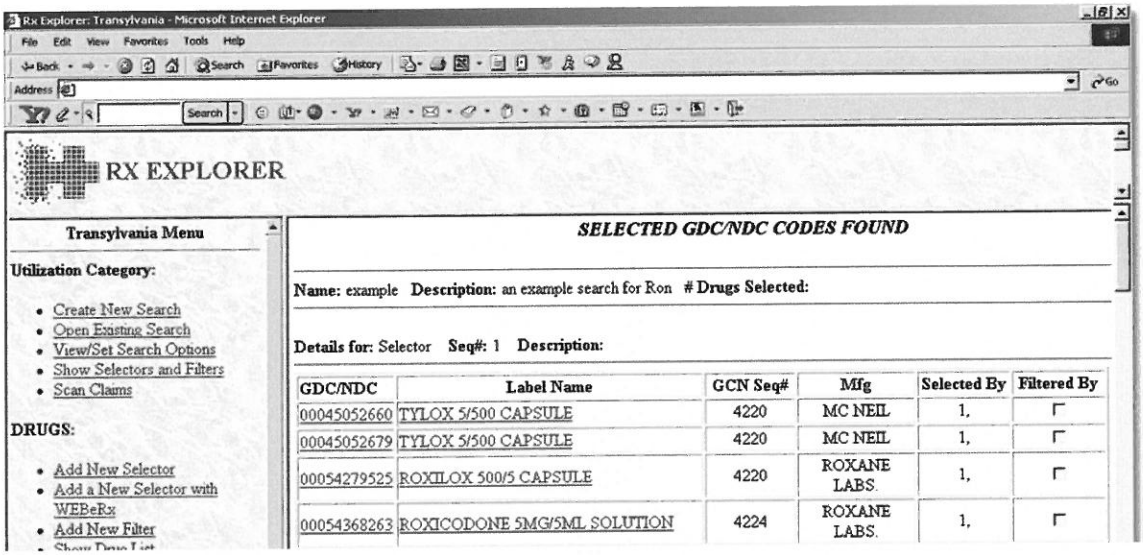


After clicking **Next**, the user must add a selector to the search. A drug selector is a drug or group of drugs that is used to define a search. Selectors are used in conjunction with filters, such as age, sex, diagnosis, etc., to further define the search criteria. To add a selector, the user must choose **Add New Selector** from the left-hand menu. The following screen will be displayed:



Once the Add Selector screen is displayed, the user must select a **Rule** from the drop-down menu.

To find the answer to the question, *Which doctor in my program is prescribing the most Oxycontin?* the user must select Generic Name as the rule, then type oxycontin in the **Containing** field, and click **Next**. A list of all NDCs for Oxycontin is displayed.



RX EXPLORER

Transylvania Menu

Utilization Category:

- Create New Search
- Open Existing Search
- View/Set Search Options
- Show Selectors and Filters
- Scan Claims

DRUGS:

- Add New Selector
- Add a New Selector with WEBeRx
- Add New Filter

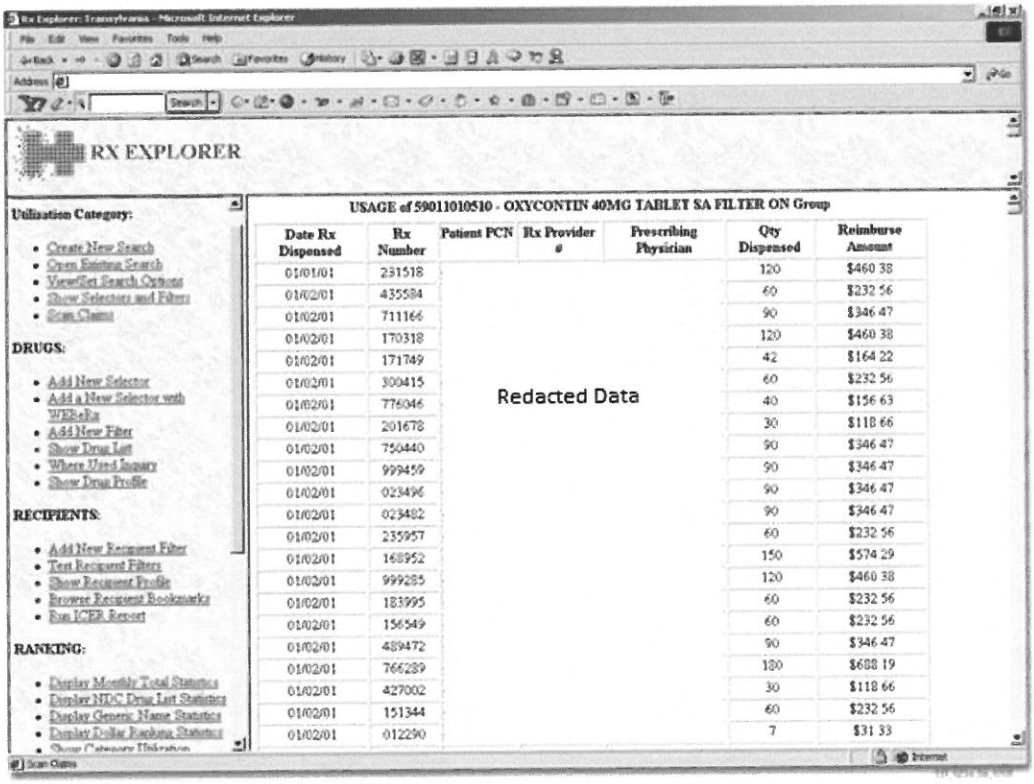
SELECTED GDC/NDC CODES FOUND

Name: example **Description:** an example search for Ron **# Drugs Selected:**

Details for: Selector **Seq#:** 1 **Description:**

GDC/NDC	Label Name	GCN Seq#	Mfg	Selected By	Filtered By
00045052660	TYLOX 5/500 CAPSULE	4220	MC NEIL	1,	☐
00045052679	TYLOX 5/500 CAPSULE	4220	MC NEIL	1,	☐
00054279525	ROXILOX 500/5 CAPSULE	4220	ROXANE LABS.	1,	☐
00054368263	ROXICODONE 5MG/5ML SOLUTION	4224	ROXANE LABS.	1,	☐

Four (4) of the 12 label names for Oxycontin are shown in the figure above. The user can select the box under the **Filtered By** column to exclude one or more particular label names. Once the user selects **Next** at the bottom of the screen, the results will be displayed as shown in the figure below. Additional drill down capability is available in this report.



RX EXPLORER

Utilization Category:

- Create New Search
- Open Existing Search
- View/Set Search Options
- Show Selectors and Filters
- Scan Claims

DRUGS:

- Add New Selector
- Add a New Selector with WEBeRx
- Add New Filter
- Show Drug List
- Where Used Inquiry
- Show Drug Profile

RECIPIENTS:

- Add New Recipient Filter
- Test Recipient Filters
- Show Recipient Profile
- Browse Recipient Bookmarks
- Run ICER Report

RANKING:

- Display Monthly Total Statistics
- Display NDC Drug List Statistics
- Display Generic Name Statistics
- Display Dollar Ranking Statistics

USAGE of 59011010510 - OXYCONTIN 40MG TABLET SA FILTER ON Group

Date Rx Dispensed	Rx Number	Patient PCN	Rx Provider #	Prescribing Physician	Qty Dispensed	Reimburse Amount
01/01/01	231518				120	$460 38
01/02/01	435584				60	$232 56
01/02/01	711166				90	$346 47
01/02/01	170318				120	$460 38
01/02/01	171749				42	$164 22
01/02/01	300415				60	$232 56
01/02/01	776046				40	$156 63
01/02/01	201678				30	$118 66
01/02/01	750440				90	$346 47
01/02/01	999459				90	$346 47
01/02/01	023496				90	$346 47
01/02/01	023482				90	$346 47
01/02/01	235957				60	$232 56
01/02/01	168952				150	$574 29
01/02/01	999285				120	$460 38
01/02/01	183995				60	$232 56
01/02/01	156549				60	$232 56
01/02/01	489472				90	$346 47
01/02/01	766289				180	$688 19
01/02/01	427002				30	$118 66
01/02/01	151344				60	$232 56
01/02/01	012290				7	$31 33

Redacted Data

4.1.2.5 The Vendor's system shall allow flexibility in formatting and production of patient and provider profiles to impart educational information to prescribers and pharmacy providers. The Vendor's system shall be able to establish the total number of profiles generated, and to select various demographics such as (but not limited to) specific criteria exceptions for certain patient populations and have the capability to read up to six (6) provider specialty codes and their corresponding effective dates and end dates.

HID will meet this requirement. RxExplorer allows flexibility in formatting and producing patient and provider profiles when conducting interventions with prescribers and pharmacy providers. RxExplorer can establish the total number of profiles generated, select specific criteria exceptions for evaluation for certain patient populations, and read up to six (6) provider specialty codes with corresponding effective and end dates.

4.1.2.6 The Vendor's system shall have the capability of suppressing profile generation for previously identified criteria after the initial flagging, for a period of time specified by the Bureau. This feature is to prevent providers from receiving repeated alerts for the same or similar situations.

HID will meet this requirement. RxExplorer provides the ability to suppress profile generation for previously-identified criteria after initially being flagged. Upon request by the Bureau, HID will hold profiles before generating provider letters, for a time period specified by the Bureau. RxExplorer has been specifically designed to prevent providers from receiving multiple or repeated alerts for the same or similar situations.

HID suppresses profile generation in two (2) ways. The first method of suppression occurs by applying suppression coding into the criteria in RxExplorer. When a provider receives an intervention letter on a member concerning a criterion that has a suppression built in, a profile will not be generated if the same provider, same member, and same criteria hit in another cycle within the specified time-frame.

A second method of suppression occurs when profiles are reviewed. When the reviewing clinician notices the provider received an intervention letter on the same criterion concerning the same member, the reviewer will code the profile to not send another intervention letter based on the time-frame as determined by Medicaid. At the present time, unless it is an exceptional circumstance, the clinician reviewing the profile will not send a letter to providers who have previously been sent a letter in the past six (6) months concerning the same criteria on the same member.

4.1.2.7 The Vendor's system shall allow for interactive selection of population-based interventions, provider profiling options, and population and patient-specific intervention tracking reports. The Vendor shall present potential population-based educational interventions, based on the review of data and therapeutic criteria from the Vendor's RetroDUR system, to the DUR Board at each quarterly Board meeting.

HID shall exceed this requirement. HID will provide interactive selection of population-based interventions, provider profiling options, and patient-specific intervention tracking reports. Intervention represents the most critical element of any RetroDUR solution because it provides education on potential problem areas and drug use trends and promotes clinical efficacy and patient safety. HID is adept at managing the intervention process and sent a combined total of more than 125,000 intervention packets to providers and pharmacists in 2013 from our operations facility in Auburn, Alabama.

In 2013, HID ...

- Reviewed 128,854 patient profiles
- Mailed 89,763 intervention packets

Population-Based Interventions

HID's account managers and clinical support team consistently work with our clients to provide potential intervention topics, profiling options, and tracking reports based on trends in the industry or client's patient population, goals of the agency or legislature, and additional needs our team feels may be advantageous and produce significant outcomes for the client. HID's Clinical Lead performs extensive research in preparing intervention proposal materials based on the review of data and therapeutic criteria from RxExplorer. The Clinical Lead then participates in Committee and Board meetings by presenting the topics and providing clinical expertise. HID will seek approval of all interventions by the RetroDUR Committee, DUR Board, and the Bureau prior to beginning any intervention activity.

The following list highlights past topics of population-based interventions provided to other RetroDUR clients:

- **Drug-Disease Interactions:** Seizure disorders worsened by antipsychotics and antidepressants, hepatic impairment, QT prolongation
- **Drug-Drug Interactions:** Two or more drugs that decrease renal function, two or more drugs with sedating effects
- **Over-Utilization:** Antianxiety drugs, stimulants, sedatives, therapeutic duplication of controlled substances and antipsychotics
- **Under-Utilization:** High blood pressure medications, lipid-lowering medications, diabetes medications, seizure medications, long-term asthma controllers, non-adherence to antiretroviral therapy
- **Clinical Appropriateness:** Inappropriate therapy for the elderly, inappropriate pediatric therapy, adverse fetal effects, inappropriate HIV drug regimen

HID has provided the following specific interventions for current RetroDUR programs:

- Polypsychopharmacy for beneficiaries less than 18 years-of-age
- Polypsychopharmacy for beneficiaries 18 years-of-age and older
- Over-utilization of Zolpidem-containing products
- Over-utilization of inhaled beta-antagonist, stimulant, narcotic, and antipsychotic medications
- Non-adherence and appropriate therapy of antiretroviral medications used to treat HIV/AIDS
- Appropriate use of medications in the elderly and pediatric populations
- Non-adherence and appropriate therapy of Lurasidone (Latuda) used to treat bi-polar depression

Provider Profiling

RxExplorer users may also evaluate a prescriber's utilization rate as compared to other prescribers by viewing the Utilization Rate Comparison report similar to the screen shot below.

Prescriber Utilization Rates

Use rates for 18749 for 2012-01 for Program All

Category	Utilization Category	Standard Use Rate %	Prescriber Use Rate %
40404	ETHANOLAMINE DERIVATIVES	0.35	0.00
40408	ETHYLENEDIAMINE DERIVATIVES	0.01	0.00
40412	PHENOTHIAZINE DERIVATIVES	0.89	0.00
40416	PIPERAZINE DERIVATIVES	0.00	0.00
40420	PROPYLAMINE DERIVATIVES	0.19	0.00
40492	FIRST GEN. ANTIHIST. DERIVATIVES, MISC.	0.23	0.12
40800	SECOND GENERATION ANTIHISTAMINES	2.77	0.24
49200	OTHER ANTIHISTAMINES	0.00	0.00
80800	ANTHELMINTICS	0.05	0.00
81202	AMINOGLYCOSIDES	0.01	0.00
81206	CEPHALOSPORINS	1.95	0.00

Intervention Tracking Reports

HID will provide population and patient-specific intervention tracking reports to the Bureau as part of our quarterly, semiannual, and annual reports. HID will also provide monthly statistics for interventions as requested by the Bureau. RxExplorer allows users to track interventions using only desired criteria, so users are able to search specific populations, specific patients, specific locations, specific drugs, and more, over a specific time period. This allows clinical staff to accurately track the performance of a single intervention over a period of time. RxExplorer then provides the ability for users to export data into a text file for further manipulation.

4.1.2.8 The Vendor's system shall be able to differentiate between Medicaid members whose medical and pharmacy benefits are reimbursed by Fee for Service payment or Managed Care Organizations.

HID will meet this requirement. RxExplorer can differentiate between Medicaid members whose medical and pharmacy benefits are reimbursed by Fee-for-Service payment or Managed Care Organizations, and this claims data for Medicaid members can be analyzed according to the member's benefit reimbursement structure.

4.1.2.9 The Vendor shall generate Medicaid patient profiles monthly based on therapeutic criteria, high risk patient profiles, and provider profiles (prescribers and pharmacy providers) in hard or electronic copy for RetroDUR.

HID will meet this requirement. RxExplorer generates Medicaid patient profiles based on therapeutic criteria, high risk patient profiles, and provider profiles for both prescribers and pharmacy providers and can be generated in electronic or hard copy.

Profile Generation

RxExplorer runs claims against the therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, over-utilization, under-utilization, disease states, and cost savings. Upon completion, RxExplorer produces a full Initial Criteria Exception Report (ICER) that identifies potential drug-related problems in the cycle and the number of occurrences of each problem—subdivided into risk categories (high, medium, low). The ICER is reviewed by HID's Clinical Lead, who proposes which criteria exceptions should be examined in more depth. The chosen therapeutic criteria exceptions are then processed and patient profiles are created.

HID will provide copies of profiles to RetroDUR Committee members for review in accordance with the monthly RetroDUR meeting review schedule, within three (3) working days of the generation date. If approved by the Bureau, HID's innovative online profile review application will be provided to the RetroDUR Committee, along with the necessary software and hardware for performing online profile review in RxExplorer.

Online-Profile Review

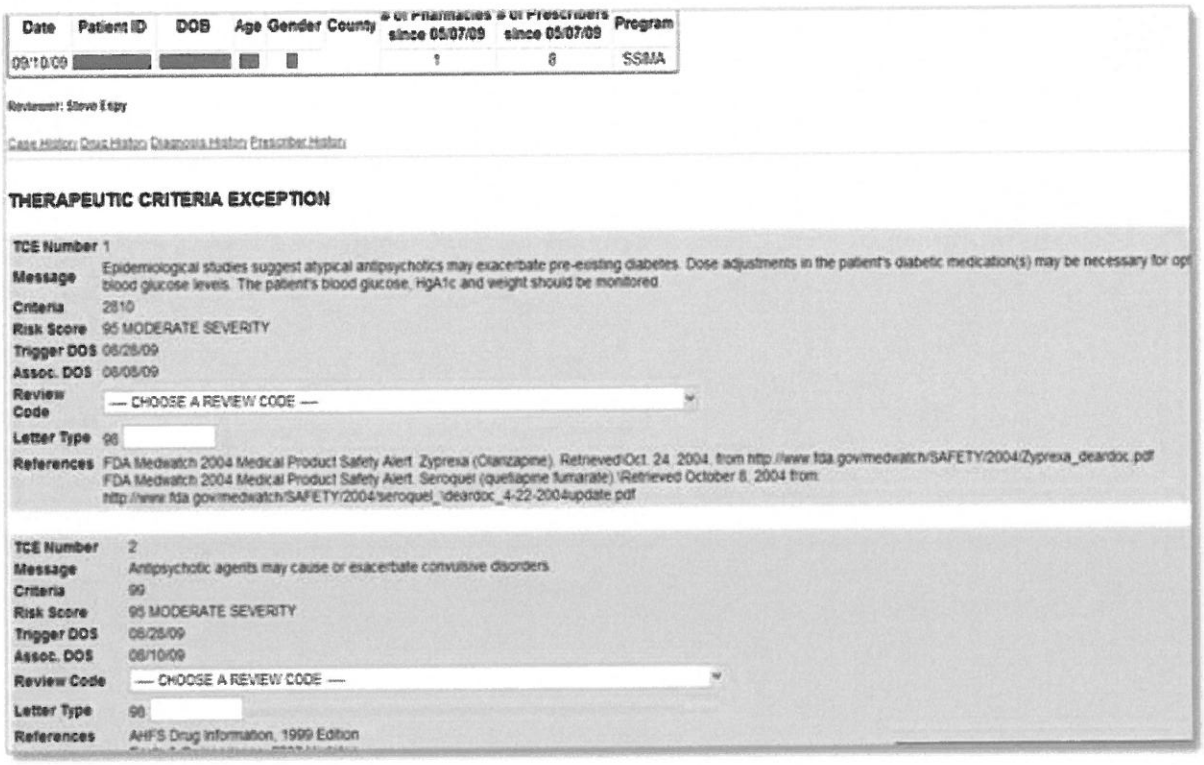
ProfileXpress™, HID's innovative online profile review system, provides an efficient and effective means of reviewing patient profiles. The system allows users to review demographic, diagnostic, pharmacy, and medical claims data from a secure online location.

Patient profiles associated with therapeutic criteria are produced for review electronically via ProfileXpress. Bureau-approved clinical professionals, such as HID clinical staff and RetroDUR Committee members, will have the capability to review the profiles and determine for which recipients an educational and non-confrontational intervention packet is necessary. Based on the selections made within ProfileXpress, RxExplorer generates intervention packets for print and mailing.

If the Bureau takes advantage of ProfileXpress, HID will train and assist the RetroDUR Committee to review profiles in the system for the first few months after implementation. ProfileXPress is part of HID's RetroDUR solution quote and can be found in our separately sealed Cost Proposal.

The following images illustrate the functionality of ProfileXpress.

The image below shows a profile with individual (color-coded) outliers that caused a criteria exception. The links along the top of the screen allow users to view claims, drug, diagnosis, and prescriber history. These are also color-coded per exception items on the profile as seen the following figure.



Date	Patient ID	DOB	Age	Gender	County	# of Pharmacies since 05/07/09	# of Prescribers since 05/07/09	Program
09/10/09	[redacted]	[redacted]	[redacted]	[redacted]		1	8	SSIMA

Reviewer: Steve Espy

Case History Drug History Diagnosis History Prescriber History

THERAPEUTIC CRITERIA EXCEPTION

TCE Number	1
Message	Epidemiological studies suggest atypical antipsychotics may exacerbate pre-existing diabetes. Dose adjustments in the patient's diabetic medication(s) may be necessary for opt blood glucose levels. The patient's blood glucose, HgA1c and weight should be monitored.
Criteria	2810
Risk Score	95 MODERATE SEVERITY
Trigger DOS	08/28/09
Assoc. DOS	08/08/09
Review Code	— CHOOSE A REVIEW CODE —
Letter Type	98
References	FDA Medwatch 2004 Medical Product Safety Alert Zyprexa (Olanzapine). Retrieved Oct. 24, 2004, from http://www.fda.gov/medwatch/SAFETY/2004/Zyprexa_deardoc.pdf FDA Medwatch 2004 Medical Product Safety Alert. Seroquel (quetiapine fumarate) \Retrieved October 8, 2004 from: http://www.fda.gov/medwatch/SAFETY/2004/seroquel_\deardoc_4-22-2004update.pdf

TCE Number	2
Message	Antipsychotic agents may cause or exacerbate convulsive disorders.
Criteria	99
Risk Score	95 MODERATE SEVERITY
Trigger DOS	08/28/09
Assoc. DOS	08/10/09
Review Code	— CHOOSE A REVIEW CODE —
Letter Type	98
References	AHFS Drug Information, 1999 Edition

ProfileXpress Criteria Exception

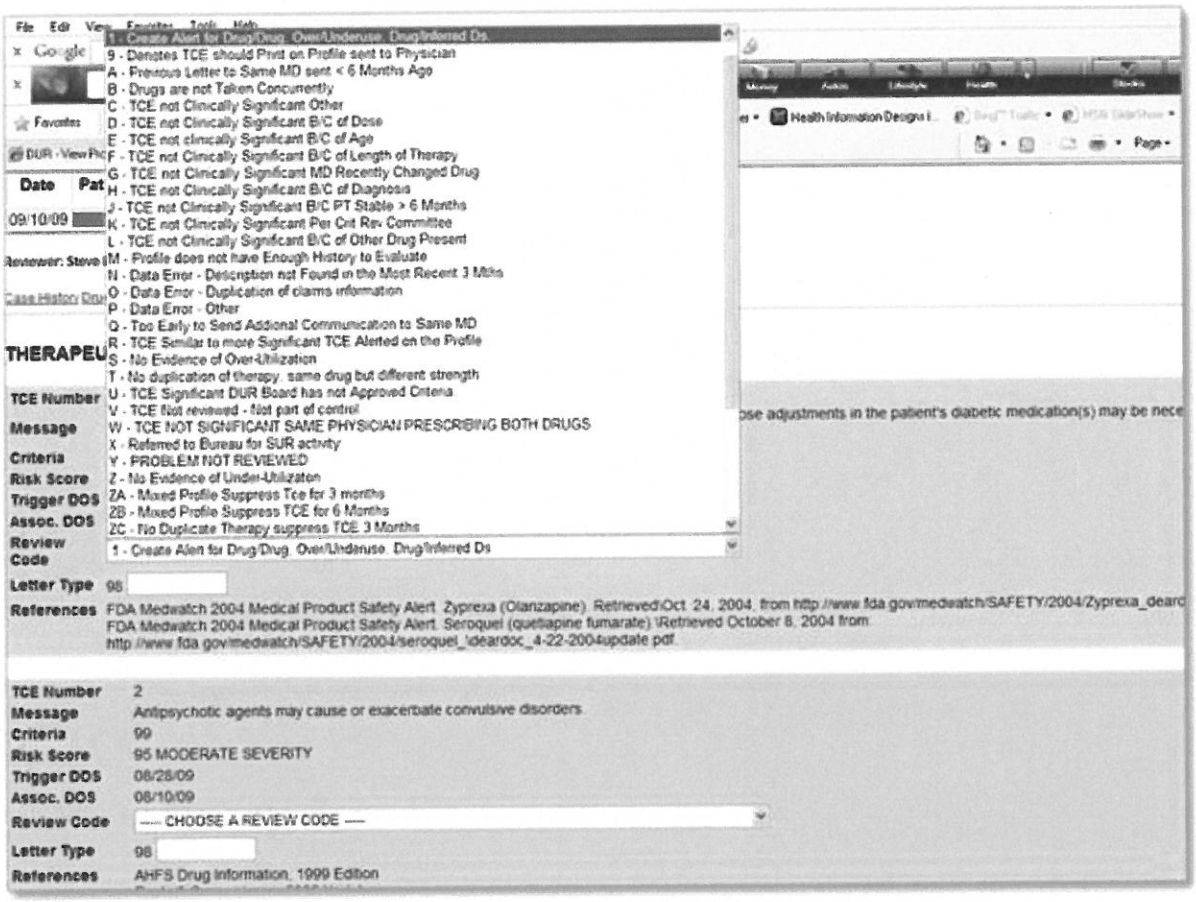
The following image shows the drug history. The drug that is associated with the outlier identified on the profile is color-coded to match the therapeutic criteria exceptions.

Drug History

TCE #	Date of Service	Rx Number	GCN		Drug Description	Strength	Qty	Days	Pharmacy Number	Prescriber Number	LTC Ind	Reimbursement Amour
☑1A ☐2A	08/28/09	1860982	16136	*	RISPERIDONE	1MG	45	30			N	30 4
	08/28/09	1860976	17621		BENZTROPINE MESYLATE	1MG	30	30			N	7 7
	08/28/09	1860975	20317		BUDEPRION XL	150MG	30	30			N	42 9
	08/25/09	1859789	16386		BUDEPRION SR	150MG	7	7			N	9 1
	08/25/09	1859788	17621		BENZTROPINE MESYLATE	1MG	7	7			N	4 8
	08/24/09	1859561	26473		AMITIZA	24MCG	30	30			N	109 2
	08/24/09	1859560	10770		ESTRADIOL	1MG	30	30			N	4 7
	08/13/09	1855484	5701		SUMATRIPTAN SUCCINATE	100MG	10	15			N	177 9
	08/11/09	1845784	96071		HYDROQUINONE	3%-5%-4%	28 35	28			N	37 6
☐3A	08/11/09	1855095	41681	*	ALBUTEROL SULFATE	2 5MG/3ML	360	30			N	19 7
	08/11/09	1854164	10772		ESTRADIOL	0 5MG	30	30			N	4 4
☐2B	08/10/09	1854855	36553	*	TOPIRAMATE	25MG	46	30			N	6 6
☐3A	08/10/09	1790307	22913	*	PROAIR HFA	90MCG	8 5	16			N	37 1
☑1B	08/08/09	1796527	5712	*	GLYBURIDE	5MG	60	30			N	10 4
	07/22/09	1840307	86212		POLYETHYLENE GLYCOL	17G/DOSE	527	30			N	22 9
	07/22/09	1848100	16386		BUDEPRION SR	150MG	30	30			N	26 4
	07/22/09	1848099	17621		BENZTROPINE MESYLATE	1MG	30	30			N	6 7
	07/15/09	1845784	96071		HYDROQUINONE	3%-5%-4%	28 35	28			N	37 6
☑1A ☐2A	07/14/09	1844509	92892	-	RISPERIDONE	0 5MG	60	30			N	40 1

ProfileXpress Drug History

The following image shows the possible review "codes" that can be selected by the RetroDUR Committee member to identify the action needed for this criteria exception.



ProfileXpress Review Codes

4.1.2.10 The Vendor shall generate no less than 350 member profiles. The profiles should be reviewed against the therapeutic criteria and cover all age groups, including LTC members. The balance between members in Fee for Service and managed care shall be determined by the Bureau.

HID will meet this requirement. HID will conduct monthly RetroDUR Committee meetings to review Medicaid profiles against the therapeutic criteria. HID will generate no less than 350 member exception profiles per month for analysis. Monthly profiles will cover all age groups, including LTC members, and will be reviewed on the therapeutic criteria. Of the 350 member profiles, the balance between members in Fee-for-Service and managed care shall be determined by the Bureau.

In 2013, HID generated more than 128,000 patient profiles for analysis and potential intervention.

4.1.2.11 The profiles for review shall be made available for the Pharmacy Program's monthly RetroDUR Committee meeting and generated no more than three(3) business days before mailing. The profiles will be shipped to the Bureau and returned to the Vendor at no additional cost to the Bureau.

HID will exceed this requirement. Our proposed RetroDUR solution includes ProfileXpress®, our online profile review application, which includes the following efficiencies and value for the Bureau and the RetroDUR Committee:

- Secure and confidential transference of patient profiles and review results
- Increased reporting capabilities on RetroDUR Committee review activity
- Timely communication of review results

Profiles will be generated and available with ProfileXpress for review by the RetroDUR Committee during regular monthly meetings. To facilitate these reviews, HID will provide basic laptops for RetroDUR Committee member use. During non-meeting times, the laptops will be securely stored with HID's Clinical Lead who will also attend the RetroDUR Committee meetings. Upon program implementation, HID will provide training and technical support to the RetroDUR Committee regarding the online profile review capabilities of RxExplorer.

Should the Bureau not approve this program enhancement, HID will provide profiles for RetroDUR Committee review in accordance with the schedule defined in this requirement. The profiles will be mailed within three (3) working days of the generation date.

More information about online profile review can be found in our response to requirement 4.1.2.9 on page 52 of this document.

4.1.2.12 The Vendor's system shall generate patient and provider cases monthly by weighting and ranking mechanisms, which have been approved prior to use by the BMS Pharmacy program, to sort exceptions by potential seriousness.

HID will meet this requirement. HID will use RxExplorer to generate monthly patient and provider profiles for review by the RetroDUR Committee. RxExplorer runs claims against therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, over-utilization, under-utilization, disease states, and costs savings. Upon completion, RxExplorer produces a full Initial Criteria Exception Report (ICER) that identifies potential drug-related problems in the cycle and the number of occurrences of each problem—subdivided into risk categories (high, medium, low) using weighting and ranking mechanisms approved by the BMS Pharmacy program prior to use. The ICER will be reviewed by HID's Clinical Lead who proposes which criteria exceptions should be examined in more depth to locate exceptions by potential seriousness. The chosen therapeutic criteria exceptions are then processed and patient profiles are created.

The information from the selected patient profiles is used to create educational intervention packets, and the packets are mailed to the prescribers for each patient.

4.1.2.13 The profiles developed by the Vendor's system must contain at least eighteen (18) contiguous months of claims history, representing a summarized review of all drug information and diagnoses for which claims were reimbursed. The Vendor shall be able to differentiate between a claim that was voided or cancelled and a paid claim.

HID will meet this requirement. The profiles developed using RxExplorer contain at least eighteen (18) contiguous months of claims history, representing a summarized review of all drug information and diagnoses for which claims were reimbursed. RxExplorer provides the ability to differentiate between a voided or cancelled claim and a paid claim.

4.1.2.14 The Vendor's system shall maintain patient and provider confidentiality in all aspects of developing and handling patient history profiles, as well as all input claims history data. The Vendor shall handle and store claims data and patient and provider profiles in accordance with 42 Code of Federal Regulations part 431, Subpart F, regarding confidentiality of information concerning applicants and beneficiaries of public assistance, and 42 Code of Federal Regulations Part 2, regarding confidentiality of alcohol and drug abuse patient records (see Attachment A).

HID will meet this requirement. HID will maintain patient and provider confidentiality in all aspects of developing and handling history profiles, as well as all input claims history data. HID will adhere to all State and Federal regulations, and manage the RetroDUR program in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and any amendments thereto.

HID has handled confidential information, such as personal income tax data, financial data, and Protected Health Information (PHI) for more than 35 years and abides by security standards of the National Institute of Standards and Technology (NIST) Special Publication 800-53 and Federal Information Processing Standards (FIPS) Publication 199, defining levels of potential impact (low, medium, high) within our solutions.

Due to the sensitive nature of the data used within the West Virginia RxExplorer RetroDUR solution and all other RetroDUR programs, HID assigns the following security classification to the West Virginia RetroDUR solution, as defined by FIPS 199:

SC West Virginia RetroDUR program = {(Confidentiality, HIGH), (Integrity, MODERATE), (Availability, LOW)}

HID based this classification on the following assumptions:

- A loss of *confidentiality* in RxExplorer and the RetroDUR program would have HIGH impact because the program will include protected health information (PHI) and other sensitive and identifiable personal data.
- A loss of *integrity* in RxExplorer would have MODERATE impact because, while unauthorized modification or destruction of information would be an adverse event, this data could be corrected or recouped.
- A loss of *availability* in RxExplorer would have LOW impact because a short period of inaccessibility would not prevent patients from receiving necessary medical attention or prevent providers from giving necessary medical attention.

HID employs robust security controls and risk mitigation procedures to ensure that no loss of confidentiality, integrity, or availability occurs in our systems.

HIPAA Compliance

Because we process PHI, HID must be and is HIPAA-compliant. This compliance requires strict security measures for our computer systems, physical plant, and personnel. HID closely monitors our computing practices and physical security to ensure compliance is consistently and continuously maintained.

HID meets the following safeguards to ensure HIPAA compliance:

- *Administrative safeguards*, including security management processes; risk analysis in accordance with NIST guidelines; regular reviews of audit logs; access reports; responsibility assignments; security awareness training; contingency plans; security incident tracking; and workforce security policies, including authorization and supervision of employees who may have access to electronic protected health information (EPHI)
- *Physical safeguards*, including facility access controls, disaster recovery controls, workstation safeguards, and device and media controls
- *Technical safeguards*, including access controls, user identity tracking, session termination for inactivity, encryption/decryption mechanisms, audit controls, authentication devices, and transmission security protocols
- *Organizational safeguards*, including business associate contracts and agreements; appropriate policies and procedures as specified by 42 Code of Federal Regulations Part 431, Subpart F and 42 Code of Federal Regulations Part 2, and all appropriate system, procedural, and project documentation

Profile Reviews

4.1.3 The Vendor shall communicate the results of patient profile reviews within thirty (30) calendar days by letter to prescribers and/or pharmacy providers for Fee-for-Service members. The cost of mailing shall be included in the Vendor's quotation. All letters to Medicaid prescribers and pharmacy providers must be signed by the Vendor's medical director. The Vendor's retrospective DUR program shall provide ongoing interventions for physicians and pharmacists targeted toward therapy problems or individual patients identified in the course of DUR review activities.

HID will meet this requirement. HID consistently works with our clients to provide accurate patient profiles and potential intervention topics for physicians and pharmacists based on trends in the industry or client's patient population, on the goals of the agency or legislature, and on additional needs our team feels may be advantageous and produce significant outcomes for the client.

Review Process

Every month, HID's Clinical Lead will use RxExplorer to process the claims data and will review the resulting Initial Criteria Exception Reports (ICERs) to identify member exceptions to the criteria and high risk prescription activity. HID offers ProfileXpress, the online profile review application in RxExplorer, to facilitate smooth and productive profile review sessions, and HID will provide training and technical support to the RetroDUR Committee as they learn to use this application. With the Clinical Lead's facilitation, the RetroDUR Committee will review no less than 350 patient

profiles, including Lock-In profiles, with Pharmacy Services clinical staff every month. HID will communicate the results of patient profile reviews within thirty (30) calendar days by letter to prescribers and/or pharmacy providers for Fee-for-Service members.

Cost of Mailing

The costs associated with these mailings are included in HID's quote and can be found in our separately sealed Cost Proposal.

Signature

HID's Medical Director will sign all letters sent to Medicaid prescribers and pharmacy providers.

Ongoing Interventions

HID's RetroDUR program will provide ongoing interventions for physicians and pharmacists targeted toward therapy problems or individual patients identified in the course of RetroDUR activities. RxExplorer allows users to track interventions using only desired criteria, so users are able to search specific populations, specific patients, specific locations, specific drugs, and more, over a specific time period. This allows clinical staff to accurately track the performance of a single intervention over a period of time. HID will provide population and patient-specific intervention tracking reports to the Bureau as part of our quarterly, semiannual, and annual reports. HID will also provide monthly statistics for interventions as requested by the Bureau.

Educational Interventions

4.1.4 The Vendor shall design at least six (6) educational population- based interventions or other targeted provider interventions to be modifiable per the Bureau and DUR Board's requirements per year. The interventions shall be performed every two months. The Vendor shall make any such modifications to wording or formats, specified by the BMS Pharmacy program and DUR Board, within thirty (30) calendar days of the request by the Bureau, at the Vendor's expense. The total cost of the design, production and mailing of these interventions to targeted prescribers or pharmacy providers shall be included in the Vendor's quote. There are approximately 7,000 active prescribers and 700 pharmacy providers enrolled in the West Virginia Medicaid Program.

HID will meet this requirement. HID will design at least six (6) educational population-based or other targeted provider interventions to be modifiable per the Bureau and DUR Board's requirements per year. The interventions shall be performed every two months. HID will make any such modifications to wording or formats, specified by the BMS Pharmacy program and DUR Board, within thirty (30) calendar days of the request by the Bureau, at HID's expense. The total cost of the design, production, and mailing of these interventions to targeted prescribers or pharmacy providers is included in HID's quote and can be found in our separately sealed Cost Proposal. HID understands that there are approximately 7,000 active prescribers and 700 pharmacy providers enrolled in the West Virginia Medicaid program.

Designing Interventions

HID's Clinical Lead will use RxExplorer to complete data analysis and subsequent ICER review to develop an intervention topic proposal that will be subject to the approval of the DUR Board. Based on the topics selected by the DUR Board, the Clinical Lead will generate disease management topic-specific patient profiles for interventions. Previous topics with other Medicaid clients have included long term use of short acting opioids, duplicate long acting stimulants, and non-adherence to antihypertensive agents. HID will seek approval of all interventions by the DUR Board and the Bureau prior to beginning any intervention activity.

HID will design intervention letters to be modified per Bureau and DUR Board specifications and requirements within thirty (30) calendar days of a medication request. The provider response forms included with each educational intervention will encourage providers to submit input regarding the quality of education and information—effectively closing the loop to improve future education, to ensure continued quality and ongoing improvements, and to foster positive relationships with providers.

Performing Interventions

Once the intervention topics are approved and the selected profiles are reviewed, HID generates, prints, and mails the intervention packets, including a patient-specific provider letter, patient profile, provider response form, and applicable educational materials.

Analyzing Outcomes

HID's standard intervention packets include customized patient-specific letters and educational materials. The intervention packets support direct professional feedback in the form of "turnaround documents" and are a basis for tracking clinical financial outcomes. Each piece of the intervention process is documented and reported so that informed decisions can be made in the future.

The outcomes reports will be generated by the Database Analyst, assessed by the Clinical Lead, and delivered within the required time frame by the Account Manager. The reports will include:

- Issues addressed
- Outcome
- Additional follow-up or intervention
- Referrals to client health or lock-in programs

All of these educational pieces combine to create an effective educational intervention portfolio that has had proven success in helping our current clients enhance appropriate, rational, and cost-effective use of medications.

In 2010, HID created 1,007 cases and mailed 2,478 physician intervention letters for WV BMS.

Volume

At HID, we use our expertise to handle thousands of patient cases every day. As a previous vendor of RetroDUR services for BMS, HID created 1,007 cases and mailed 2,478 physician letters in 2010.

The following image is an example of HID's standard intervention letter.

SAMPLE
DRUG UTILIZATION
REVIEW PROGRAM

LETTER TYPE 501A
GENERAL
SAMPLE MEDICAID ASTHMA
DISEASE STATE MANAGEMENT LETTER

[TODAY]

[adrs1]
[adrs2]
[adrs3]
[adrs4]

DEAR [tadrs1]:

In compliance with the OBRA '90 federal legislation, state Medicaid agencies are mandated to institute Retrospective Drug Utilization Review Programs (RDUR). The program's goal is to ensure that Medicaid patients receive optimal drug therapy at a reasonable cost. One way to achieve this goal is to identify potential drug therapy problems that place patients at risk, particularly if multiple providers are involved. In accordance with Alabama Medicaid, a retrospective asthma disease state management review is being conducted. This RDUR program is informational in nature and allows you to incorporate the information provided into your continuing assessment of the patient's drug therapy requirements.

During a recent review of the enclosed drug history profile, *it was noted that your patient,* **[t1d0-recip-fst-nm] [t1d0-recip-lst-nm]**, has had difficulty in the management of their asthma. Re-evaluation of the patient's condition and the treatment regimen may be necessary. The loss of control of asthma may indicate the need for additional medications and/or the increased strength of current medications. NIH Asthma Management Guidelines have been included for your review along with an informative patient handout. Patient education and compliance are essential in the successful management of asthma. The appropriate treatment of asthma can have a significant beneficial impact on patient outcomes and the Alabama Medicaid program. In presenting this information to you, we recognize that management of each patient's drug therapy depends upon an assessment of the patient's entire clinical status about which we are not fully aware.

We have enclosed the historical profile for your evaluation and consideration. At your convenience, we would appreciate learning of your assessment of this information and of any action taken. Although your participation in this program is voluntary, we find your feedback helpful in adjusting our program to address clinically important problems. Please complete the response form on the reverse side of this letter and return it in the enclosed envelope or fax it to the number below.

At the bottom of this letter are the specific prescriptions attributed to you by the dispensing pharmacy. In addition, if multiple prescribers are involved in the therapy mentioned above, each will receive this information. Thank you for your professional consideration.

Intervention Success Story

Non-adherence of Antihypertensive Agents (Maryland)

In an effort to improve clinical outcomes by promoting adherence to therapy with antihypertensive agents, Maryland Medicaid fee-for-service recipients found to be non-adherent to therapy were identified through electronic profile review. Educational intervention letters were mailed to their respective prescribers and pharmacy providers.

After intervention, therapy adherence increased by 63% in patients available for follow-up analysis.

A total of 171 recipients were selected for intervention and 167 prescriber letters were mailed. Some letters could not be mailed due to inaccurate provider addresses. Each letter included a response form soliciting feedback from the prescriber. Responses were voluntary and a response rate of 21% was achieved. Prescribers were also asked to evaluate the usefulness of the intervention letters. Of those providers who responded, 71% found the letters to be either useful or extremely useful.

Copies of intervention letters were also sent to the dispensing pharmacy. A total of 137 pharmacy letters were mailed and a response rate of 18% was achieved. Of those pharmacy providers who responded, 76% found the letters to be either useful or extremely useful.

After a follow-up period, recipients who continued to have fee-for-service pharmacy claims were evaluated to determine if they continued to be non-adherent to the same ongoing therapy during the follow-up period. Before intervention letters were mailed, all patients selected for intervention were found to be non-adherent. A total of 65 patients were available for evaluation during the follow-up period. Of those 65 patients, 24 (37%) were non-adherent to therapy during the follow-up period. However, 41 patients (63%) were found to be adherent to therapy

Lock-In Program

4.1.5 The Vendor shall establish and maintain a Pharmacy Lock-in Program for Medicaid beneficiaries who utilize multiple pharmacies and/or prescribers for controlled substances within ninety (90) calendar days of the contract award. The purpose of the Lock-In Program shall be to improve patient care by coordinating the activities of various health care providers, to integrate the pharmacist into the drug therapy management process, and to improve patient outcomes.

HID will meet this requirement. Within ninety (90) calendar days of the contract award, HID will establish and maintain our Pharmacy Lock-In Program for Medicaid members who utilize multiple pharmacies and/or prescribers for controlled substances. The purpose of the Lock-In Program will be to improve patient care by coordinating the activities of various health care providers, to integrate the pharmacist into the drug therapy management process, and to improve patient outcomes. HID will identify candidate members for the Lock-In Program by flagging profiles showing patterns of high utilization or incorrect utilization, or those identified by the Bureau.

Overview

HID provides Lock-In clinical support and maintenance to identify patients who over-utilize drugs of concern as determined by BMS and to limit their access to appropriate amounts. HID understands the following Bureau goals for the West Virginia Lock-In Program:

- Improve patient care by coordinating the activities of various health care providers
- Integrate the pharmacist into the drug therapy management process
- Improve patient outcomes

In 2010, 1,224 Lock-In profiles were reviewed for our previous contract with the West Virginia BMS. As of January 2011, there were 97 Lock-In members.

HID's Lock-In program is proven to lower abuse or misuse, produce cost savings for Medicaid pharmacy services, and provide improved health care outcomes for members. HID currently provides Lock-In services in five (5) states: Arkansas, Connecticut, Maryland, Rhode Island, and Wisconsin.

RetroDUR Data Analysis

The Lock-In process begins with the Retrospective Drug Utilization Review (RetroDUR) required by the Omnibus Budget Reconciliation Act of 1990 (OBRA '90). The RetroDUR, an automated analysis of the pharmaceutical claims database using therapeutic criteria, produces the Initial Criteria Exception Report (ICER). When recipient or provider behavior matches one or more of the RetroDUR therapeutic criteria, this is referred to as a therapeutic criteria exception (or informally, a "hit"). This automated analysis allows HID to identify recipients whose use of controlled substances or restricted medications exceeds the parameters defined by the criteria and approved by the state DUR Board. The criteria include over-utilization of related drugs, excessive quantities prescribed, lack of a qualifying ICD-9 (diagnosis) code, multiple pharmacies used, and multiple physicians prescribing drugs.

Profile Review

Each month, an HID clinical pharmacist reviews recipient profiles that generate a hit when run against the Lock-In criteria. The RetroDUR Committee reviews the profile of each selected recipient and determines the level of intervention needed. This can range from "no action" (the lowest level of intervention), to "restrict" (the highest level of intervention). A recipient who is "restricted" must obtain all prescription medications from one pharmacy until the restriction is lifted.

Intervention

A determination is made as to which letter should be sent to providers, based on the recipient's medical and pharmacy claims data. There are five (5) types of initial letters:

- LI 42–Multiple Physicians
- LI 45–Excessive Amounts
- LI 47–Early Refills
- LI 48–Chronic Use
- LI 49–Duplication of Therapy

After the initial letters are sent, the Lock-In criteria are suppressed for 90 days. After 90 days, the criteria are no longer suppressed. If a selected recipient's profile generates another hit (indicating there has been no positive change in behavior), the clinical pharmacist and RetroDUR Committee can choose to send a warning letter (LI 40) to both the recipient and providers. Once the Warning letters are sent, the Lock-In criteria are suppressed for 90 days. After 90 days, the criteria are

enabled again (suppression is removed). If a selected recipient's profile generates another hit (indicating there has been no positive change in behavior), the pharmacist and the RetroDUR Committee can choose to send a Lock-In letter (LI 41) to both the recipient and providers involved.

Outcomes

HID's Lock-In program supports the Bureau in achieving their goals by:

- Maintaining continuity of care for members
- Reducing controlled substance abuse
- Reducing overall costs
- Helping ensure member safety by monitoring overuse of controlled substances
- Helping identify physicians with questionable dispensing activities
- Providing coordination between member and the lock-in pharmacy
- Customizing the program to accommodate state-specific laws, regulations, and needs

4.1.5.1 The member will be correctly identified by application of a utilization algorithm and clinical review. The Vendor shall accept beneficiary names from the Bureau and accept and process these candidates for immediate lock-in. The eligible member will be required to select one provider for pharmacy services and the Vendor will notify the beneficiary that Medicaid will deny claims for pharmacy services submitted by any other pharmacy provider.

All members on Subuxone or Subutex must be locked into one pharmacy and incorporated into the Lock-In Program. The Vendor shall call the Pharmacy Provider the member has chosen within thirty (30) calendar days and explain the lock-in program and obtain agreement from the Pharmacy Provider to participate as the lock-in Pharmacy provider for the member. The Vendor shall provide all communications by mail to the members, prescribers and pharmacy providers for the lock-in program within thirty (30) calendar days of the members' choice of a pharmacy. The total cost of production and mailing of the letters regarding the lock-in program to members, prescribers and pharmacy providers shall be included in the Vendor's quote.

HID will meet this requirement. Members will be correctly identified by the application of a utilization algorithm and clinical review by the RetroDUR Committee based on clinical criteria and risk scores determined by factors such as age, diagnoses, number of physicians, number of pharmacies, number of controlled substances, or other factors as requested by the Bureau. After reviewing the Lock-In profiles, the RetroDUR Committee members recommend an appropriate intervention action. HID will also accept member names from the Bureau and accept and process these candidates for immediate lock-in.

Identification and Lock-In

When recipient or provider behavior matches one or more of the RetroDUR therapeutic criteria, this is referred to as a therapeutic criteria exception. This automated analysis allows HID to identify recipients whose use of controlled substances or restricted medications exceeds the

parameters defined by the criteria and approved by the state DUR Board. The criteria include over-utilization of related drugs, excessive quantities prescribed, lack of a qualifying ICD-9 (diagnosis) code, multiple pharmacies used, and multiple physicians prescribing drugs.

The RetroDUR Committee reviews the profile of each selected recipient and determines the level of intervention needed. This can range from "no action" (the lowest level of intervention), to "restrict" (the highest level of intervention). A recipient who is "restricted" is added to the Lock-In Program and must obtain all prescription medications from one pharmacy until the restriction is lifted. HID understands that members selected to be a part of the Lock-In Program will be required to select one (1) pharmacy to use as a claim for Medicaid services, and HID will notify the member that Medicaid will deny claims for pharmacy services submitted by any other pharmacy provider.

Suboxone/Subutex

HID understands that all members on Subuxone or Subutex must be locked into one pharmacy and incorporated into the Lock-In Program. HID's Lock-In services for Suboxone/Subutex members will include:

- Identifying all members with at least one Suboxone/Subutex prescription
- Assigning most recent Suboxone/Subutex dispenser as Lock-In pharmacy provider for all Suboxone/Subutex members
- Calling members and specified physician and pharmacy within thirty (30) calendar days and explaining the Lock-In program and obtaining agreement from the Pharmacy Provider to participate as the Lock-In Pharmacy Provider for the member
- Providing all communications by mail to the members, prescribers and pharmacy providers for the Lock-In Program within thirty (30) calendar days of the members' choice of a pharmacy
- Responding to calls from members, prescribers, and pharmacy providers
- Evaluating patient utilization on an annual basis, including complete drug and diagnosis history review
- Supplying necessary documentation for patient appeal proceedings or complaints
- Analyzing claims on a monthly basis to identify new Suboxone/Subutex patients
- All cost information pertinent to the production and mailing of the letters regarding the Lock-In Program to members, prescribers, and pharmacy providers is available in the separately sealed Cost Proposal.

4.1.5.2 The Vendor shall maintain a toll-free telephone Help Desk for Medicaid prescribers, pharmacy providers and members to answer inquiries about the RetroDUR Program, including the Lock-in program, and any communications that may have been received by them. The Help Desk shall be available for at least a consecutive eight hour period coinciding with regular business hours, from Monday through Friday. The Vendor shall maintain the member Lock-in beneficiary and provider list and supply a file of this information to the BMS MMIS vendor daily for an automated lock-in process. The Vendor shall work with the BMS MMIS vendor to coordinate file layouts and transfer of files through a secure ftp site.

HID will meet this requirement. HID provides all clients with a toll-free telephone Help Desk to answer technical and program related questions.

Help Desk

HID will provide a Help Desk for answering inquiries from members, prescribers, or pharmacy providers regarding the Lock-In Program and any other inquires about the RetroDUR program. HID thoroughly trains all Help Desk personnel in the particulars of each client's RetroDUR requirements, policies, and procedures. HID's Help Desk is staffed by technical and clinical support specialists who consistently provide top quality customer service to our RetroDUR clients, including administrators, providers, pharmacy providers, and other stakeholders. On average, HID's Help Desk handles approximately 700 Lock-In calls per month. HID will provide a Clinical Lead to address inquiries from members of the DUR Board, RetroDUR Committee, and BMS staff.

HID's Help Desk handles about 700 Lock-In calls per month.

Hours

The Help Desk will be available from 8:00 a.m. to 8:00 p.m. ET Monday through Friday, or as mutually determined upon contract award.

Lock-In Records Maintenance

HID will maintain the member Lock-In member and provider list and supply a file of this information to the BMS MMIS vendor daily for automated updates in the lock-in process.

Key Personnel

4.1.6 Prior to implementing the system, the Vendor shall provide a list of every office director, owner, partner, key employees, or other person with primary management or supervisory responsibilities, and any person who has a critical influence on or substantive control over a transaction with the State of West Virginia, whether or not employed by the Vendor. The list shall include full names, including maiden names and first and middle names where applicable. Additions or deletions to the list of names shall be reported voluntarily and automatically to the Pharmacy Program within one month of the change or addition. The Vendor shall not employ or contract with any individual or entity named on the federally excluded provider list.

HID will meet this requirement. HID provides a list of every office director, owner, partner, key employee, or other person with primary management supervisory responsibilities, and any person who has a critical influence on or substantive control over a transaction with the State of West Virginia, whether or not employed by HID in the table below. The list includes full names, including maiden names, first, and middle names where applicable. Additions or deletions to the list of names will be reported voluntarily and automatically to the Pharmacy Program within one (1) month of the change or addition. HID does not and will not employ or contract with any individual or entity named on the federally excluded provider list.

Name	Position
Guy Robert DiBenedetto, Jr., MBA	President/Chief Executive Officer
Michael Alexander Renwick	Chief Sales & Marketing Officer
Richard Edward Stec	Chief Information Officer
Clay Thomas Jones, CPA	Chief Financial Officer
Ronald Mark Campbell, PharmD	Chief Strategy Officer/Chief Medical Information Officer
James C. Wilkerson	Chief Operation Officer
William Trent Kuykendall	Director of Human Resources
Charles Scott Donald, PharmD	Director of Clinical Services
Rhonda Sue Grabow	Director of Account Management
Mary Myers Boyle	Director of Product Management
Steven F. Harrison	Director of Call Center Services
C. Edward Smith	Director of IT Operations
Jesse Brian Jordan	Director of Software Development
Claude Eugene Shook, III	Director of Project Management Organization
Constance J. Lewis	Director of Technical Writing
Kathleen Elaine Tillotson Sabo	Director of Business Development
Joan J. Sturdivant	Director of Sales

Name	Position
Key and Support Staff for West Virginia BMS	
Murray Yarbrough, MD	Medical Director
Joseph P. Paradis, PharmD	Clinical Lead
Sara Whatley Caldwell	Account Manager
Sangita Pokharel, MS	Database Analyst
Andrea Wenk Hardy	Contract Compliance Manager

Upon award of contract, HID will issue an additional list to the Bureau prior to implementing the system that will include any additions or deletions of HID staff.

RetroDUR Committee

4.1.7 The Vendor shall provide a RetroDUR Committee, made up of a minimum of three actively participating pharmacists and one additional member who is a physician, pharmacist, nurse practitioner or physician assistant. The RetroDUR Committee shall review the member medication profiles described in Section 4.1.2.10 in person with the Pharmacy Services clinical staff at a regularly scheduled monthly meeting. Any costs incurred for provisions of this committee must be included in the Vendor's proposal.

HID will meet this requirement. HID will provide a RetroDUR committee comprised of three actively participating pharmacists and one additional member who is either a physician, pharmacist, nurse practitioner, or physician assistant.

HID understands that the RetroDUR Committee shall review the member medication profiles described in Section 4.1.2.10, which include no less than 350 profiles and cover all age groups, including LTC members. The RetroDUR Committee will meet with the HID clinical staff personnel at in-person, regularly scheduled monthly meetings. HID will ensure that the RetroDUR Committee is familiar with HID's RetroDUR solution applications—including RxExplorer and ProfileXpress, the online profile review application—to facilitate smooth and productive profile review sessions.

The costs associated with the provision of this committee are included in HID's quote and can be found in HID's separately sealed Cost Proposal.

Reporting

4.1.8 The Vendor shall establish both a reporting system for established standard periodic reports and have the capability of ad hoc reporting. The Vendor's system shall allow for generation of reports to include, but not be limited to:

- Provider report cards;
- Drug/drug class utilization and utilization patterns;
- Diseases and disease categories;
- Member history and profiles;
- Sorting provider by prescribed drugs, specialty, patient volume, diagnosis codes, procedure codes, number of medications per patient, etc.;
- Sorting members by diagnoses, age, sex, drug use, provider, number of prescriptions, etc.;
- Ranking by utilization, volume, dollars paid, etc.;
- Reports by Managed Care plan.

HID will meet this requirement. Using RxExplorer, HID will establish both a reporting system for established standard periodic reports and have the capability of ad hoc reporting.

RxExplorer's data mining capabilities allow users to customize utilization and summary reports to provide statistical and graphical interpretations of the volumes and expenditures in the data set. RxExplorer allows users to track utilization patterns and prepare data using specified criteria according to report parameters. For example, HID prepares several types of outcomes reports in order to assess the effectiveness of our pharmacy support services, and we understand the habits of prescribers, pharmacies, and patients.

RxExplorer will allow for the generation of reports to include, but not be limited to:

- Provider report cards
- Drug/drug class utilization and utilization patterns
- Diseases and disease categories
- Member histories and profiles
- Sorting providers by prescribed drugs, specialty, region, patient volume, diagnosis codes, procedure codes, number of medications per patient, etc.
- Sorting members by diagnoses, age, sex, drug use, provider, number of prescriptions, etc.
- Ranking by utilization, volume, dollars paid, etc.
- Reports by Managed Care plan

Standard Utilization Reports

Using RxExplorer's standard utilization reports, approved users can identify outliers, patterns, and trends at any time. Approved Bureau users and HID can access RxExplorer's 200+ standard reports,

or prevalence reports, which are designed to provide the information program managers need. These standard reports will be pre-processed and requested each time the database is updated in order to always provide the most current information. Our standard utilization reports include multiple reports that provide claims count, cost, and utilization data by physician; drug class information; comparative review with other physicians; Panel Patient Per Month drug cost analysis; dollars spent by drug type; as well as other useful, actionable information such as the Atypical High Claims report.

The following is a list of some of the most frequently used standard utilization reports available in RxExplorer:

- Monthly Totals
- By NDC Drug List
- By Generic Name
- Most Costly
  - Top Prescribers for Specified Time/Month
  - Top Drugs by NDC for Specified Time/Month
  - Top Pharmacies for Specified Time/Month
  - Top Specific Diagnosis for Specified Time/Month
  - Top Drug Usage by Therapeutic Class for Specified Time/Month
  - Top Drug Usage by Generic Name for Specified Time/Month
  - Top Prescribers of Controlled Substances for Specified Time/Month
  - Top Recipients (Clients) of Controlled Substances for Specified Time/Month
  - Recipients (Clients) using Most Different Pharmacies for Specified Time
  - Top Recipients (Clients) for Specified Time
  - Top General Diagnosis for Specified Time/Month
  - Top CPT for Specified Time/Month
- Find Atypical High Claims
- Recipient Bookmark/Time Series
- Utilization Rate Comparison
- Summary Prescriber Profile
- Detailed Prescriber Profile
- Prescriber Utilization
- Prescriber/NDC Time Series
- Summary Provider Profile
- Detailed Provider Profile
- Initial Criteria Exception Report (ICER)
- Demographic Report
- DUR Activity Report
- Trend Summary Report

Ad Hoc Reports

RxExplorer also provides a user-friendly front end for powerful ad hoc reporting capabilities. Using this reporting functionality, program staff can study drug utilization trends and display the results graphically. Reports and graphs can be exported into a variety of formats, including Microsoft Excel.

Success Stories

HID's knowledge and experience in supporting RetroDUR programs means innovation in program adherence initiatives, evidence-based clinical practices, and most importantly, results. HID provides two such stories of successful RetroDUR program endeavors in this section.

Narcotics Intervention Responses in West Virginia BMS RetroDUR Program

In 2009, HID was under contract with the State of West Virginia BMS to provide RetroDUR programs in conjunction with the Office of Pharmacy Services and the West Virginia DUR Board. RetroDUR educational initiatives were coordinated by HID for the West Virginia Medicaid Program.

In an effort to identify patients who may have been receiving several doses per day of short acting narcotics on an ongoing basis, criteria were developed to evaluate the potential over-utilization of narcotics. Educational letters were sent to prescribers and pharmacies in an effort to identify patients who may benefit from therapy with long acting narcotic agents. This effort would also help to reduce the potential for misuse of short acting agents, since if larger quantities of short agents were dispensed they could be more easily diverted. In evaluating prescriber responses, 26% of the prescribers responded. Of those who responded, 36% (31 out of 87) indicated some positive action had been taken or would be taken by the prescriber with regard to the current drug therapy. These responses include: reassessing or modifying therapy, making an appointment to discuss therapy and attempting to modify therapy with symptoms recurring or recipient being non-cooperative. Approximately 43% (37 out of 87) of the responses indicated that the prescriber would take no action. The remaining responses did not address if any action would be taken and included those responses of: 'this is not my patient,' 'only saw patient once and did not prescribe drug attributed to me,' 'has not seen patient recently' and 'is no longer under my care.'

The information contained in the intervention letters and drug history profiles was rated as extremely useful or useful by 67% of prescribers.

Approximately 71% (85 out of 120) of pharmacy providers responded that some action had been or would be taken. These responses include: will counsel patients, spoke to prescriber and expect change in therapy, counseled patient but patient noncompliant and conferred with prescriber. The remaining responders indicated that no action would be taken in response to the letter. The information contained in the intervention letters and drug history profiles was rated as extremely useful or useful by 67% of prescribers.

Outcomes and Cost Savings for Narcotics in the Rhode Island Medical Assistance Program

In an effort to promote appropriate prescribing and utilization of narcotics, HID identified recipients with inappropriate narcotic utilization and mailed educational letters to their

prescribers. When more than one prescriber was attributed to narcotic claims on a patient profile, letters were mailed to all relevant prescribers. Informing prescribers of a patient's complete drug and diagnosis history, including medications prescribed by other providers, may help to reduce the availability of inappropriate narcotic medications.

A total of 163 responses were received from the 565 intervention letters sent to prescribers, resulting in a response rate of 29%. In evaluating prescriber responses, it was noted that 72 responses (44%) indicated that no changes to therapy were planned for the recipient. However, in evaluating these recipients after 3 months or more, it was noted that 30 of them (42%) no longer met the criteria for inappropriate narcotic utilization. Therefore, it appears that some changes to therapy were subsequently made by prescribers.

After intervention, 60% of members available for follow-up analysis no longer met the same criteria for inappropriate narcotic utilization.

Within the targeted population, improvements in narcotic utilization were noted. Three (3) months or more after intervention letters were mailed, a population of 249 patients had sufficient data available to evaluate against the criteria. Of these patients, all of whom met criteria for inappropriate narcotic utilization prior to the mailing of prescriber letters, 60% no longer met the criteria for inappropriate narcotic utilization. HID evaluated claims data for 3 months before and after intervention letters were mailed, showing a reduction of total drug expenditures of nearly $51,000 in the 3-month time period following the mailing of the intervention letters.

4.1.8.1 Monthly reports - The Vendor shall provide the following RetroDUR summary reports monthly, at least three (3) calendar days prior to the RetroDUR Committee meeting, to the Pharmacy Services Program for review and approval. These reports shall be mailed to the Bureau for inclusion in the RetroDUR Committee members' monthly meeting packets. The content fields of the Vendor's summary reports shall be mutually identified and agreed upon. Monthly reports are to include, but not be limited to:

- Provider response log updates
- Provider profiling (physician and pharmacy provider)
- Profile review outcome summary
- Case summary
- Statistical activity summary report to include but not be limited to distribution of beneficiaries, number of cases reviewed, number of letters generated, summary of distribution of cases by problem types and follow-up data
- Report of outlier and errant claims by pharmacy providers

HID will meet this requirement. HID will shall provide the following RetroDUR summary reports monthly, at least three (3) calendar days prior to the RetroDUR Committee meeting, to the Pharmacy Services Program for review and approval. These reports will be mailed to the Bureau for inclusion in the RetroDUR Committee members' monthly meeting packets. The content fields

of HID's summary reports will be mutually identified and agreed upon. The monthly reports will include, but not be limited to:

- Provider response log updates
- Provider profiling (physician and pharmacy provider)
- Profile review outcome summary
- Case summary
- Statistical activity summary report to include but not be limited to distribution of members, number of cases reviewed, number of letters generated, summary of distribution of cases by problem types and follow-up data
- Report of outlier and errant claims by pharmacy providers

HID has extensive reporting expertise and flexibility. HID currently provides monthly reports for all of our RetroDUR clients. Monthly reports will be prepared by our Clinical Lead.

The following pages include excerpts from sample monthly reports.

Health Information
Designs, Inc.

Arkansas Medicaid
Distribution Of Cases

Date: 02/15/13
Page#: 1

Program(s): ALL
Cycle Date(s): 01/22/13

DRUG/DISEASE INTERACTION

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES
007	BETA BLOCKER INTERACTION	1	.19%
008	HYPERTENSION	5	.95%
052	CONVULSIONS	2	.38%
055	GASTROINTESTINAL DISORDER	1	.19%
056	HYPERURICEMIA	1	.19%
061	ASTHMA	3	.57%
064	COUGH	1	.19%
080	CONGESTIVE HEART FAILURE	1	.19%
101	HISTORY OF DRUG ABUSE	3	.57%
116	HORMONE EFFECTS	1	.19%
185	RENAL OR HEPATIC IMPAIRMENT	1	.19%
226	ADVERSE NSAID EFFECTS	3	.57%
236	BLACK BOX WARNING	1	.19%
262	QT PROLONGATION	4	.76%
341	INDUCTION OF MIXED/MANIC EPISODE	5	.95%
SUBTOTAL		33	6.27%

DRUG/DRUG CONFLICTS

PROBLEM CODE	DESCRIPTION	# OF CASES	% OF CASES
002	ANTICOAGULANT INTERACTION	1	.19%
008	HYPERTENSION	2	.38%
011	LITHIUM TOXICITY	1	.19%
012	NEUROTOXICITY	1	.19%
020	SULFONYLUREA-IMPAIRED/ENHANCED RESPONSE	1	.19%
029	ADDITIVE SEDATION	1	.19%
031	TCA AGENT TOXICITY	1	.19%
068	DUPLICATE ANTIPSYCHOTIC THERAPY	1	.19%
085	THERAPEUTIC DUPLICATION OF ANXIOLYTIC AGENTS	4	.76%
094	IMPAIRED CONTRACEPTIVE EFFECTS	3	.57%
115	HYPONATREMIA	2	.38%
234	SEROTONIN SYNDROME	2	.38%
244	INCREASED ARIPIPRAZOLE EFFECTS	1	.19%
262	QT PROLONGATION	3	.57%
294	INAPPROPRIATE HIV DRUG REGIMEN	1	.19%
333	ANTIRETROVIRAL DRUG INTERACTION	1	.19%
372	POLYPSYCHOPHARMACY	102	19.32%
SUBTOTAL		128	24.26%

Health Information Designs, Inc.

Arkansas Medicaid
Physician Case Outcome Report
By Comments

Date: 03/07/13
Page#: 2

Program(s): ALL
Cycle Date(s): 01/22/13

Case#	Ltr Typ	Crit #	Patient ID	Physician ID	Physician Last	Reqr Type	Comments
64186	400	8374					
64187	200	4769					
64188	400	8374					
64189	400	8374				AI	NO LONGER ON THESE MEDS.
64189	400	8374					
64190	200	4771					
64191	400	8374				DC	
64191	400	8374					
64192	500	5402					
64193	400	8374				AF	
64194	99	861					
64195	200	4769				DC	
64196	500	3148				DC	
64197	400	8374					
64197	400	8374					
64197	400	8374					
64198	200	4771					
64199	400	8374					
64199	400	8374					
64200	200	4769				AF	CONTACT PI ABOUT TAKING THEIR MEDS.
64201	400	8374					
64201	400	8374					
64202	400	8374					
64203	400	8374					
64204	400	8374					
64205	400	8374					
64206	200	4769					
64207	400	8374					
64208	400	8374					
64209	400	8374				AF	
64209	400	8374				AF	
64210	500	2929					
64211	200	4769					
64212	400	8374				DC	
64212	400	8374					
64212	400	8374					
64213	500	3148				DC	
64214	400	8374					
64215	200	4769				DC	
64216	200	4771					
64217	200	4762				DC	
64218	400	8374					
64218	400	8374					
64218	400	8374					
64219	400	8374				DC	
64219	400	8374				AA	
64220	400	8374					
64220	400	8374					
64221	200	4769				AG	
64222	400	8374					

Data redacted in accordance with HIPAA regulations.

CLIET NAME
MONTHLY ACTIVITY STATISTICAL REPORT (COMBINATION LOCK-IN AND REGULAR)- YEAR 2012

	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
Date Processed	2/16/2012	3/21/2012	4/17/2012	5/23/2012	7/2/2012	7/18/2012	8/17/2012	9/20/2012	10/17/2012	11/20/2012	12/16/2012	1/22/2013
# Claims Processed	379,596	420,964	509,979	397,237	472,198	350,100	339,586	433,367	395,801	401,793	479,448	441,519
# Criteria Exception Hits (or # Potential Drug Therapy Problems)	62,821	65,810	72,843	62,489	71,778	58,128	56,685	66,688	62,340	73,267	84,533	81,569
# Unique Patients with Hits	42,185	44,782	49,943	42,271	47,703	38,445	37,597	44,098	42,099	47,609	54,829	53,810
PROFILES												
PRINTED/REVIEWED	1185	1153	1259	1494	1331	1318	1166	1114	1419	1358	1234	1252
REJECTED	760	717	700	850	785	736	855	605	922	962	901	743
CASE INFORMATION												
IDENTIFIED	450	456	588	664	583	606	323	561	510	428	344	520
CASE RATE	38%	40%	47%	44%	44%	46%	28%	50%	36%	32%	28%	42%
LONG TERM CARE												
LTC RECIPIENTS REVIEWED	33	5	107	30	69	34	8	66	105	153	14	8
LTC CASES IDENTIFIED	21	0	36	9	27	13	5	21	36	40	2	2
LETTER GENERATION												
PRESCRIBER LETTERS GENERATED	566	576	681	816	707	702	405	714	620	583	461	669
VALID PRESCRIBER ID	566	576	681	816	707	702	405	714	620	583	461	669
PHARMACY CALLS - PRESCRIBER ID	0	0	0	0	0	0	0	0	0	0	0	0
DELETED GENERIC PRESCRIBER ID	0	0	0	0	0	0	0	0	0	0	0	0
DELETED IN QA	7	3	4	11	12	18	2	4	6	6	18	39
# PRESCRIBER LETTERS MAILED	559	573	677	805	695	684	403	710	614	577	443	630
# PRESCRIBER RESPONSES RECEIVED	152	182	155	197	203	184	103	125	181	124	94	91
RESPONSE RATE	27%	32%	23%	24%	29%	27%	26%	18%	29%	21%	21%	14%
PHARMACY LETTERS GENERATED	493	518	623	734	644	644	364	627	563	485	389	577
PHARMACY ID CALLS	0	0	0	0	0	0	0	0	0	0	0	0
# PHARMACY LETTERS MAILED	453	474	569	671	571	594	324	559	504	431	347	511
# PHARMACY RESPONSES RECEIVED	104	111	123	145	155	136	66	116	106	87	79	11
RESPONSE RATE	23%	23%	22%	22%	27%	23%	20%	21%	21%	20%	23%	2%
TOTAL DELETED IN QA	47	47	58	74	85	68	42	72	65	60	60	105
TOTAL LETTERS SENT	1012	1047	1246	1476	1266	1278	727	1269	1118	1008	790	1141
DISTRIBUTION OF CASES By Problem Type												
DRUG/DISEASE INTERACTIONS	101	17	10	23	31	129	26	191	25	57	26	33
DRUG/DRUG CONFLICTS	168	27	61	52	47	60	40	62	49	214	103	128
OVER-UTILIZATION	91	145	187	275	275	71	201	222	134	94	62	76
POSSIBLE NON-COMPLIANCE	8	211	21	253	12	216	9	10	16	6	10	224
CLINICAL APPROPRIATENESS	83	56	307	61	218	130	47	76	286	47	145	67
LETTER FOLLOW UP												
REFERRALS to SURS (ABUSE) UNIT												
REFERRALS for EXTENSION OF BENEFITS												
PROVIDER PROFILES REVIEWED												
800 DUR CALLS												
PROVIDER REQUESTS INFO												
FOLLOWUP PT PROFILE REVIEW												

3/11/2013

4.1.8.2 Quarterly Activity Reports - The Vendor shall submit, by e-mail and hard copy, each quarterly report within fifteen (15) calendar days following the applicable quarterly period. The quarterly reports are to include, but not be limited to:

- Patient profiles review outcome reports by population, including Fee-for-Service and Managed Care members
- Activity statistical report
- Case distribution by problem type
- Trend summary of major therapeutic categories of interest
- Outcomes reports (six month post intervention)-The Vendor shall provide an outcome report for review at DUR Board meetings.
- Outcomes reports (six month post intervention). The Vendor shall provide outcomes reports of all population based educational interventions and present them at the appropriate quarterly DUR Board meeting.

HID will meet this requirement. HID will submit, by e-mail and hard copy, quarterly reports to the Bureau within fifteen (15) calendar days following the applicable quarterly period. These reports will be prepared by the Clinical Lead. HID's quarterly reports will include, but not be limited to the following:

- Patient profiles review outcome reports by population, including Fee-for-Service and Managed Care members
- Activity statistical report
- Case distribution by problem type
- Trend summary of major therapeutic categories of interest
- Outcomes reports (six month post intervention)

HID will provide outcomes reports of all population based educational interventions and present them at the appropriate quarterly DUR Board meeting. HID has experience providing quarterly reports in this time frame.

The following pages provide excerpts of these sample quarterly reports:

- Quarterly Activity Report Summary
- Quarterly Activity Statistics
- Profile Review Outcomes Report
- Physician Case Outcomes Report
- Top Therapeutic Classes by Total Cost of Claims
- Top Drugs by Number of Claims
- Program Summary
- Trend Summary Analysis
- Top 50 Drugs

DURbase3™ QUARTERLY ACTIVITY REPORT ©Health Information Designs, Inc.

Cumulative Summary Table
REPORT PERIOD: Jan. 1, 2012 – Mar. 31, 2012

QUARTER	YEAR	CASES IDENTIFIED	LETTERS SENT	NUMBER of PHYSICIAN REPLIES	PHYSICIAN REPLY RATE (%)
Apr – June	2011	1614	1663	543	33%
Jul – Sept	2011	1708	1950	540	28%
Oct – Dec	2011	1652	1919	558	29%
Jan – Mar	2012	1493	1809	485	27%
TOTAL		**6,467**	**7,341**	**2,126**	**29%**

DISTRIBUTION OF CASES

The potential drug therapy problems reviewed in the DURbase3™ Therapeutic Drug Utilization Review program fall into four categories. The categories of drug therapy problems and percentage of cases in each category identified during the reporting period were as follows:

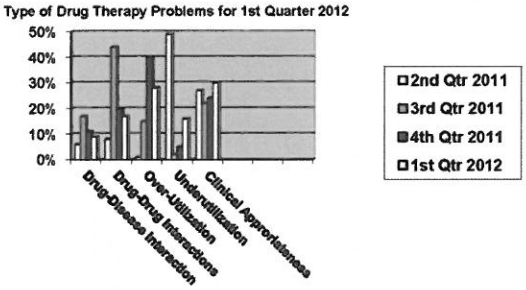
Drug-Disease Interactions 9%
Patients receiving a drug that may worsen or precipitate a medical condition.

Drug-Drug Conflict 17%
Patients receiving two or more drugs that, when taken together, may interact and produce unpredictable and undesirable effects.

Over-Utilization 28%
Patients taking medications in apparently excessive doses or for excessive lengths of time.

Under-Utilization 16%
Patients taking medications for the treatment of chronic conditions at levels below the normal minimum effective dose.

Clinical Appropriateness 30%
Therapeutic appropriateness is defined as patients who are NOT taking medications for the treatment of a disease in which the medication is current practice standard of care. Cost appropriateness and appropriate use of generics are also included in this category.



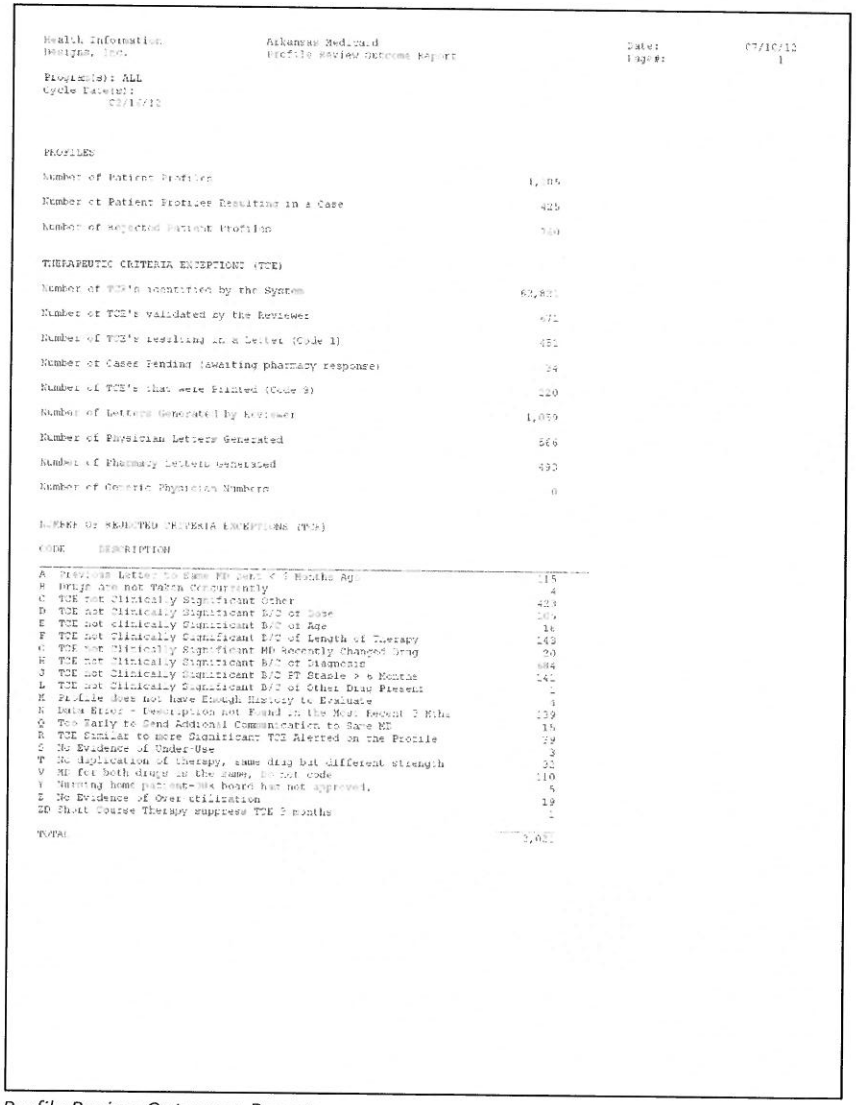
ARKANSAS MEDICAID

Quarterly Activity Report Summary

ARKANSAS MEDICAID
1ST QUARTER ACTIVITY STATISTICAL REPORT - YEAR 2012

	Jan-12	Feb-12	Mar-12	SUM		AVERAGE
Date Processed	2/16/2012	3/21/2012	4/17/2012			
# Claims Processed	379,596	420,964	509,979	1,310,539		436,846
# Criteria Exception Hits (or # Potential Drug Therapy Problems)	62,821	65,810	72,843	201,474		67,158
# Unique Patients with Hits	42,185	44,782	49,943	136,910		45,637
PROFILES						
PRINTED/REVIEWED	1185	1153	1259	3,597		1,199
REJECTED	760	717	700	2,177		726
CASE INFORMATION						
IDENTIFIED	450	456	587	1,493		498
CASE RATE	38%	40%	47%	42%		42%
LONG TERM CARE						
LTC RECIPIENTS REVIEWED	33	5	107	145		48
LTC CASES IDENTIFIED	21	0	36	57		19
LETTER GENERATION						
TOTAL GENERATED	566	576	681	1,823		608
VALID PRESCRIBER ID	566	576	681	1,823		608
PHARMACY CALLS-PRESCRIBER ID	0	0	0	0		0
DELETED GENERIC PRESCRIBER ID	0	0	0	0		0
# PRESCRIBER LETTERS MAILED	559	573	677	1,809		603
# PRESCRIBER RESPONSES RECEIVED	152	182	151	485		162
RESPONSE RATE	27%	32%	22%	27%		27%
PHARMACY LETTERS GENERATED	493	518	623	1,634		545
PHARMACY ID CALLS	0	0	0	0		0
# PHARMACY LETTERS MAILED	453	474	569	1,496		499
# PHARMACY RESPONSES RECEIVED	104	111	121	336		112
RESPONSE RATE	23%	23%	21%	22%		22%
DELETED IN QA	47	47	58	152		51
TOTAL LETTERS SENT	1012	1047	1246	3,305		1,102
DISTRIBUTION OF CASES By Problem Type					Percentage	
DRUG/DISEASE INTERACTIONS	101	17	10	128	9%	43
DRUG/DRUG CONFLICTS	168	27	61	256	17%	85
OVER-UTILIZATION	91	145	187	423	28%	141
POSSIBLE NON-COMPLIANCE	8	211	21	240	16%	80
CLINICAL APPROPRIATENESS	83	56	307	446	30%	149
			SUM	1,493	100%	
LETTER FOLLOW UP						
REFERRALS to SURS (ABUSE) UNIT	0	0	0	0		0
REFERRALS for EXTENSION OF BENEFITS	0	0	0	0		0
PROVIDER PROFILES REVIEWED	0	0	0	0		0
800 DUR CALLS	0	0	0	0		0
PROVIDER REQUESTS INFO	0	0	0	0		0
FOLLOWUP PT PROFILE REVIEW	0	0	0	0		0

Quarterly Activity Statistics



Health Information Designs, Inc.
Arkansas Medicaid
Profile Review Outcome Report
Date: 07/10/12
Page#: 1

Program(s): ALL
Cycle Date(s):
02/10/12

PROFILES

Number of Patient Profiles 1,805
Number of Patient Profiles Resulting in a Case 425
Number of Rejected Patient Profiles 760

THERAPEUTIC CRITERIA EXCEPTION (TCE)

Number of TCE's Identified by the System 62,821
Number of TCE's validated by the Reviewer 671
Number of TCE's Resulting in a Letter (Code 1) 481
Number of Cases Pending (awaiting pharmacy response) 94
Number of TCE's that were Printed (Code 9) 120
Number of Letters Generated by Reviewer 1,059
Number of Physician Letters Generated 566
Number of Pharmacy Letters Generated 493
Number of Generic Physician Numbers 0

NUMBER OF SELECTED CRITERIA EXCEPTIONS (TCE)

CODE	DESCRIPTION	
A	Physician Letter to Same MD Last < 3 Months Ago	115
B	Drugs are not Taken Concurrently	4
C	TCE Not Clinically Significant Other	428
D	TCE Not Clinically Significant B/C of Dose	20
E	TCE Not clinically Significant B/C of Age	16
F	TCE Not Clinically Significant B/C of Length of Therapy	249
G	TCE Not Clinically Significant MD Recently Changed Drug	20
H	TCE Not Clinically Significant B/C of Diagnosis	484
J	TCE Not Clinically Significant B/C PT Stable > 6 Months	142
L	TCE Not Clinically Significant B/C of Other Drug Present	1
M	Profile does not have Enough History to Evaluate	1
N	Data Error - Description not Found in the Most Recent 3 Mths	139
Q	Too Early to Send Additional Communication to Same MD	15
R	TCE Similar to more Significant TCE Alerted on the Profile	29
S	No Evidence of Under-Use	3
T	No duplication of therapy, same drug but different strength	33
V	MD for both drugs is the same, do not code	110
Y	Nursing home patient-MD board has not approved.	6
Z	No Evidence of Over utilization	19
ZD	Short Course Therapy suppress TCE 3 months	1
TOTAL		2,021

Profile Review Outcomes Report

Health Information
Designs, Inc.

Arkansas Medicaid
Physician Case Outcome Report
By Therapeutic Class Of Drug A

Date: 07/10/12
Page#: 7

Program(s): ALL
Cycle Date(s): 04/17/12,03/21/12,02/16/12

Case#	Ltr Typ	PC	Patient ID	Patient First	Patient Last	Physician ID	Physician Name	Alert Date	Drug A	Drug B	Resp Date	Resp Type	Rx Num
58875	99		100					03/08/12	SPIRONOLACT		03/16/12	DC	0000001
59411	99		100					04/13/12	SPIRONOLACT				0000018
Therapeutic Class: 243240 RENIN INHIBITORS													
59496	100P	494						05/15/12	TEKTURNA	BENICAR			0000060
59805	100P	494						05/16/12	TEKTURNA	DIOVAN HCT	06/04/12	BE	0000069
59840	100P	494						05/16/12	TEKTURNA	EXFORGE			0000072
Therapeutic Class: 280804 NONSTEROIDAL ANTI-INFLAMMATORY AGENTS													
58567	99		226					03/08/12	NAPROXEN				0000007
58692	98		226					03/08/12	MELOXICAM	METFORMIN H	03/16/12	DC	0000006
58713	99		090					03/08/12	NAPROXEN		03/27/12	BA	0000003
58768	99		090					03/08/12	MELOXICAM				0000026
58796	99		061					03/08/12	IBUPROFEN		03/30/12	AF	0000069
58798	100P	011						03/08/12	NAPROXEN SO	LITHIUM CAR			0000062
58861	99		051					03/08/12	MELOXICAM				0000070
58934	99		226					03/16/12	IBUPROFEN				0000068
59023	99		226					04/12/12	IBUPROFEN		05/03/12	AG	0000014
59087	99		061					04/12/12	NAPROXEN				0000010
59267	99		061					04/12/12	MELOXICAM				0000075
59366	100P	055						04/13/12	IBUPROFEN	OXYBUTYNIN			0000070
59388	99		090					04/13/12	MELOXICAM				0000072
59419	98		226					04/13/12	MELOXICAM	HUMULIN 70-	06/15/12	AG	0000001
59501	98		226					05/15/12	DICLOFENAC	ACTOS			0000002
59503	100P	011						05/15/12	IBUPROFEN	LITHIUM CAR			0000062
59674	100P	011						05/16/12	MELOXICAM	LITHIUM CAR			0000070
60025	98		226					05/18/12	MELOXICAM	METFORMIN H			0000020
Therapeutic Class: 280808 OPIATE AGONISTS													
58566	99		101					03/08/12	HYDROCODONE				0000003
58571	99		101					03/08/12	HYDROCODONE		04/03/12	BB	0000001
58615	500	236						03/08/12	METHADONE H				0000003
58646	500	408						03/08/12	TRAMADOL HC				0707956
58666	500	408						03/08/12	TRAMADOL HC		03/29/12	AF	0000045
58687	600	275						03/08/12	TRAMADOL HC				0000044
58687	600	275						03/08/12	HYDROCODONE				4026258
58706	300P	042						03/08/12	OXYCODONE H				0000008
58722	600	275						03/08/12	HYDROCODONE				0139891
58722	600	275						03/08/12	TRAMADOL HC				0142014
58724	500	408						03/08/12	TRAMADOL HC		04/04/12	AB	0360130
58742	100P	029						03/08/12	HYDROCODONE	CHLORPROMAZ	03/30/12	AE	0000005
58804	500	408						03/08/12	TRAMADOL HC				2756014
58806	100P	029						03/08/12	HYDROCODONE	OLANZAPINE	04/05/12	AA	0000008
58837	500	408						03/08/12	TRAMADOL HC				0000006
58897	LI48	119						03/16/12	HYDROCODONE				0000040
58898	LI48	119						03/16/12	OXYCODONE H				2004689
58902	99		101					03/16/12	HYDROCODONE		05/23/12	BI	4475925

Data redacted
in accordance with
HIPAA regulations.

Physician Case Outcomes Report

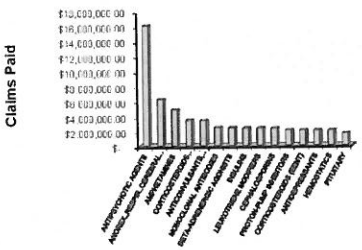
Arkansas Medicaid
Cost Management Analysis

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/01/2012-03/31/2012

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims	% Total Cost
ANTIPSYCHOTIC AGENTS	42,147	$ 16,150,583.80	$ 383.20	3.19%	28.68%
ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	41,920	$ 6,295,190.91	$ 150.17	3.18%	11.18%
AMPHETAMINES	32,592	$ 4,927,063.12	$ 151.17	2.47%	8.75%
CORTICOSTEROIDS (RESPIRATORY TRACT)	22,235	$ 3,491,766.50	$ 157.04	1.69%	6.20%
ANTICONVULSANTS, MISCELLANEOUS	45,193	$ 3,465,941.21	$ 76.69	3.43%	6.16%
MONOCLONAL ANTIBODIES	1,252	$ 2,508,348.98	$ 2,003.47	0.09%	4.45%
BETA-ADRENERGIC AGONISTS	49,738	$ 2,456,817.07	$ 49.40	3.77%	4.36%
INSULINS	9,802	$ 2,383,800.65	$ 243.20	0.74%	4.23%
LEUKOTRIENE MODIFIERS	14,846	$ 2,382,358.35	$ 160.47	1.13%	4.23%
CEPHALOSPORINS	41,629	$ 2,370,008.20	$ 56.93	3.15%	4.21%
PROTON-PUMP INHIBITORS	15,193	$ 2,098,458.42	$ 138.12	1.15%	3.73%
CORTICOSTEROIDS (EENT)	21,599	$ 2,056,864.57	$ 95.23	1.64%	3.65%
ANTIDEPRESSANTS	64,130	$ 2,047,325.66	$ 31.92	4.86%	3.64%
HEMOSTATICS	136	$ 2,034,755.31	$ 14,961.44	0.01%	3.61%
PITUITARY	3,308	$ 1,639,481.13	$ 495.61	0.25%	2.91%
TOTAL TOP 15	405,720	$ 56,308,763.88	$ 138.79	30.75%	100.00%

Total Rx Claims From 01/01/2012-03/31/2012	1,319,462

Top 15 Therapeutic Classes
Based on Total Cost of Claims



Health Information Designs, Inc.
7/12/2012

Top Therapeutic Classes by Total Cost of Claims

Health Information Designs, Inc.

Arkansas Medicaid
Cost Management Analysis

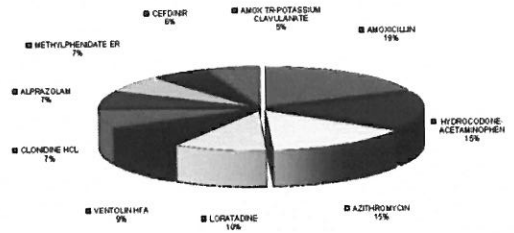
7/12/2012

TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/01/2012-03/31/2012

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims	% Total Cost
AMOXICILLIN	PENICILLINS	55,229	$ 567,642.32	$ 10.27	4.19%	2.68%
HYDROCODONE-ACETAMINOPHEN	OPIATE AGONISTS	45,096	$ 726,451.78	$ 16.11	3.42%	3.44%
AZITHROMYCIN	MACROLIDES	44,976	$ 914,975.47	$ 20.34	3.41%	4.33%
LORATADINE	SECOND GENERATION ANTIHISTAMINES	29,052	$ 349,330.91	$ 12.03	2.20%	1.65%
VENTOLIN HFA	BETA-ADRENERGIC AGONISTS	26,236	$ 1,225,386.25	$ 46.71	1.99%	5.80%
CLONIDINE HCL	CENTRAL ALPHA-AGONISTS	21,617	$ 205,949.88	$ 9.53	1.64%	0.98%
ALPRAZOLAM	BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	20,155	$ 250,267.23	$ 12.42	1.53%	1.18%
METHYLPHENIDATE ER	ANOREX, RESPIR, CEREBRAL STIMULANTS,MISC	19,976	$ 3,401,798.15	$ 170.29	1.51%	16.11%
CEFDINIR	CEPHALOSPORINS	16,495	$ 652,774.39	$ 39.57	1.25%	3.09%
AMOX TR-POTASSIUM CLAVULANATE	PENICILLINS	16,358	$ 644,010.52	$ 39.38	1.24%	3.05%
CLONAZEPAM	BENZODIAZEPINES (ANTICONVULSANTS)	16,146	$ 178,019.67	$ 11.03	1.22%	0.84%
VYVANSE	AMPHETAMINES	15,774	$ 2,522,310.85	$ 159.90	1.20%	11.94%
SULFAMETHOXAZOLE-TRIMETHOPRIM	SULFONAMIDES (SYSTEMIC)	15,631	$ 179,797.84	$ 11.50	1.19%	0.85%
SINGULAIR	LEUKOTRIENE MODIFIERS	14,825	$ 2,364,465.30	$ 159.49	1.12%	11.20%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	14,633	$ 190,678.43	$ 13.03	1.11%	0.90%
HYDROXYZINE HCL	ANXIOLYTICS, SEDATIVES & HYPNOTICS,MISC	14,601	$ 232,961.77	$ 16.95	1.11%	1.10%
PROAIR HFA	BETA-ADRENERGIC AGONISTS	14,590	$ 751,765.55	$ 51.90	1.11%	3.59%
CETIRIZINE HCL	SECOND GENERATION ANTIHISTAMINES	14,075	$ 160,264.91	$ 11.39	1.07%	0.75%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	13,160	$ 130,889.60	$ 9.95	1.00%	0.62%
LORAZEPAM	BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)	11,980	$ 123,215.54	$ 10.29	0.91%	0.58%
FLOVENT HFA	CORTICOSTEROIDS (RESPIRATORY TRACT)	11,596	$ 1,579,383.87	$ 136.20	0.88%	7.48%
NASONEX	CORTICOSTEROIDS (EENT)	11,347	$ 1,365,785.11	$ 120.37	0.86%	6.47%
FOCALIN XR	ANOREX, RESPIR, CEREBRAL STIMULANTS,MISC	11,000	$ 1,930,077.69	$ 175.46	0.83%	9.14%
CEPHALEXIN	CEPHALOSPORINS	10,933	$ 151,113.67	$ 13.82	0.83%	0.72%
RISPERDONE	ANTIPSYCHOTIC AGENTS	10,868	$ 316,066.36	$ 29.08	0.82%	1.50%
TOTAL TOP 25		496,359	$ 21,120,323.24	$ 42.55	37.62%	100.00%

Total Rx Claims From 01/01/2012-03/31/2012	1,319,462

Top 10 Drugs
Based on Number of Claims



Top Drugs by Number of Claims

Health Information Designs, Inc.
(334) 502-3262

Arkansas Medicaid

7/12/2012

Program Summary

3 Month Assessment		3 Month Assessment	
Period Covered:	10/01/11 - 12/31/11	Period Covered:	01/01/12 - 03/31/12
Rx Claims Cost:	$81,701,402.98	Rx Claims Cost:	$88,851,316.41
Number Rx:	1,265,067	Number Rx:	1,319,462
Total Unique Recipients:	279,460	Total Unique Recipients:	292,661
Avg. Recipients Per Month:	173,978	Avg. Recipients Per Month:	181,446
Avg Paid Per Unique Recipient Over Period:	$292.35	Avg Paid Per Unique Recipient Over Period:	$303.60
Avg. Paid Per Unique Recipient Per Month:	$156.54	Avg. Paid Per Unique Recipient Per Month:	$163.23
Avg Paid Per Rx:	$64.58	Avg Paid Per Rx:	$67.34

6 Month Assessment	
Period Covered:	10/01/11 - 03/31/12
Rx Claims Cost:	$170,552,719.39
Number Rx:	2,584,529
Total Unique Recipients:	367,526
Avg. Recipients Per Month:	177,712
Avg Paid Per Unique Recipient Over Period:	$464.06
Avg. Paid Per Unique Recipient Per Month:	$159.95
Avg Paid Per Rx:	$65.99

Program Summary

Health Information Designs, Inc.
(334) 502-3262

Arkansas Medicaid
TOP 50 DRUGS (USAN GENERIC NAME)
BY TOTAL PRICE
January 2012-March 2012

7/12/2012

USAN GENERIC NAME	AHFS THERAPEUTIC CLASS	TOTAL RXS	TOTAL CLAIMS COST
ARIPIPRAZOLE	ANTIPSYCHOTIC AGENTS	8,981	$ 5,375,255.90
QUETIAPINE FUMARATE	ANTIPSYCHOTIC AGENTS	8,825	$ 4,372,728.84
METHYLPHENIDATE HCL	ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	24,795	$ 3,702,259.62
LISDEXAMFETAMINE DIMESYLATE	AMPHETAMINES	15,774	$ 2,522,310.85
PALIVIZUMAB	MONOCLONAL ANTIBODIES	1,252	$ 2,508,348.98
AMPHET ASP/AMPHET/D-AMPHET	AMPHETAMINES	16,595	$ 2,391,956.79
MONTELUKAST SODIUM	LEUKOTRIENE MODIFIERS	14,625	$ 2,364,465.30
ALBUTEROL SULFATE	BETA-ADRENERGIC AGONISTS	47,573	$ 2,124,600.58
DEXMETHYLPHENIDATE HCL	ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	14,787	$ 2,105,409.73
OLANZAPINE	ANTIPSYCHOTIC AGENTS	2,808	$ 2,050,891.00
MOMETASONE FUROATE	ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)	17,512	$ 2,013,416.63
FLUTICASONE PROPIONATE	ANTI-INFLAMMATORY AGENTS (SKIN & MUCOUS)	16,529	$ 1,737,854.45
ESOMEPRAZOLE MAGNESIUM	PROTON-PUMP INHIBITORS	7,613	$ 1,582,045.12
SOMATROPIN	PITUITARY	406	$ 1,349,325.64
PALIPERIDONE PALMITATE	ANTIPSYCHOTIC AGENTS	842	$ 1,059,845.70
ZIPRASIDONE HCL	ANTIPSYCHOTIC AGENTS	2,062	$ 1,031,539.32
ATOMOXETINE HCL	CENTRAL NERVOUS SYSTEM AGENTS, MISC.	5,107	$ 1,027,148.54
AZITHROMYCIN	MACROLIDES	45,006	$ 915,593.34
ANTIHEMOPH.FVIII PLAS/ALB FREE	HEMOSTATICS	58	$ 884,574.48
INSULIN GLARGINE,HUM.REC.ANLOG	INSULINS	3,473	$ 828,072.31
ESCITALOPRAM OXALATE	ANTIDEPRESSANTS	6,375	$ 803,581.31
OSELTAMIVIR PHOSPHATE	NEURAMINIDASE INHIBITORS	6,090	$ 775,548.56
HYDROCODONE BIT/ACETAMINOPHEN	OPIATE AGONISTS	45,199	$ 731,488.31
CLOPIDOGREL BISULFATE	PLATELET-AGGREGATION INHIBITORS	3,326	$ 604,847.66
AMOXICILLIN/POTASSIUM CLAV	PENICILLINS	16,485	$ 655,654.63
CEFDINIR	CEPHALOSPORINS	16,495	$ 652,774.39
CEFIXIME	CEPHALOSPORINS	2,776	$ 632,036.91
DORNASE ALFA	ENZYMES	319	$ 623,809.25
PALIPERIDONE	ANTIPSYCHOTIC AGENTS	954	$ 574,661.89
ANTIHEMOPHILIC FACTOR, HUM REC	HEMOSTATICS	18	$ 572,120.94
FLUTICASONE/SALMETEROL	CORTICOSTEROIDS (RESPIRATORY TRACT)	2,319	$ 571,131.50
AMOXICILLIN	PENICILLINS	55,229	$ 567,042.32
INSULIN ASPART	INSULINS	2,130	$ 563,356.34
ADALIMUMAB	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	244	$ 506,163.90
RISPERIDONE MICROSPHERES	ANTIPSYCHOTIC AGENTS	567	$ 502,640.34
CEFTIBUTEN DIHYDRATE	CEPHALOSPORINS	2,161	$ 465,425.78
LEVETIRACETAM	ANTICONVULSANTS, MISCELLANEOUS	5,823	$ 439,567.89
LORATADINE	SECOND GENERATION ANTIHISTAMINES	35,369	$ 438,354.42
EFAVIRENZ/EMTRICITAB/TENOFOVIR	ANTIRETROVIRALS	252	$ 435,227.46
TOBRAMYCIN IN 0.225% NACL	AMINOGLYCOSIDES	90	$ 434,947.88
FLUTICASONE FUROATE	CORTICOSTEROIDS (EENT)	3,808	$ 412,386.46
DIVALPROEX SODIUM	ANTICONVULSANTS, MISCELLANEOUS	8,362	$ 399,157.68
METHYLPHENIDATE	ANOREX.,RESPIR.,CEREBRAL STIMULANTS,MISC	2,191	$ 397,306.35
OXCARBAZEPINE	ANTICONVULSANTS, MISCELLANEOUS	4,095	$ 395,960.05
LAMOTRIGINE	ANTICONVULSANTS, MISCELLANEOUS	6,095	$ 391,047.92
LIPASE/PROTEASE/AMYLASE	DIGESTANTS	432	$ 385,446.63
TIOTROPIUM BROMIDE	ANTIMUSCARINICS/ANTISPASMODICS	1,517	$ 381,178.61
DEFERASIROX	HEAVY METAL ANTAGONISTS	56	$ 375,602.79
INHALER, ASSIST DEVICES	DEVICES	7,548	$ 365,079.90
GLATIRAMER ACETATE	BIOLOGIC RESPONSE MODIFIERS	92	$ 360,671.35

Top 50 Drugs

Health Information Designs, Inc.
(334) 502-3282

Arkansas Medicaid
Trend Summary Analysis
ATYPICAL ANTIPSYCHOTICS

7/12/2012

Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Sep-11	11,806		13,873		$5,337,462.38	
Oct-11	11,575	-1.96%	13,498	-2.70%	$5,240,457.09	-1.82%
Nov-11	11,151	-3.66%	12,987	-3.79%	$5,049,639.87	-3.64%
Dec-11	10,765	-3.46%	12,761	-1.74%	$4,952,150.16	-1.93%
Jan-12	10,884	1.11%	12,765	0.03%	$5,197,261.88	4.95%
Feb-12	10,534	-3.22%	12,234	-4.16%	$5,195,334.24	-0.04%
Mar-12	10,516	-0.17%	12,356	1.00%	$5,252,615.89	1.10%

Arkansas Medicaid
Trend Summary Analysis
NARCOTICS

Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Sep-11	24,599		28,451		$580,695.66	
Oct-11	25,700	4.48%	29,909	5.12%	$582,167.50	0.25%
Nov-11	25,843	0.56%	30,088	0.60%	$583,951.76	0.31%
Dec-11	25,805	-0.15%	29,744	-1.14%	$588,224.51	0.73%
Jan-12	25,755	-0.19%	29,625	-0.40%	$566,051.75	-3.77%
Feb-12	25,938	0.71%	29,335	-0.98%	$543,482.07	-3.99%
Mar-12	25,767	-0.66%	29,674	1.16%	$575,955.90	5.98%

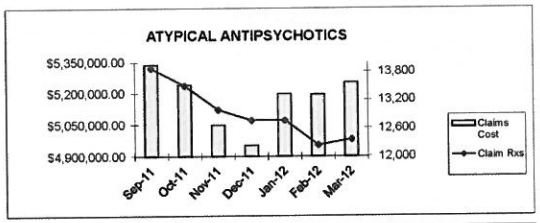
Arkansas Medicaid
Trend Summary Analysis
STIMULANTS

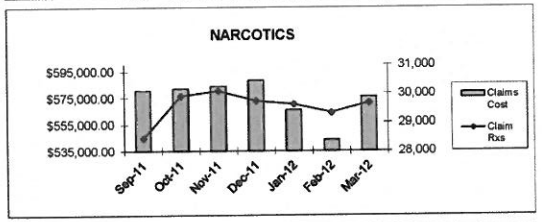
Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Sep-11	20,053		23,284		$3,369,969.57	
Oct-11	20,323	1.35%	23,426	0.61%	$3,391,085.04	0.63%
Nov-11	20,463	0.69%	23,646	0.94%	$3,418,296.95	0.80%
Dec-11	19,421	-5.09%	22,464	-5.00%	$3,252,330.17	-4.86%
Jan-12	21,556	10.99%	24,883	10.77%	$3,691,697.63	13.51%
Feb-12	21,227	-1.53%	24,309	-2.31%	$3,654,699.26	-1.00%
Mar-12	21,060	-0.79%	24,535	0.93%	$3,721,385.68	1.82%

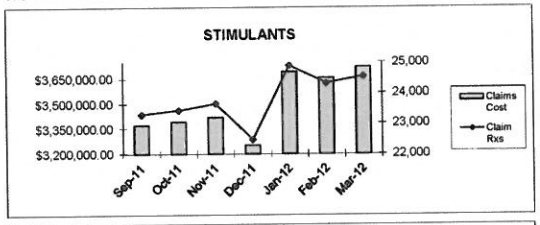
Arkansas Medicaid
Trend Summary Analysis
ANTI-DIABETICS AGENTS

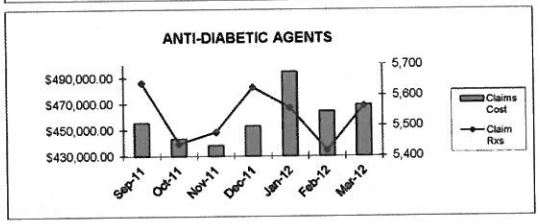
Period Covered	Recipients	% Change	# Rx's	% Change	Rx Claims Cost	% Change
Sep-11	4,414		5,641		$455,352.73	
Oct-11	4,231	-4.15%	5,440	-3.56%	$443,269.33	-2.65%
Nov-11	4,236	0.12%	5,478	0.70%	$438,069.03	-1.17%
Dec-11	4,381	3.42%	5,626	2.70%	$452,776.40	3.36%
Jan-12	4,349	-0.73%	5,556	-1.21%	$494,669.52	9.25%
Feb-12	4,296	-1.22%	5,418	-2.52%	$464,138.30	-6.17%
Mar-12	4,350	1.26%	5,564	2.69%	$469,153.20	1.08%

Trend Summary Analysis (1)









Trend Summary Analysis (2)

4.1.8.3 Annual Reports-The Vendor shall submit at least the following data by May 1 of each calendar year for CMS annual reports (this information shall be submitted electronically to the Bureau):

- Outcomes and utilization summary reports
- Population-based intervention outcomes
- Savings generated by the RetroDUR Program
- All requirements specified by the Centers for Medicare and Medicaid (CMS) Annual Report no later than May 1 of each year to comply with Section 1927 (g)(3)(d) of the Social Security Act that requires each state to submit an annual report to CMS on the operation of its Medicaid DUR Program. The Vendor shall include all necessary data for the descriptions of the nature and scope of the RetroDUR program, a summary of the interventions used and an assessment of the education programs, and an assessment of the RetroDUR program's impact on quality of care, as well as any cost savings generated in the program. Additionally, the Vendor shall assist the Bureau in a description of DUR Board activities as it pertains to RetroDUR activities. The report format must be such that the Bureau will be able to add other sections to the electronic report to complete the document to CMS.

HID will meet this requirement. HID will electronically submit to the Bureau at least the following data by May 1 of each calendar year for CMS annual reports:

- Outcomes and utilization summary reports
- Population-based intervention outcomes
- Savings generated by the RetroDUR Program
- All requirements specified by the Centers for Medicare and Medicaid (CMS) Annual Report no later than May 1 of each year to comply with Section 1927 (g)(3)(d) of the Social Security Act that requires each state to submit an annual report to CMS on the operation of its Medicaid DUR Program

HID will include all necessary data for the descriptions of the nature and scope of the RetroDUR program, a summary of the interventions used and an assessment of the education programs, and an assessment of the RetroDUR program's impact on quality of care, as well as any cost savings generated by the program. Additionally, HID will assist the Bureau in creating a description of DUR Board activities as they pertain to RetroDUR activities.

HID will provide an Annual Program Summary Report to use in preparation of the DUR Board Annual Report required by CMS. HID provides CMS report assistance to all RetroDUR clients, and we are familiar with the new interactive Web-based format. The Bureau will be able to add additional sections to the report to complete the document for CMS. Annual reports will be prepared by the Clinical Lead.

The following pages provide excerpts of a sample annual report.

AUTOMATED TRACKING OF INTERVENTIONS FOR COST SAVINGS (ATICS®):
AN IMPACT ASSESSMENT AND COST SAVINGS ANALYSES

Executive Summary

All drug treatments carry some possibility of adverse effects and drug-induced disease. The risk grows as patients receive treatment for multiple medical conditions. Drugs prescribed for one condition may conflict with those prescribed for other conditions. Physicians could minimize the danger by continuously reviewing drugs prescribed to their patients but few are able to do so even though inappropriate drug therapy endangers their patients' health. A timely warning to the physician, therefore, can prevent unnecessary disease, complications, hospitalizations, and treatment.

By providing this vital monitoring service, the State of Arkansas Drug Utilization Review (DUR) program provides an added margin of safety for their recipients. Every month the DUR base3® program retrospectively reviews recipients' prescription drug claims against Health Information Designs' (HID) proprietary pre-established set of criteria. Physician and pharmacist experts nationwide have reviewed and approved the entire criteria set. Cases of potentially inappropriate drug therapy are selected out into an Initial Criteria Exception Report. These selected cases are then quantified with a proprietary "risk" score system. The calculated risk score is used to quantify increased morbidity and hospitalization of each patient identified as not meeting one or more criteria. Based upon risk and clinical review of profiles, the Arkansas review committee decides which prescribers need Alert letters. Prescribers identified then receive Alert Letters from the DUR program. These Alert Letters highlight patients' particular situations and a patient-specific 12-month comprehensive drug history profile is included. The information provided to the prescribers will enable them to consider modifying prescribed therapies. Prescriber and pharmacy responses are used to receive feedback about criteria. Prescribers responded to Alert Letters with a 30% response rate.

Therapy improvements are not dependent upon receiving Alert Letter responses from prescribers. Actual prescribing behavior is measured rather than what prescribers *say*. Prescribers' actions are the accurate measurement to assess impact of the interventions. Actions included discontinuing unnecessary prescriptions, reducing quantities of medications prescribed, or switching to safer drug therapies. Recipients were spared complications and the State was spared needless expense.

Drug therapy and medical cost savings estimates are measured by the actual claims before and after interventions. Our scientifically conservative methodology is such that cost savings statements reflect a for-sure minimum, meaning that actual savings considerably exceeded calculated savings. The ATICS® analyses from the DURbase3® system for the time period, October 1, 2010 to September 30, 2011, resulted in a (Including LI) drug cost savings estimate of $514,114. Medical cost savings was an additional $3,932,929 for a total $4,447,042 in overall savings.

Estimated Total Drug Cost Savings Per Month	Total AR Spent on RDUR Per Month	Return On Investment (ROI) in Drug Cost Savings	Total ROI in Drug & Medical Cost Savings
$42,843	$21,616	For each $1 spent, the state saves $0.98 or 98%	1614 % For every dollar spent, the state saves $16.14.
$327,744			

Medical Cost Savings (Hospital & MD Visits) was an additional $237,139 per month in those patients upon whom we intervened. A total ROI, including drug and medical cost savings, was 1,752%.

Table I. State of Arkansas Historic Activity Summary
For <u>All</u> Recipient DUR Interventions Mailed to Prescribers
Federal Fiscal Year 2011
October 1, 2010 - September 30, 2011

Time Frame	Profiles Reviewed	Confirmed Cases	Alert* Letters	Responses To Alerts**	Prescriber Reply Rate (%)
OCT 2010 – DEC 2010	4,006	1,641	1,747	533	31%
JAN 2011 – MAR 2011	3,660	1,251	1,425	472	33%
APR 2011 – JUN 2011	4,091	1,614	1,666	528	32%
JUL 2011 – SEP 2011	3,841	1,783	1,950	532	27%
Totals	**15,598**	**6,289**	**6,788**	**2,065**	**31%**

Table II. State of Arkansas Historic Activity Summary
For LOCK IN DUR Interventions
Federal Fiscal Year 2011
October 1, 2010 - September 30, 2011

Time Frame	Profiles Reviewed	Confirmed Cases	Alert Letters	Responses To Alerts**	Prescriber Reply Rate (%)
OCT 2010 – DEC 2010	1,027	284	391	107	27%
JAN 2011 – MAR 2011	1,031	312	438	156	36%
APR 2011 – JUN 2011	1,027	292	420	110	26%
JUL 2011 – SEP 2011	1,032	459	584	153	26%
Totals	**4,117**	**1,347**	**1,833**	**526**	**29%**

Table II. State of Arkansas Historic Activity Summary
For DUR Interventions Mailed to Pharmacies
Federal Fiscal Year 2011
October 1, 2010 - September 30, 2011

Time Frame	Profiles Reviewed	Confirmed Cases	Pharmacy Alert* Letters	Pharmacy Responses To Alerts**	Pharmacy Reply Rate (%)
OCT 2010 – DEC 2010	4,006	284	1,298	410	32%
JAN 2011 – MAR 2011	3,660	312	1,181	286	24%
APR 2011 – JUN 2011	4,091	292	1,538	335	22%
JUL 2011 – SEP 2011	3,841	459	1,776	319	18%
Totals	**15,598**	**1,347**	**5,793**	**1,350**	**23%**

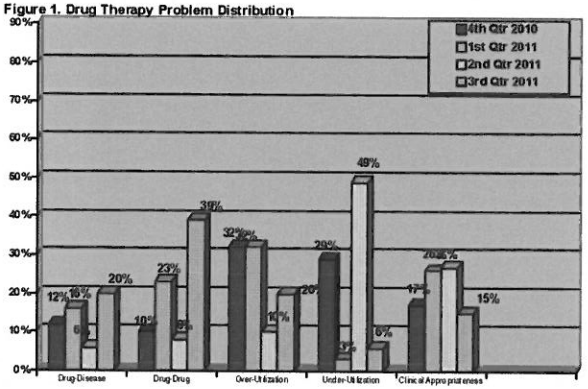
* The number of alerts may exceed the number of confirmed cases because cases where more than one physician is involved results in multiple alert letters.

** Therapeutic improvement and cost savings are not dependent upon receipt of a response. Actual behavior is measured from the claims.

Problems Identified

In the October 1, 2010 to September 30, 2011 cycles, we confirmed 6,289 State of Arkansas Medicaid recipients with potential drug therapy problems out of 15,598 profiles reviewed. The types of drug therapy problems identified are divided into five general categories. Figure 1 illustrates the distribution by category. Some of the most frequently encountered problems within each category are listed following the category name.

Figure 1. Drug Therapy Problem Distribution



Drug - Disease Conflicts (13.0%)

Drug-Disease Conflicts accounted for 13.0% of all cases identified in the report period. These recipients received drugs that could cause or worsen medical conditions for which they were being treated or could precipitate a new medical condition. Examples include the following:

- Gastrointestinal diseases worsened by anti-arthritic or other drugs
- Depression worsened by anti-hypertensives and other agents
- Hypertension worsened by anti-arthritic drugs and stimulants
- Seizure disorders worsened by anti-psychotics and antidepressants
- Respiratory diseases worsened by anti-hypertensives or anti-arthritics

Drug - Drug Interactions (20.0%)

Drug-Drug Interactions accounted for 20.0% of all cases identified in the report period. Patients simultaneously receiving two or more drugs that, when taken together, may interact and produce unpredictable and undesirable effects.

In such cases adverse effects may occur because one drug may change the way the body handles a second drug, for example, by causing it to be eliminated more slowly than anticipated. This allows the second drug to accumulate in the body and give rise to dose-related adverse effects. A recipient may also be taking two drugs with the same side effects. Though each drug taken alone might cause only minor effects, the combination can cause drug-induced disease. Examples include:

- Decreased renal function
- NSAID drug interactions
- Two or more drugs with sedating effects
- Digoxin Drug Interactions

Over-Utilization (23.0%)

Over-Utilization accounted for 23.0% of all cases identified in the report period. Overuse occurs when patients take medications (particularly drugs with the potential for abuse or addiction) in apparently excessive doses or for excessive lengths of time.

Drugs used in excessive quantities or for unduly prolonged periods of time place recipients at unnecessary risk of adverse effects. Overuse may result from poor physician-patient communication, misunderstanding of the medication's risk, or fear of recurring disease symptoms. When the State of Arkansas DUR program identifies recipients whose drug use appears excessive, it notifies their prescribers and dispensing pharmacies. Examples of key over-utilized drugs include:

- Anti-anxiety drugs / sedatives
- Therapeutic duplication of controlled substances, atypical anti-psychotics, anti-ulcer drugs, etc.
- Anti-ulcer drugs
- Controlled substance abuse, particularly narcotics, anti-anxiety, and sedative agents
- Carisoprodol
- Stimulants

Under-Utilization (23.0%)

Approximately 23.0% of all cases identified concerned the under-utilization of drugs used for high blood pressure, diabetes, seizure disorders, or lipid-lowering agents. Under-utilization is defined as patients taking medications for the treatment of chronic conditions at levels below the acceptable minimum effective dose.

Effective treatment of chronic diseases like high blood pressure, diabetes, and seizure disorders depends on recipients regularly taking their prescribed medications. Those who feel well, however, may not realize the need to follow their prescription plan, either because they don't understand that treatment must continue regardless of how they feel or because side effects have discouraged them. Screening the histories of recipients under treatment for chronic conditions

Table III. Drug Cost Savings From RetroDUR Intervention Letters
(Difference Between Pre- and Post-Intervention Periods)

Mean Difference per Recipient

	Change 6 mo Pre- and Post-	Intervention Group	Comparison Group	Net Drug Cost Savings
All Cycles Combined Single Intervention	*Percentage Change*	Costs Decreased by 3.90% (Average Savings: $104.33 per recipient)	Costs Increased by 6.48%	-2.58%
	Dollar Change	Cost Decrease $326,560	Cost Increase $124,031	$450,591
All Cycles Combined Multiple Interventions	*Percentage Change*	Costs Decreased by 9.98% (Average Savings: $114.94 per recipient)	Costs Increased by 8.43%	18.39%
	Dollar Change	Cost Decrease $58,322	Cost Increase $5,201	$63,523
Total Saved in FFY 2011				$514,114

Furthermore, about 15,659 prescriptions were saved. This means the State of Arkansas did not have to pay claims costs for an estimated 15,659 prescriptions that would have been dispensed to recipients were it not for the Alert letters.

Discussion

In our experience, drug costs decrease soon after intervention then remain constant or only slightly increase over time. After about 6 months post-intervention, drug costs will start to climb again in the intervention group, but never reaches the point of the comparison group drug cost trends. The psychological theory of primacy-recency effect can explain this phenomenon where interventions work for several months, but does not contain costs permanently. We conclude that prescribers must be reminded periodically of appropriate drug therapy derived from various criteria. Figure 3 illustrates the pattern of a single intervention. Cost of a drug involved in a single intervention will drop soon after a letter is sent. Over time, without another intervention, claims costs will begin to creep back up to almost original level of costs as before the intervention.

Summary

The State of Arkansas Therapeutic Retrospective Drug Utilization Review program provides an important quality assurance service to their recipients. In the time frame cited in this report, the program confirmed 6,289 recipient cases out of 15,598 Medicaid recipients identified as at risk for drug therapy problems. Therefore, these patients identified are at increased risk of dangerous adverse drug effects and other drug-induced diseases. The program alerted the recipient's prescribers to the specific risks or potential misuse detected in their drug histories. Many prescribers acted by discontinuing unnecessary prescriptions, reducing the quantities of medications prescribed, or switching to safer drug therapies.

Additionally, this analysis shows RDUR **does work** in general and specifically, has worked for the State of Arkansas. For the CMS FFY 2011 year, the program has saved recipients many needless complications and the State unnecessary expenses associated with 15,659 prescriptions. The savings are reported at overall estimated average of $114.94 per recipient identified. The drug cost savings in the CMS FFY 2011 was $514,114. The medical cost savings, such as hospitalizations and prescriber visits, in the CMS FFY 2011 was $3,932,929.

4.1.8.4 Ad Hoc Reporting-Ad hoc reports will be made available by e-mail to the Bureau within 72 hours of the Bureau's request. The Vendor's inquiry and reporting system shall have the ability to query for both a follow-up on previously identified situations, as well as to perform user-defined ad hoc reports. The Vendor will utilize this tool to perform sophisticated analyses of activity to develop documents and to develop additional reports to add to scheduled reports as requested by the BMS Pharmacy Program.

HID will meet this requirement. Ad hoc reports will be made available by e-mail to the Bureau within 72 hours of the Bureau's request. RxExplorer, HID's proprietary inquiry and reporting system, provides the abilities to query for both a follow-up on previously identified situations and to perform user-defined ad hoc reports. HID will utilize this tool to perform sophisticated analyses of activity to develop documents and to develop additional reports to add to scheduled reports as requested by the BMS Pharmacy Program.

RxExplorer also provides a user-friendly front end for user-defined queries and ad hoc reporting. Utilizing the powerful ad hoc reporting capabilities, users can study drug utilization trends and display the results graphically. Reports and graphs can be exported into a variety of formats, including Microsoft Excel.

Note: All data in the following section has been redacted in order to maintain compliance with HIPAA security standards and confidentiality of protected health information (PHI).

United States Senate

COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Carol H. Steckel
Commissioner
Medicaid Agency
State of Alabama
P.O. Box 5624
Montgomery, AL 36103

Dear Commissioner Steckel:

In the United States, the federal and state governments spend roughly $317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Alabama's Medicaid program and what steps Alabama takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Alabama's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provider his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;
- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,

Chuck Grassley

Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

ABILIFY

XX Medicaid

Top 10 Prescribers of Abilify in 2008

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	669	224717.91
222222222	486	197000.75
333333333	385	126640.18
444444444	305	113059.04
555555555	282	103348.57
666666666	272	87199.02
777777777	267	109434.58
888888888	263	105242.42
999999999	249	85239.57
123456789	248	104508.99

Top 10 Prescribers of Abilify in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	734	287316.26
222222222	427	169680.1
333333333	400	181456.47
444444444	372	159927.98
555555555	313	123850.48
666666666	291	127433.7
777777777	290	126399.64
888888888	289	129300.51
999999999	273	101600.65
123456789	272	122193.14

GEODON

XX Medicaid

Top 10 Prescribers of Geodon in 2008

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	173	48832.65
222222222	148	48684.38
333333333	134	38172.53
444444444	133	28409.62
555555555	87	28306.52
6666666666	100	25985.21
777777777	119	23658.92
888888888	92	22697.75
999999999	88	22651.39
123456789	75	18851.37

Top 10 Prescribers of Geodon in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	174	55082.54
2222222222	200	53635.46
333333333	128	44046.69
444444444	129	42238.81
555555555	100	29998.04
666666666	117	25543.31
777777777	108	25289.54
888888888	88	23000.85
999999999	92	22968.22
123456789	65	22272.25

SEROQUEL

XX Medicaid

Top 10 Prescribers of Seroquel in 2008

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	838	248495.43
2222222222	706	193276.09
333333333	465	103738.28
444444444	453	78015.86
5555555555	353	71963.97
6666666666	322	113151.38
777777777	322	73807.52
888888888	247	72207.41
999999999	239	68965.62
123456789	201	73046.01

Top 10 Prescribers of Seroquel in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	967	309533.28
2222222222	645	209499.15
333333333	500	141216.83
444444444	458	112164.19
555555555	414	123413.13
6666666666	307	91838.71
888888888	371	90484.28
999999999	320	132138.85
777777777	301	119566.64
123456789	218	75668.13

ZYPREXA

XX Medicaid

Top 10 Prescribers of Zyprexa in 2008

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	178	90614.73
2222222222	164	98475.32
3333333333	150	61986.85
4444444444	120	68785.71
5555555555	117	65066.37
6666666666	98	48045.82
777777777	94	55001.49
888888888	90	45075.88
9999999999	83	50753.51
123456789	79	48749.6

Top 10 Prescribers of Zyprexa in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	206	125337.22
222222222	192	120832.79
3333333333	145	90225.96
444444444	144	102336.34
555555555	116	74241.31
666666666	110	68169.08
777777777	102	51412.99
888888888	81	58849.72
999999999	73	48610.26
987654321	64	42368.29

RISPERDONE

XX Medicaid

Top 10 Prescribers of Risperdone in 2008

XX Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	417	87663.28
222222222	399	88057
3333333333	328	64227.15
444444444	325	78179.19
555555555	299	62893.74
666666666	292	89660.45
777777777	282	56916.81
8888888888	278	70199.87
999999999	271	50795.51
987654321	268	55722.54

Top 10 Prescribers of Risperdone in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	522	31724.69
222222222	485	21871.62
333333333	471	23336.76
4444444444	389	23193.11
5555555555	381	18221.49
666666666	343	11913.65
777777777	337	22369.37
888888888	328	15848.29
999999999	300	11992.86
123456789	297	18740.97

OXYCODONE

XX Medicaid

Top 10 Prescribers of Oxycodone in 2008

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
111111111	2586	393477.55
2222222222	1238	92670.76
333333333	1214	165577.74
444444444	978	161438.77
5555555555	799	56910.62
6666666666	643	18514.44
7777777777	606	39260.86
8888888888	430	25694.68
9999999999	378	18092.9
987654321	375	21996.75

Top 10 Prescribers of Oxycodone in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1111111111	2332	216305.51
2222222222	2092	325328.46
3333333333	1280	211859.65
4444444444	1102	90535.42
5555555555	794	122131.5
6666666666	576	35726.21
777777777	573	63181.81
888888888	571	19592.37
999999999	523	17184.31
123456789	475	25079.1

This is cumulative of Oxycontin, Roxicodone and their generic equivalents

ALPRAZOLAM

XX Medicaid

Top 10 Prescribers of Alprazolam in 2008

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1111111111	1702	12125.51
2222222222	1257	13235.91
3333333333	850	11238.76
4444444444	718	3442.4
5555555555	694	6089.86
6666666666	630	5395.92
7777777777	614	4458.61
8888888888	565	5914.91
9999999999	560	3396.84
123456789	555	5433.14

Top 10 Prescribers of Alprazolam in 2009

Prescriber Identifier	Total Prescriptions	Total Billed to Medicaid
1111111111	2249	12423.23
2222222222	2082	17443.64
3333333333	1177	7606.35
4444444444	1057	7595.3
5555555555	1008	9194.07
6666666666	776	7507.34
7777777777	700	9499.32
888888888	667	3440.74
999999999	654	3206.79
123456789	632	3413.63

This is a cumulative report for Xanax, Xanax XR, and their generic equivelents.

The inquiry component of the Vendor's reporting system must:

4.1.8.4.1 Allow Vendor to select, compare and report on the data by any element or combination of elements in the data, by claim types, by date paid or date of service, by provider types, provider specialties, or billing or performing providers.

HID will meet this requirement. RxExplorer can easily select, compare, and report on the data by any element or combination of elements in the data, by claim types, by date paid or date of service, by provider types, provider specialties, or billing or performing providers.

4.1.8.4.2 Allow Vendor to easily specify arithmetic, algebraic and statistical calculations such as subtotals, totals, percentages, ratios, percentiles, selections by less than, equal to or greater than criteria, unduplicated counts, regression analyses, and frequency distributions.

HID will meet this requirement. RxExplorer can easily specify arithmetic, algebraic, and statistical calculations such as subtotals, totals, percentages, ratios, percentiles, selections by less than, equal to, or greater than criteria, unduplicated counts, regression analyses, and frequency distributions.

4.1.8.4.3 Allow Vendor to connect different categories of services based on specified criteria.

HID will meet this requirement. RxExplorer can connect different categories of services based on specified criteria.

4.1.8.4.4 Allow Vendor to determine data trends over time and create standard report runs for these analyses.

HID will meet this requirement. RxExplorer allows users to determine data trends over time and create standard report runs for these analyses. Additional details about standard reporting can be found in HID's response to requirement 4.1.8 on page 69 of this response.

4.1.8.4.5 Allow Vendor to save inquiry steps for later use by themselves and other users. The system must include a library of already-built query and run parameters which users can select, copy, and modify.

HID will meet this requirement. RxExplorer can save inquiry steps for later use by ourselves and other approved users. The system includes a secure, accessible library of established query and run parameters which users can select, copy, and modify.

4.1.8.4.6 Allow non-technical users to create inquiries and groups of defined data elements to be use in inquiries. These must be provided in a desk top format for use by the Bureau staff members. The Vendor must provide on-site training for BMS staff for use of the desk top application for ad hoc queries.

HID will meet this requirement. RxExplorer allows approved, non-technical users to create inquiries and groups of defined data elements to use in these inquiries in a desk top format accessible to Bureau staff members. HID will provide all necessary on-site training for BMS staff for use of this application for ad hoc queries.

4.1.8.4.7 Provide drill-down capable access to any reference tables provided in reports.

HID will meet this requirement. RxExplorer provides approved users with drill-down capable access to any reference tables provided in reports.

4.1.8.4.8 The Vendor must have the capability to export the results of inquiries into common desktop applications.

HID will meet this requirement. RxExplorer has the capability to export the results of inquiries into common desk top applications.

4.1.8.4.9 Have episode of care analysis which allows the Vendor to identify member and prescriber target events and to define an episode in terms of time.

HID will meet this requirement. RxExplorer's reporting function will include episode of care analysis, which allows HID to identify member and prescriber target events and define episodes in terms of time.

4.1.8.4.10 Have capability to request comparisons of Medicaid claims activity against clinical and non-clinical standards or norms, including state approved national guidelines selected for this purpose.

HID will meet this requirement. RxExplorer can request comparisons of Medicaid claims activity against clinical and non-clinical standards or norms, including state approved national guidelines selected for this purpose.

4.1.8.4.11 Have capability to archive or store reports.

HID will meet this requirement. RxExplorer has the capability to archive or store reports and will do so securely and in accordance with the State's data archiving requirements.

Quarterly Newsletter

4.1.9 The Vendor shall produce a quarterly newsletter detailing BMS Pharmacy Policies, Drug Utilization Review Board actions, drug information and other relevant information to Medicaid prescribers and pharmacy providers. These newsletters must be mailed to Medicaid prescribers (approx.. 7000) and pharmacy providers (approx.. 700), and be available electronically on the Bureau for Medical Services website at: http://www.dhhr.wv.gov/bms/Pharmacy/Pages/default.aspx. The total cost of production and mailing must be included in the Vendor's quote.

HID will meet this requirement. HID's clinical staff have a long history in producing quality educational materials for publication—from academic journals to newsletters—for our state Medicaid clients that provide relevant information to Medicaid prescribers and pharmacy providers. Our proposed RetroDUR solution includes a quarterly online-only newsletter component, which includes the following additional values:

- Drives providers to your website regularly
- Gathers provider e-mail addresses for other program needs

- Reduces your carbon footprint
- Creates a more accessible archive
- Increases availability and retention of information when presented in multiple mediums

HID would roll out an online-only newsletter in the following manner:

- Produce one issue of the aforementioned quarterly newsletter and mail hard copies to the Medicaid prescribers and Pharmacy providers
- Provide detailed subscription instructions for subsequent issues of the electronic newsletter in the mailed newsletter and online at the BMS website

This newsletter will detail BMS Pharmacy Policies, DUR Board actions, drug information, and other information relevant to Medicaid prescribers and pharmacy providers. HID believes an electronic copy of the newsletter will expose pharmacy prescribers and Medicaid providers to readily available educational pieces that will increase the likeliness of incorporating appropriate therapy guidelines into daily practice. HID can also utilize the proposed newsletter to inform providers of program information.

Should the Bureau not approve this program enhancement, HID will produce a quarterly newsletter detailing BMS Pharmacy Policies, DUR Board actions, drug information, and other information relevant to Medicaid prescribers and pharmacy providers. HID will mail the newsletters to the approximately 7,000 Medicaid prescribers and approximately 700 pharmacy providers. HID will also ensure the newsletter be available electronically on the BMS website in its entirety.

A sample page from an active RetroDUR newsletter is provided on the following page.

Kansas Department of Health and Environment
Division of Health Care Finance

KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

Nicole Ellermeier, PharmD, Health Information Designs, LLC ***Spring 2013***

Welcome to the spring 2013 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Web Sites	Helpful Numbers	In This Issue
KMAP Web Site https://www.kmap-state-ks.us/	**Provider Customer Service (Provider Use Only)** 1-800-933-6593	Dispense As Written Prior Authorization
KDHE-DHCF Web Site http://www.kdheks.gov/hcf/	**Beneficiary Customer Service** 1-800-766-9012	MCO Call Center Numbers
KanCare Web Site http://www.kancare.ks.gov/	**KMAP PA Help Desk** 1-800-285-4978	Preferred Drug List

Dispense as Written Prior Authorization

According to pharmacy law, if a prescriber specifies "dispense as written" (DAW) on a prescription, the pharmacy may not dispense a generic version for a branded product without prescriber consent. Kansas Medical Assistance Program (KMAP) will not reimburse pharmacies for branded products at the single source rate when a generic is available. Reimbursement is based on KMAP pricing policies for multisource products unless a DAW prior authorization (PA) is approved. In some cases, pharmacies may lose money by dispensing a brand name product when a generic product is available and a DAW PA has not been approved.

To ensure beneficiaries have access to care, prescribers are encouraged to write prescriptions for generic products unless using a brand name product is medically necessary. If the brand name product is medically necessary, a DAW PA can be requested to ensure beneficiaries have access to the medications they require. If the DAW PA is approved, the pharmacy may receive the higher reimbursement rate given to single-source products.

With the implementation of KanCare on January 1, 2013, managed care organizations (MCOs) will deny claims for brand products when a generic is available at the point-of-sale. For the claim to pay, the pharmacy is required to acknowledge and accept the lower reimbursement rate by entering the claim as a DAW 5, or by submitting a request for a DAW PA. Claims submitted to fee-for-service (FFS) will continue to pay according to KMAP pricing policies for multisource products unless a DAW PA is approved.

The table below shows the different reject codes and messages pharmacies will see at the point-of-sale.

MCO Rejects for DAW

	Reject	Messages
AmeriGroup	22 M/I Dispense as Written	Submit with DAW=5, see second screen Brand reimbursement rate requires approval and DAW=1
Sunflower	75 Prior Authorization Required	Submit DAW-5 for Generic Rate or Authorization of Medical Necessity is Required Prior Authorization Required
UnitedHealthcare	22 M/I Dispense as Written 70 Product/Service Not Covered	Use DAW 5 or BMN call 800-310-6826

Continued on Page 2.

DUR Board Support

4.1.10The Vendor must provide support for quarterly DUR Board meetings including, but not limited to: meeting attendance and presentations regarding proposed population-based educational interventions and pharmacy profile review outcome reports and potential population-based educational interventions based on BMS therapeutic criteria exceptions and other relevant data. The Vendor shall also provide DUR Board meeting minutes, by e-mail, within ten (10) calendar days after each quarterly meeting. All costs associated with this support are to be included in the vendor's quote.

HID will meet this requirement. HID will provide support for quarterly DUR Board meetings that includes, but is not limited to, meeting attendance, presentations regarding proposed population-based educational interventions, pharmacy profile review outcome reports and potential population-based educational interventions based on BMS therapeutic criteria exceptions and other relevant data.

HID understands that DUR Board meetings are critical to an effective DUR program and that many of the administrative activities of the Board often rely on a high-level clinical understanding. HID offers valuable expertise, a firm understanding of related services, and clinical objectivity in support to DUR Boards in eight states. HID also has previous experience supporting the DUR Board in West Virginia. Our knowledge of West Virginia's patient and provider population and practices will ensure a smooth transition of DUR Board support.

HID's Clinical Team consistently works with our clients to provide potential intervention topics based on trends in the industry or the client's patient population, on the goals of the agency or legislature, and on additional needs our team feels may be advantageous and produce significant outcomes for the client. HID's Clinical Team does extensive research in preparing intervention proposal materials for DUR Board Meetings, and they often participate in Committee and Board meetings by presenting the topics and providing clinical expertise. HID will seek approval of all interventions by the DUR Board and BMS prior to beginning any intervention activity.

HID will e-mail DUR Board meeting minutes within ten (10) calendar days after each quarterly meeting.

All costs associated with DUR Board Support are included in HID's quote and can be found in our separately sealed Cost Proposal.

5. Contract Award

HID looks forward to the opportunity to support the Bureau in this project and further our relationship with the State.

5.1 Contract Award

The Contract is intended to provide Agency with a purchase price for the Contract Services. The Contract shall be awarded to the Vendor that provides the Contract Services meeting the required specifications for the lowest overall Vendor's Total Bid, as shown on the Pricing Page. Only the Yearly total for Year 1 will be awarded in the initial contract, with Year 2 and Year 3 added upon mutually agreed upon change orders for renewal in each of the subsequent years.

HID understands and will comply with requirement 5.1 as stated above. HID has provided a separately sealed Cost Proposal per this RFQ's Instructions to Vendors Submitting Bids section. All pricing was derived from actual costs and has been arrived at independently.

5.2 Pricing Page

Vendor should complete the Pricing Page by providing the Monthly cost for each service (data collection, member profiles and lock-in program) and deliverables (reports and educational programs for providers) indicated in the table in the Pricing Page. Bidders should multiply each · Monthly cost bid by 12 to calculate the Yearly cost. The Vendor should also provide the Total Monthly and Yearly costs of all five services and deliverables combined that are listed in the table. The Vendor should note that all mailing costs and monthly amounts paid to RetroDUR Committee members should be included in the Vendor's price quotation. No costs can be passed on to the Bureau outside the Vendor's submitted quote for RetroDUR services. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

Notwithstanding the foregoing, the Purchasing Division may correct errors as it deems appropriate. Vendor should enter the information into the Pricing Page to prevent errors in the evaluation.

HID has provided a complete Pricing Page per this requirement in our separately sealed Cost Proposal. The Cost Proposal details the monthly and yearly costs for each service and deliverable indicated on the Pricing Page, and all totals are clearly labeled. HID understands that no costs can be passed on to the Bureau outside of the quote indicated in the Cost Proposal.

HID understands that in the formal bidding process there is often the opportunity for bidders to appear competitive on the Cost Proposal but then charge additional pricing after contract execution and throughout the project. HID does not subscribe to this pricing format. Our price provided in our separately sealed Cost Proposal includes all fees associated with the scope of work proposed within this Technical Proposal. Additional fees will only be necessary upon project enhancement as requested and approved by the Bureau.

6. Performance

Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

HID will meet this requirement.

7. Payment

Agency shall pay a flat fee as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

HID will meet this requirement.

8. Travel

Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

HID will meet this requirement.

9. Facilities Access

Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

9.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

HID will meet this requirement.

9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

HID will meet this requirement.

9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.

HID will meet this requirement.

9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures

HID will meet this requirement.

9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

HID will meet this requirement.

10. Vendor Default

HID has a long standing tradition of putting our clients first and building strong client relationships through proactive service, responsiveness, and innovation. We will make every effort to comply with the requirements laid out by the Bureau.

10.1 Vendor Default Specifications

The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4. Failure to remedy deficient performance upon request.

HID has read these specifications and understands that any of these occurrences will be considered vendor default.

10.2 Default Remedies

The following remedies shall be available to Agency upon default.

10.2.1. Cancellation of the Contract.

10.2.2. Cancellation of one or more release orders issued under this Contract.

10.2.3. Any other remedies available in law or equity.

HID has read these specifications and understands that any of the following remedies shall be available to Agency upon default.

11. Miscellaneous

At HID, we pride ourselves on providing the knowledgeable, experienced, and accessible staff for our clients.

11.1 Contract Manager

During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

HID meets this requirement. HID's contract manager is Andrea Hardy, and she will be responsible for overseeing HID's responsibilities under this Contract. Mrs. Hardy is available during normal business hours to address all inquiries related to this Contract. Her contact information is listed below:

Contract Manager:	Andrea Hardy
Telephone Number:	334-246-5283
Fax Number:	1-866-826-6057
Email Address:	andrea.hardy@hidinc.com

HIPAA Business Associate Addendum

Overview

On the following pages, HID provides the following in relation to the HIPAA Business Associate Addendum included with the RFQ as Attachment A (containing *Subchapter A—General Provisions* and the *WV State Government HIPAA Business Associate Addendum*):

- Completed and signed acknowledgment of the *WV State Government HIPAA Business Associate Addendum*
- Completed acknowledgment of the Addendum's *Appendix A*, which identifies PHI types

AGREED: West Virginia Department of Health and Human Resources, Bureau for Medical Services

Name of Agency: _____

Signature: _____

Title: _____

Date: _____

Name of Associate: Health Information Designs, LLC

Signature: [signature]

Title: Chief Sales & Marketing Officer

Date: April 16, 2014

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th DAY Of April 20 13
Patrick Morrisey
Attorney General
BY _____

64

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: Health Information Designs, LLC

Name of Agency: West Virginia Department of Health and Human Resources
Bureau for Medical Services

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All [types of PHI listed on App. A] in paper, electronic, verbal or any other form.
Including, but not limited to:
Member name, date of birth, Medicaid Identification number, prescription claims, medical claims including out-patient services and hospitalizations, emergency room visits, procedures and diagnos codes

Certification and Signature Page

Overview

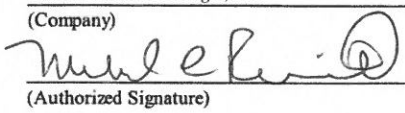
On the following pages, HID provides the signed *Certification and Signature Page* certifying our bid submission.

65

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Health Information Designs, LLC
(Company)


(Authorized Signature)

Michael Renwick, Chief Sales & Marketing Officer
(Representative Name, Title)

334-466-3086 866-826-6057
(Phone Number) (Fax Number)

April 16, 2014
(Date)

Revised 01/22/2014

Purchasing Affidavit

Overview

On the following pages, HID provides the signed and notarized *Purchasing Affidavit* affirming that we do not owe a debt to the State of West Virginia.

RFQ No. BMS14096

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Health Information Designs, LLC

Authorized Signature: _____ Date: April 16, 2014

State of Alabama

County of Lee, to-wit:

Taken, subscribed, and sworn to before me this 9th day of April, 2014.

My Commission expires January 2, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC Janet Mulvaney

Purchasing Affidavit (Revised 07/01/2012)

Vendor Preference Certificate

Overview

Though HID does not qualify for any vendor preference qualifications, on the next page, we provide a signed copy of the *Vendor Preference Certificate* to document our acknowledgement of the form as part of the RFQ and to document that we request no vendor preference.

Rev. 07/12

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with ***West Virginia Code***, §5A-3-37. (Does not apply to construction contracts). ***West Virginia Code***, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the ***West Virginia Code***. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
___ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
___ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
___ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. **Application is made for 2.5% resident vendor preference for the reason checked:**
___ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. **Application is made for 2.5% resident vendor preference for the reason checked:**
___ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. **Application is made for 5% resident vendor preference for the reason checked:**
___ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
___ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
___ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
___ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Health Information Designs, LLC **Signed:** [signature]

Date: April 16, 2014 **Title:** Chief Sales & Marketing Officer