The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.


WVOASIS
Jump to: PRCUID Go
Home
Personalize
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About
Welcome, Lu Anne Cottrill
Procurement
Budgeting
Accounts Receivable
Accounts Payable
Solicitation Response(SR) Dept: 0511 ID: ESR09251800000001514 Ver.: 1 Function: New Phase: Final
Modified by batch , 09/25/2018
Header 3
Procurement Folder: 457544
Procurement Type: Central Contract - Fixed Amt
Vendor ID: VS0000009191
Legal Name: APS Healthcare Quality Review Inc
Alias/DBA:
Total Bid: $1,118,736.14
Response Date: 09/25/2018
Response Time: 10:06
SO Doc Code: CRFQ
SO Dept: 0511
SO Doc ID: BMS1900000001
Published Date: 9/13/18
Close Date: 9/25/18
Close Time: 13:30
Status: Closed
Solicitation Description: Retrospective Drug Utilization Review Services - Addendum #1
Apply Default Values to Commodity Lines
View Procurement Folder

Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder : 457544

Solicitation Description : Retrospective Drug Utilization Review Services - Addendum #1

Proc Type : Central Contract - Fixed Amt

Date issued	Solicitation Closes	Solicitation Response	Version
	2018-09-25 13:30:00	SR 0511 ESR09251800000001514	1

VENDOR

VS0000009191

APS Healthcare Quality Review Inc

Solicitation Number: CRFQ 0511 BMS1900000001

Total Bid : $1,118,736.14 **Response Date:** 2018-09-25 **Response Time:** 10:06:52

Comments:

FOR INFORMATION CONTACT THE BUYER

April E Battle

(304) 558-0067
april.e.battle@wv.gov

Signature on File **FEIN #** **DATE**

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Start up Cost	0.00000			$0.00

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Year 1 Start up cost (Two month)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Data Collection-Year 1	0.00000			$13,291.27

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Year 1 Data Collection (10 month operations)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Member Profiles-Year 1	0.00000			$86,974.69

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Year 1 Member Profiles
(10 months operations)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Educational Programs for Providers-Year 1	0.00000			$70,273.83

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Educational Programs for Providers Year 1 (10 months operations)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Retrospective Drug Utilization Reports-Year 1	0.00000			$26,759.52

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Retrospective Drug Utilization Reports
Year 1 (10 months operations)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Lock in Program-Year 1	0.00000			$0.00

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Retrospective Drug Utilization Reports
Year 1 (10 months operations)

Comments: This line is a duplicate from previous line.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Data Collection-Optional Renewal Year 1	0.00000			$15,949.52

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Data Collection-Optional Renewal Year 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Member Profiles-Optional Renewal Year 1	0.00000			$104,369.63

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Member Profiles-Optional Renewal Year 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Educational Programs for Providers-Optional Renewal Year 1	0.00000			$84,328.60

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Educational Programs for Providers-Optional Renewal Year 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Retrospective Drug Utilization Reports-Opt. Renewal Year 1	0.00000			$32,111.42

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Retrospective Drug Utilization Reports-Optional Renewal Year 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Lock in Program-Optional Renewal Year 1	0.00000			$61,353.62

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Lock in Program-Optional Renewal Year 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Data Collection-Optional Renewal Year 2	0.00000			$16,428.01

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Data Collection-Optional Renewal Year 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Member Profiles-Optional Renewal Year 2	0.00000			$107,500.72

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Member Profiles-Optional Renewal Year 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Educational Programs for Providers-Optional Renewal Year 2	0.00000			$86,858.46

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Educational Programs for Providers-Optional Renewal Year 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Retrospective Drug Utilization Reports-Opt. Renewal Year 2	0.00000			$33,074.76

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Retrospective Drug Utilization Reports-Opt. Renewal Year 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Lock in Program-Optional Renewal Year 2	0.00000			$63,194.23

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Lock in Program-Optional Renewal Year 1

Comments: This should be for Lock In Program-Optional Renewal Year 2

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	Data Collection-Optional Renewal Year 3	0.00000			$16,920.85

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Data Collection-Optional Renewal Year 3

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	Member Profiles-Optional Renewal Year 3	0.00000			$110,725.74

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Member Profiles-Optional Renewal Year 3

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	Educational Programs for Providers-Optional Renewal Year 3	0.00000			$89,464.21

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Educational Programs for Providers-Optional Renewal Year 3

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Retrospective Drug Utilization Reports-Opt. Renewal Year 3	0.00000			$34,067.00

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Retrospective Drug Utilization Reports-Opt. Renewal Year 3

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	Lock in Program-Optional Renewal Year 3	0.00000			$65,090.06

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description : Lock in Program-Optional Renewal Year 3

September 25, 2018

Response to RFQ for Retrospective Drug Utilization Review Services
Solicitation No. CRFQ 0511 BMS1900000001

Submitted to State of West Virginia, Purchasing Division, Department of Administration

BID: Retrospective Drug Utilization Review Services
BUYER: April Battle, Buyer File #22
SOLICITATION NO.: CRFQ 0511 BMS1900000001
BID OPENING DATE: September 25, 2018
BID OPENING TIME: 1:30 PM EST
FAX NUMBER: (304) 558-3970

391 Industry Drive, Auburn, AL 36832 334-502-6232

Table of Contents

September 21, 2018

April Battle
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

Re: CRFO 0511 BMS1900000001, Retrospective Drug Utilization Review Services

Dear Ms. Battle,

KEPRO is pleased to provide the following response to the Request for Quote CRFO 0511 BMS1900000001, Retrospective Drug Utilization Review Services, to the Department of Administration, Purchasing Division on behalf of the Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS). Our experience working with BMS, as well as Medicaid agencies throughout the country, gives us the experience and insight to execute these services expertly and efficiently.

We provide the following acknowledgements regarding our response to the Request for Quotation (RFQ):

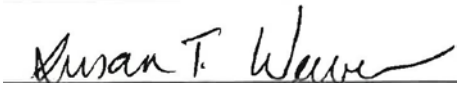
- KEPRO names G. Robert DiBenedetto, Jr., Vice President, Operations, KEPRO (formerly HID) as the principal contact for this response. Mr. DiBenedetto can be contacted at 334.466.3094 and via email at rob@hidesigns.com.
- KEPRO has read and will comply with the HIPAA Business Associate Addendum. The signature page is provided as **Attachment 1 o**f this response.
- KEPRO has read and completed the Designated Contact and Certification and Signature page in RFQ Section General Terms and Conditions. We include the signed page in Section II of this response.
- Per the General Terms and Conditions of the RFQ, we understand that an authorized signature on our bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by KEPRO meets the mandatory requirements contained in the Solicitation unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.
- KEPRO acknowledges that by submitting this bid, we have reviewed, understand, and will comply with all applicable laws, regulations, and ordinances.
- KEPRO certifies (1) that our bid was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) our bid is in all respects fair and without collusion or fraud; (3) that

this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that we have reviewed this Solicitation in its entirety and understand the requirements, terms and conditions, and other information contained herein.

- We affirm that neither KEPRO nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of our services hereunder. We understand that the individual signing this bid on behalf of KEPRO certifies that she is authorized by KEPRO to execute this bid or offer, or any documents related thereto on KEPRO's behalf; that she is authorized to bind KEPRO in a contractual relationship; and that, to the best of her knowledge, KEPRO has properly registered with any State agency that may require registration.
- We have read, understood, signed, and notarized the Purchasing Affidavit. We include it as **Attachment 2**.
- KEPRO 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 on the following pages.
- KEPRO has completed and signed the Final CRFQ Request for Quotation Form included in the Solicitation. This is provided as **Attachment 4.**

We appreciate the opportunity to respond to this request and look forward to continuing our long-standing professional relationship with the State. If you need any further information in support of this response, please feel free to contact me or my associates.

Sincerely,



Susan T. Weaver, MD, FACP

President, KEPRO
Phone: 717.564.8288

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO 0511 BMS1900000001

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)

[X] 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.

KEPRO
Company

Susan T. Weiss
Authorized Signature

September 20, 2018
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 06/08/2018

Executive Summary

Introduction

We provide this proposal in response to the West Virginia Department of Health and Human Resources, Bureau for Medical Services' (BMS) Request for Quotation for Retrospective Drug Utilization Review (RDUR) Services for West Virginia Medicaid Participants.

West Virginia's Challenge

According to the Omnibus Budget Reconciliation Act (OBRA) of 1990 and as detailed in Title 42, §456.7 of the Code of Federal Regulations, a state must have in place a Drug Use Review (DUR) Program consisting of prospective drug use review, retrospective drug use review, and an educational program. In the first quarter of 2018, West Virginia Medicaid enrollment was approximately 550,000 participants; this is 30% of the total population of West Virginia. Enrollment numbers continue to climb, in part, because of the climate of the US economy.

With the exponential increase in medication costs across the industry, the State must retrospectively study drug trends and educate providers to control costs and ensure appropriate use. As the DUR Board is charged with making recommendations for educational interventions to prescribers and pharmacists to identify and reduce overuse, abuse, fraud, and inappropriate or medically unnecessary care, increasing challenges and cost in the industry must be controlled and managed. KEPRO understands the goal of the Bureau's DUR Program to improve the quality of health care for Medicaid members and to assist in containing health care costs. This includes reducing inappropriate care and avoiding potential adverse drug-drug or drug-disease interactions.

Background

KEPRO is the nation's largest Centers of Medicare & Medicaid Services (CMS)-designated Quality Improvement Organization (QIO) and care management organization. We are the Beneficiary and Family Center QIO performing Medicare Appeals in 34 states for CMS. Headquartered in Pennsylvania, KEPRO also has offices in Alabama, Florida, Maine, Maryland, Minnesota, Ohio, Oregon, Tennessee, Virginia, and West Virginia. We are URAC accredited in case management and health utilization management.

Our West Virginia Administrative Services Organization (ASO) currently provides comprehensive healthcare management services for the West Virginia Department of Health and Human Resources (DHHR). These services include administrative, clinical and consultative services to the DHHR Bureau for Medical Services, Bureau for Children & Families and Bureau for Behavioral Health & Health Facilities. As the West Virginia ASO, we also assist in the development and management of a high quality, accountable, public sector healthcare system for

an array of programs that include: behavioral health, medical, socially necessary, nursing home pre-admission screening, Aged & Disabled Waiver, Intellectual/Developmental Disability (I/DD) Waiver, TBI Waiver, BBHHF, WV Health Homes, School Based Health, and Transportation. Since 2000, KEPRO has been helping the State serve more than 500,000 members and 30,000 providers to ensure citizens are getting the right care, at the right time and in the right setting.

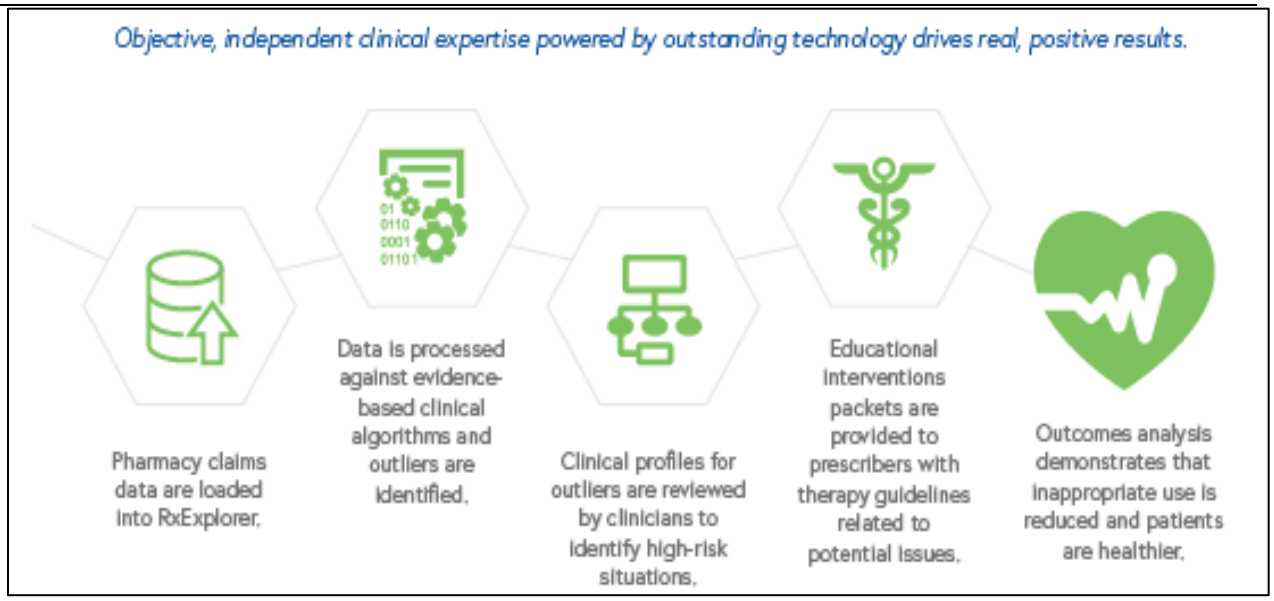
The services requested in this solicitation were previously provided to BMS by Health Information Designs, LLC (HID). KEPRO acquired HID in July 2018. With four decades of experience providing pharmacy administrative solutions for public and private healthcare organizations, pharmacy benefit managers, and employer groups nationwide, our team leads the industry in providing the highest value to clients with sophisticated criteria, compliant systems, and unmatched clinical support services. Solutions and services previously provided by HID to the state of West Virginia included:

- DUR 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
- Clinical Web Portal
- Automated Prior Authorization

As the prior RetroDUR vendor for the Bureau, we understand the state's program policies, procedures, administrators, population trends, pharmaceutical history, and prescriber and pharmacy provider populations. The following pages provide detail on KEPRO's proposed RetroDUR solution for BMS.

RxExplorer Solution

This proposal includes information on our RxExplorer® solution; a package of best practices and value-added benefits designed to reduce Medicaid costs, educate providers, and improve patient care for the State. RxExplorer meets all of the Bureau's requirements as detailed in the RFQ.



Our RDUR solution has successfully encouraged and promoted cost-effective, appropriate, efficacious therapy for Medicaid beneficiaries through:

- Identification of problem areas/high risk topics across the population
- Non-confrontational, educational intervention packets that include a letter to the provider, patient profiles, educational materials, and references for additional literature
- Interventions that target providers who exhibit inappropriate, costly drug use patterns and providers with patients who exhibit inadequate or high-risk drug use patterns
- Clinical technical expertise based upon continuous research and monitoring of new and modified clinical guidelines by the U.S. Food & Drug Administration (FDA) and other reliable industry sources to recommend client program updates and enhancements
- Preferred drug list management, including communication with clients regarding FDA updates, alerts, and warnings; formulary management and annual review; and continued evaluation and recommendations of new and modified criteria
- A reporting application that offers more than 200 standard utilization reports and infinite ad hoc reporting capabilities for state users to identify additional areas of need or to research topics of interest
- Coordination and oversight of drug use management programs in state Medicaid Managed Care Organizations (MCO) pharmacy programs to ensure compliance with apt standards and regulations regarding quality of care and clinical efficacy

Proven Solutions and Outcomes

KEPRO's RDUR program offers real, tangible outcomes. We are helping create healthier communities by engaging providers to promote and encourage changes in prescriber behavior that lead to less risk for patients and reduction in drug costs due to inappropriate prescribing.

Delivering Value

RxExplorer can deliver the following results for BMS:

Patient Care Cost Savings and Quality of Patient Care	Our solution leverages statistically-valid cost savings and quality-of-care interventions. By encouraging quality treatment, our solution ensures appropriate drug use across the Medicaid population, resulting in a decrease in Medicaid expenditures. Recent forecasts show that by 2018, total Medicaid spending nationwide will reach $801 billion. This acceleration is directly tied to an increasing number of aged beneficiaries. While an obvious means for controlling prescription drugs costs would be to simply reduce the prescription drug benefit, we have found this approach to be counterproductive. Patients who are unable to receive medications to treat, control, or prevent chronic conditions will experience higher overall costs as their diseases progress and as they require additional medical visits and hospitalizations, and more extensive forms of treatment.

Summary

If selected to provide RDUR services to the Bureau, we will use our experience and expertise with RetroDUR and the State's Drug Utilization Review (DUR) program to conduct comprehensive RetroDUR services with minimal implementation required. As a partner to the State, we will combine our knowledge of pharmacology, information security, healthcare analytics, and West Virginia Medicaid stakeholders with an understanding of the industry to address the Bureaus' specific needs for the RDUR program. Our clinical expertise, 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 meet its mission objectives.

BMS needs a reliable partner that is client-focused, can deliver a RDUR program that satisfies or exceeds the State's requirements, and has succeeded—repeatedly—in delivering cost savings and improvements in client healthcare to Medicaid agencies across the nation, including in West Virginia. ***KEPRO is that partner.***

I. Instructions to Vendors Submitting Bids

We have thoroughly reviewed the content provided by the Bureau in the Instructions to Vendors Submitting Bids. The table below provides detail on our compliance with RFQ instructions.

RFQ Instruction	Response
1. Review Documents Thoroughly	We understand that these instructions contain critical information regarding proposal requirements that, if overlooked or unanswered, could lead to disqualification of our bid. All instructions have been followed throughout this proposal response.
2. Mandatory Terms	We understand that failure to comply with a mandatory term in the Solicitation will result in bid disqualification.
3. Prebid Meeting	Per the Solicitation, a pre-bid meeting will not be held prior to bid opening.
4. Vendor Question Deadline	KEPRO submitted questions per the RFQ deadline.
5. Verbal Communication	KEPRO understands that only information issued in writing and added to the Solicitation by an official written addendum is binding.
6. Bid Submission	KEPRO understands all bid submission requirements.
7. Bid Opening	KEPRO understands all Bid Opening instructions.
8. Addendum Acknowledgement	We submit the required Addendum Acknowledgement documentation with this response.
9. Bid Formatting	KEPRO understands and has complied with Bid Formatting instructions.
10. Alternate Model or Brand	Per the RFQ, not applicable to this procurement.
11. Exceptions and Clarifications	We do not include exceptions or clarifications with this response.
12. Communication Limitations	KEPRO understands and has complied with communication instructions for this procurement.
13. Registration	KEPRO is currently registered with the West Virginia Purchasing Division and all fees are current.
14. Unit Price	All submitted pricing adheres to this requirement.
15. Preference	KEPRO does not claim this preference.

RFQ Instruction	Response
16. Small, Women-Owned, or Minority-Owned Businesses	KEPRO does not claim this preference.
17. Waiver of Minor Irregularities	We understand the Director's right to waive minor irregularities in the bid per West Virginia Code of State Rules§ 148-1-4.6.
18. Electronic File Access Restrictions	KEPRO's final response files as submitted in wvOASIS do not include any encryption or protection.
19. Non-Responsible	We have previously provided these services to the State and are fully capable of performing these services upon potential award, with integrity, reliability, and assuring good-faith performance for BMS.
20. Acceptance/Rejection	KEPRO understands that the State may accept or reject any bid in whole, or in part in accordance with W. Va. Code of State Rules§ 148-1-4.5. and§ 148-1-6.4. b.
21. Your Submission is a Public Document	We understand that the response to the Solicitation and the resulting Contract are public documents.
22. Interested Party Disclosure	Per RFQ instructions, KEPRO will provide the completed and signed Disclosure of Interested Parties to Contracts form prior to contract award.
23. With the Bid Requirements	KEPRO understands bid requirement instructions.

II. General Terms and Conditions

KEPRO 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. Emergency Purchases
7. Required Documents
8. Insurance
9. Workers Compensation Insurance
10. [Reserved]
11. Liquidated Damages
12. Acceptance
13. Pricing
14. Payment in Arrears
15. Payment Methods
16. Taxes
17. Additional Fees
18. Funding
19. Cancellation
20. Time
21. Applicable Law
22. Compliance with Laws
23. Arbitration
24. Modifications
25. Waiver
26. Subsequent Forms
27. Assignment
28. Warranty
29. State Employees
30. Privacy, Security, and Confidentiality
31. Your Submission is a Public Document
32. Licensing
33. Antitrust
34. Vendor Certifications
35. Vendor Relationship
36. Indemnification
37. Purchasing Affidavit (signed and included with this response as **Attachment 2**)
38. Additional Agency and Local Government Use
39. Conflict of Interest
40. Reports
41. Background Check
42. Preference for Use of Domestic Aluminum, Glass, and Steel
43. Interested Party Supplemental Disclosure (signed and included with this response as **Attachment 6**)

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

G. Robert DiBenedetto, Jr/Vice President, Operations/

(Name, Title)

G. Robert DiBenedetto, Jr/ Vice President, Operations

(Printed Name and Title)

391 Industry Drive, Auburn, AL 36832

(Address)

334.466.4094/866.304.1632

(Phone Number)/ (Fax Number)

rob@hidesigns.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms a11d conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

KEPRO Acquisitions, Inc. (KEPRO)

(Company)

/Susan T. Weaver, MD, FACP, President

(Authorized Signature) (Representative Name, Title)

Susan T. Weaver, MD, FACP, President

(Printed Name and Title of Authorized Representative)

September 21, 2018

(Date)

Toll-free: 800.222.0771, Phone: 717.564.8288, Fax: 717.564.3862

(Phone Number) (Fax Number)

Licenses/Certifications/Permits

Per the RFQ, we provide proof of credentials as **Attachment 3** for the following proposed team members:

- Medical Director demonstrating MD/DO
  - Dr. Murray Yarbrough, MD
- Pharmacist demonstrating PharmD or RPH
  - Dr. Taylor DeRuiter, PharmD

Insurance

KEPRO meets all insurance requirements for Commercial/General Liability and Professional/Malpractice/Errors and Omission Insurance as detailed on the following pages. We will include the State as an additional insured on each policy prior to Contract award.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/18/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. Six PPG Place, Suite 300 Pittsburgh, PA 15222 Attn: Pittsburgh.certrequest@marsh.com CN102336748--all-18-19	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Keystone Peer Review Organization Holdings, Inc. Attention: Barb Shearer 777 E Park Dr. Harrisburg, PA 17111	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Travelers Indemnity Company of America — 25666 **INSURER B :** Travelers Indemnity Co — 25658 **INSURER C :** Travelers Property Casualty Company of America — 25674 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CLE-006308065-01 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			P-630-6G63143A	01/01/2018	01/01/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO X OWNED AUTOS ONLY — SCHEDULED AUTOS X HIRED AUTOS ONLY — NON-OWNED AUTOS ONLY			BA-6G622721	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
C	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			CUP-9J249709	01/01/2018	01/01/2019	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N — N/A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below			UB-9H906270	01/01/2018	01/01/2019	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
A	Property			630-6G63143A "Deductible: $5,000"	01/01/2018	01/01/2019	Business Income Blanket Personal Property		6,250,000 2,474,290

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence Only

CERTIFICATE HOLDER	**CANCELLATION**
Keystone Peer Review Organization, Inc. 777 E. Park Drive. Harrisburg, PA 17111	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.** **AUTHORIZED REPRESENTATIVE of Marsh USA Inc.** Manashi Mukherjee Manashi Mukherjee

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: CN102336748
LOC #: Pittsburgh

ACORD

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.	NAMED INSURED Keystone Peer Review Organization Holdings, Inc. Attention: Barb Shearer 777 E Park Dr. Harrisburg, PA 17111
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Named Insureds under these programs are: KEPRO Acquisitions, Inc., Ohio KEPRO, Inc., APS Healthcare - QR, Inc., APS Healthcare Bethesda, Inc., Innovative Resource Group, LLC, Keystone Peer Review Organization, Inc., Keystone Peer Review Organization Holdings, Inc., Kingsman Holdings, L.P.

Crime:
Carrier: National Union Fire Insurance Company of Pittsburgh, PA, NAIC: 19445
Policy Number: 01-392-99-91
Effective Dates: 05/01/18 to 05/01/19
Limits: $1,000,000
Deductible: $25,000

Professional Liability:
Carrier: Travelers Casualty and Surety Company of America, NAIC: 31194
Policy Number: 106295684
Effective Dates: 05/01/2018 to 05/01/19
Limits: $10,000,000
SIR: $100,000
Class Action Claims Retention: $200,000

Directors and Officers:
Carrier: National Union Fire Insurance Company of Pittsburgh, PA, NAIC: 19445
Policy Number: 01-392-99-91
Effective Dates: 05/01/18 to 05/01/19
Limits: $5,000,000
Deductible: $25,000

Employment Practices Liability
Carrier: National Union Fire Insurance Company of Pittsburgh, PA, NAIC: 19445
Policy Number: 01-392-99-91
Effective Dates: 05/01/18 to 05/01/19
Limits: $5,000,000
Deductible: $50,000

Cyber:
Carrier: National Union Fire Insurance Company of Pittsburgh, PA, NAIC: 19445
Policy Number: 01-404-58-31
Effective Dates: 05/01/18 to 05/01/19
Limits: $5,000,000
SIR: $50,000

III. Specifications

1. Purpose and Scope

1. PURPOSE AND SCOPE: The West Virginia Purchasing Division is soliciting bids on behalf of the Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) to establish a contract for Retrospective Drug Utilization Review Services (RetroDUR).

This solicitation may be funded in whole or in part with Federal Funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment 1: Provisions Required for Federally Funded Procurements.

We understand the goal of the Bureau's RetroDUR Program to reduce inappropriate care and avoid potential adverse drug-drug or drug-disease interactions. This includes educating providers on the practices of their patients and specific drugs to ensure that the most optimal and effective therapy is provided for the participant and the State.

RxExplorer is the solution. The services presented in this proposal—a seamless package of standard best practices and value-added benefits to reduce Medicaid costs, educate providers, and improve patient care—was designed specifically to satisfy RDUR requirements. Our RxExplorer solution was built on this foundation and has successfully encouraged and promoted cost-effective, appropriate, efficacious therapy for Medicaid beneficiaries.

We understand this solicitation may be funded in whole or in part with Federal Funds and as such, the resulting awarded contract is subject to the requirements of Attachment 1: Provisions Required for Federally Funded Procurements.

2. Definitions

2. DEFINITIONS: The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.

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

3. Qualifications

3. QUALIFICATIONS: Vendor shall have the following minimumqualifications:

3.1 Vendor staffing must include at minimum the following:

3.1.1 A Medical Director (MD/DO) available for consultation by e-mail and telephone.

3.1.2 An Account Manager assigned to coordinate all meetings and interactions between the Bureau and the Vendor. The Account Manager and the pharmacist specified in 3.1.3 may be the same person.

3.1.3 A Clinical Staff Pharmacist (PharmD/RPh) assigned to the WV RetroDUR account. This pharmacist shall attend each quarterly DUR Board meeting in person where they will make presentations regarding RetroDUR activity and proposals for population based educational interventions for Medicaid prescribers. Schedules and agendas are published via http://www.dhhr.wv.gov/bms/BMS%20Pharmacy/DUR/Pages/D UR-Board-Meetings.aspx.

3.1.4 A Database Analyst meeting all qualifications established by the vendor and fully trained in the software/system utilized by the vendor. The analyst must be proficient in running reports requested within this contract, as outlined in Sections 4.9 and 4.11.

3.2 In addition to the key personnel listed in 3.1, the Vendor shall staff and maintain a toll-free 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 must be staffed during standard business hours (i.e. 8:00 am to 4:00 pm, 8:30 am to 4:30 pm, or 9:00 am to 5:00 pm ET), Monday through Friday excluding State holidays. A list of holidays may be found at the following address http:Upersonnel.wv.gov/employees/benefits/Pages/Holidays.aspx.

We recognize the critical need for rational drug therapy as a means to improve patient outcomes, avoid potentially adverse events, and reduce needless overspending of 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 will provide extensive value to the Bureau.

Proposed staff for this Project includes employees with skill sets that provide significant value-add to BMS. The organizational structure for the project team is based on oversight from the Account Manager/Clinical Pharmacist, with cross-functional support from KEPRO Corporate, Clinical Support, Information Technology, Quality Control & Compliance, and Technical Writing. By ensuring the Account Manager and Clinical Staff are supported internally with highly-experienced employees, we provide an organization that is structured appropriately to meet project needs.

The KEPRO project team for BMS will include:

- Dr. Murray Yarbrough, MD/Medical Director
- Dr. Taylor DeRuiter, PharmD/Clinical Pharmacist and Account Manger
- Ms. Andrea Nelson, Database Analyst

- Ms. Pamela DeRuiter, RPh/Clinical Criteria Manager
- Help Desk Staff (Toll-free Help Desk)

Proof of credentials for the Medical Director, Dr. Murray Yarbrough, MD, and the Clinical Pharmacist/Account Manager, Dr. Taylor DeRuiter, PharmD, are provided as **Attachment 3.**

KEPRO will provide a Help Desk for answering inquiries from members, prescribers, or pharmacy providers regarding the Lock-In Program and inquiries about the RetroDUR program. The Help Desk will be available from 9:00 a.m. to 5:00 p.m. ET Monday through Friday, or as mutually determined upon contract award. The Help Desk is staffed by technical and clinical support specialists who consistently provide top quality customer service to our RDUR Lock-In clients, including administrators, providers, pharmacy providers, and other stakeholders. This Help Desk currently serves all of our Lock-In Programs. In our prior support of the WV Lock-In program, Help Desk staff typically managed more than 140 calls per month. We thoroughly train all Help Desk personnel in the particulars of each client's RDUR requirements, policies, and procedures

Our team has the experience and qualifications to execute the responsibilities required for this project. Our proposed project team members have previously served BMS for the WV RDUR program, and all are experienced supporting RDUR activities. We provide the following tables, including the names, titles, experience, and responsibilities of our proposed project team for the Bureau.

G. Robert DiBenedetto, Jr.	
Project Role: Corporate Oversight/Contract Monitoring **Title: Vice President, Operations, KEPRO**	
Experience	▪ More than 20 years of experience managing development and implementation of clinical services programs. ▪ Mr. DiBenedetto has supervised the implementation of a wide variety of systems and programs for state Medicaid and public health program clients. ▪ More than twelve years managing systems development and implementation. ▪ Extensive insight into the challenges facing state agencies and the needs of health care providers and beneficiaries, as well as specific experience guiding the analysis, programming, and operational activities necessary to provide systems and programs that serve these groups.
Responsibilities	▪ Manages organization operations by directing and coordinating activities consistent with established goals, objectives, and policies ▪ Implements programs to ensure attainment of business plan for growth ▪ Provides direction and structure for operating units

	▪ Participates in developing policy and strategic plans ▪ Oversees each program's continuing operation and supervises the account managers who work directly with the programs.

Murray Yarbrough, MD	
Project Role: Medical Director **Title: Physician Consultant/KEPRO/HID Medical Director**	
Experience	▪ More than 45 years of experience as a physician ▪ More than 15 years as HID's Medical Director, providing reviews and clinical oversight ▪ Reviews more than 500 medical articles each month
Responsibilities	▪ Serves as consultant on a variety of medical issues ▪ Reviews reports and clinical materials as needed

Taylor DeRuiter, PharmD	
Project Role: Account Manager **Title: Clinical Pharmacist/Project Director**	
Experience	▪ Account Management and operations for State Medicaid RDUR programs ▪ Lock-In reviewer for State pharmacy Lock-In programs ▪ HID DUR Committee; develop, reviewed, and updated criteria ▪ Prior Authorization reviews; request reviews, quality control and monitoring, clinical review ▪ APhA Pharmacy-based Immunization Delivery Certification ▪ Collaborative Institutional Training Initiative (CITI), Protection of Human Subjects
Responsibilities	▪ Coordinates drug utilization review program for West Virginia Medicaid, including criteria, ad hoc reporting needs, and preparation of quarterly reports and cost impact analyses ▪ Coordinates Drug Utilization Review (DUR) activities ▪ Improves pharmacy benefit programs for Medicaid and private clients through development and implementation of educational programs, disease management, prior authorization, dosage form and quantity limitations, and preferred drug lists

	▪ Prepares clinical section of technical proposals in response to requests for proposals from new clients ▪ Assists in the development and review of criteria for RDUR clients ▪ Reviews professional literature, trade journals, and monthly First DataBank NDDF Plus update reports ▪ Updates and adjusts RDUR criteria based on new information and findings, as well as state Medicaid board and P&T committee input ▪ Oversees quarterly and specialized clinical intervention mailings for clients per contractual requirements ▪ Provides statistical reports to RDUR Board ▪ Provides additional information to RDUR Board upon request ▪ Develops educational materials as needed ▪ Write clinical articles for quarterly newsletter per contractual requirements ▪ Serves as Subject Matter Expert for the RxExplorer product

Andrea Nelson	
Project Role: Database Analyst **Title: Analysis and Reporting Manager/Senior Software Engineer**	
Experience	▪ More than 13 years of experience managing information systems such as RxExplorer; supervising and maintaining scheduled report runs for multiple state Medicaid clients ▪ Extensive experience analyzing data and running data for reports for RxExplorer RDUR application
Responsibilities	▪ Dual role as a Programmer Analyst and Reports Analyst. ▪ Works with RxExplorer (RDUR) and RxPert (automated PA) ▪ Interprets technical specifications and then develops and tests the web-based system modifications needed to satisfy or exceed these specifications. ▪ Develops ad hoc reports to satisfy client information needs ▪ Analyzes information requests and designs one or more reports to produce the information from company claims databases ▪ Education and troubleshooting resource for Account Managers and end users ▪ Creates/develops new database-driven reports ▪ Runs existing reports ▪ Loads and maintains databases ▪ Creates database backup scripts

Andrea Nelson	
Project Role: Database Analyst **Title: Analysis and Reporting Manager/Senior Software Engineer**	
	▪ Serves as primary technical contact for commercial and governmental clients

Pam DeRuiter, RPh	
Project Role: RDUR Criteria Manager **Title: Clinical Pharmacist/Criteria Manager**	
Experience	▪ More than 20 years of clinical research and pharmacy experience ▪ More than 9 years of experience as an Account Manager for State RDUR programs ▪ More than 18 years of experience developing and maintaining criteria for proprietary solutions and current clients ▪ More than 18 years of experience reviewing patient profiles and physician letters for Lock-In clients
Responsibilities	▪ Develops base criteria for new RDUR, PA, and Disease State Management clients ▪ Develops customized RDUR, PA, and Disease State Management criteria based on state Medicaid board and P&T committee preferences ▪ Reviews professional literature, trade journals, and monthly First DataBank NDDF Plus update reports ▪ Updates and adjusts RDUR, PA, and Disease State criteria based on new information and findings, as well as state Medicaid board and P&T committee input ▪ Performs reviews of patient profiles and physician letters for Lock-In clients ▪ Performs monthly patient profile reviews for Lock-In clients ▪ Reviews letters to physicians informing of potential drug therapy problems

4. Mandatory Requirements

4. MANDATORY REQUIREMENTS: Contract Services must meet or exceed the mandatory requirements and deliverables listed below:

KEPRO will meet or exceed all mandatory requirements of RFQ BMS 14096 section 4. We provide responses to all RFQ Mandatory Requirements in the following section.

4.1 West Virginia-Specific Therapeutic Criteria

4.1 The Vendor shall develop West Virginia-specific therapeutic criteria within two (2) months of the contract award. The West Virginia-specific criteria must meet the following requirements:

4.1.1 Vendor's West Virginia-specific therapeutic criteria must be available for in-full testing on West Virginia Medicaid claims data two (2) business days prior to implementation of the system.

4.1.2 The Vendor shall coordinate the testing dates with the state's current fiscal agent.

4.1.3 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. These policies can be found at:

4.1.3.1 Lock-In Policy, http://www.dhhr.wv.gov/bms/BMS%20Pharmacy/DUR/Pages/Retrospective-DUR-and-Lock-In.aspx)

4.1.3.2 Pharmacy Manual, http:Uwww.dhhr.wv.gov/bms/Pages/Chapter-518- Pharmacy-Services.aspx

4.1.3.3 Preferred Drug List and Prior-Authorization Criteria,

http://www.dhhr.wv.gov/bms/BMS%20Pharmacy/Pages/default.aspx

KEPRO will develop West Virginia-specific retrospective therapeutic criteria within ninety (90) calendar days of the contract award. As the prior RetroDUR vendor to BMS, we are familiar with the West Virginia member and provider population. We have a comprehensive understanding of the State's Lock-In Policy, Pharmacy Manual, PDL, and Prior Authorization criteria. We develop and maintain 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, we respond 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.

RxExplorer provides insight into the prescribing and utilization trends of a patient population, fostering information-rich dialogue between health plan administrators and their stakeholders.

Our 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, we can recommend intervention topics and/or PA criteria and act if approved by the Bureau and DUR Board. Our Clinical Criteria Team also works closely with our clients to recommend, design, and build multi-step, complex criteria for incorporation into prior authorization programs. We ensure that criteria reflect each client's current drug policies and programs. 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. Our clinicians have the in-field experience and compendia knowledge necessary to build and sustain effective criteria sets that reflect current drug policies and programs. The RDUR team has extensive experience in clinical criteria development, working with state Medicaid agencies, PBMs, health plans, and state 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.

With our experience in West Virginia RetroDUR criteria, we will ensure that all WV-specific therapeutic criteria are available for in-full testing on West Virginia Medicaid claims data two (2) business days prior to implementation of the system. This includes coordinating the testing dates with the state's current fiscal agent.

We will update the Bureau's therapeutic criteria monthly, including any newly marketed drugs or criteria changes requested and approved by the Bureau. As RetroDUR criteria development and maintenance is part of our RetroDUR solution, these updates will be available at no additional cost to the Bureau.

4.1.4 The Vendor shall reference literature documentation and make such documentation available in print form within ten (10) business days of any request by a medical provider or the Bureau. Documentation shall be produced and delivered by the Vendor to the requesting entity free of charge.

KEPRO will provide reference literature documentation and make the documentation available in printed form within ten (10) business days of the provider request. As this service is part of our RetroDUR solution, the reference material will be at no additional cost to the Bureau.

4.1.5 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. Targeted disease categories shall include, but not be limited to:

4.1.5.1 Cardiovascular

4.1.5.2 Endocrine

4.1.5.3 Psychiatric Disorder

4.1.5.4 Gastrointestinal Disorders

4.1.5.6 Arthritis

4.1.5.7 Asthma

4.1.5.8 Chronic Obstructive Pulmonary Disease

4.1.5.9 Diabetes

4.1.5.10 Cancer

Our RetroDUR criteria library currently includes the following disease categories:

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

We have developed and maintain more than 9,300 clinical Drug Utilization Review criteria and bring the clinical expertise and knowledge to support the Bureau in screening for potential therapeutic problems. As new disease categories become of interest to the Bureau, the DUR Board, and the RetroDUR Committee, our Clinical Criteria Manager will work with Dr. DeRuiter, our Account Manager for BMS, to coordinate the update of any criteria necessary to target those categories as well.

Each individual criterion is created with its own specific requirements that make the criterion hit for a particular patient. Utilization categories are created that contain the drug(s) and/or diagnosis for each criterion.

The following criteria example shows the alert message included in the criteria design.

PURE OPIOIDS / MIXED AGONIST/ANTAGONIST ANALGESICS

Alert Message: Mixed opiate agonists/antagonists (i.e., buprenorphine, butorphanol, nalbuphine or pentazocine) should be administered with caution to a patient who has received or is receiving a course of therapy with a pure opioid agonist analgesic. In this situation, mixed agonist/antagonist analgesics may reduce the analgesic effect of the pure opioid and/or may precipitate withdrawal symptoms.

Conflict Code: DD – Drug/Drug Interaction
Drug/Disease:

Util A	Util B	Util C
Morphine	Buprenorphine	
Meperidine	Butorphanol	
Hydromorphone	Nalbuphine	
Oxymorphone	Pentazocine	
Codeine		
Hydrocodone		
Oxycodone		
Levorphanol		
Fentanyl		
Propoxyphene		

References:
Embeda Prescribing Information, June 2009, King Pharmaceuticals, Inc.
Facts &Comparisons, 2010 Updates.
Clinical Pharmacology, 2010 Gold Standard.

4.1.6 The Vendor shall develop criteria to screen for problems most often associated with inappropriate drug therapy which shall include, but not be limited to:

4.1.6.1 Over and underutilization;

4.1.6.2 Drug(s) contraindicated by diagnosis;

4.1.6.3 Drug interactions;

4.1.6.4 Duplication therapy;

4.1.6.5 Therapeutic appropriateness;

4.1.6.6 Appropriate use of generic drugs;

4.1.6.7 Incorrect drug dosage or duration of therapy;

4.1.6.8 Clinical abuse and misuse;

4.1.6.9 Iatrogenic complications;

4.1.6.10 Treatment failure

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 include:

- Over-utilization of Medications
- Non-adherence/underuse of Medications
- Drug-Drug Interactions
- Drug-Disease Precautions/Warnings
- Therapeutic Appropriateness
- Therapeutic Duplication
- Use of Generic Agents

Criteria or criteria sets can be created for one drug, an entire class of drugs, or just one drug strength or formulation. Utilization categories are created that contain the drug(s) and/or diagnosis for each criterion. 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.

As an example, for one of our state Medicaid clients, the Clinical Account Manager recently prepared a report summarizing specific drugs involved in drug-drug interactions criteria that were of concern to the DUR Board. The Account Manager worked with the DUR Board and the client to review related criteria sets for:

- Underuse of antiretroviral drugs
- Duplicate benzodiazepines
- All claims for controlled substances with antagonistic effects (such as stimulants with depressants)
- Inappropriate use of nephrotoxic agents
- Drug-drug interactions which may cause risk of acute renal injury.

4.1.7 The Vendor's therapeutic criteria shall allow for ongoing adjustments to be made by the DUR Board and/or the Retrospective Drug Utilization Review Committee. The Retrospective Drug Utilization Review Committee meets on the first Monday of every month while the DUR Board meets quarterly. Meeting schedules are determined by member and/or room availability. The Vendor shall implement adjustments prior to the next generation of profiles, or within 10 business days of notification by the BMS Pharmacy Program, whichever is longer. Profiles shall be generated every month for review.

Our therapeutic criteria allow for ongoing adjustments as requested by the DUR Board and/or the RetroDUR Committee. Once a modification request is received, it is reviewed internally by our team to determine if 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 the internal review, the Account Manager/Clinical Pharmacist, Dr. DeRuiter, will review the proposed enhancement with the Bureau and provide an estimated cost and timeline, if necessary, before implementing any changes. 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, Dr. DeRuiter will work with our clinical team to 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. We will implement criteria adjustments prior to the next generation of profiles or within 10 business days of notification by the BMS Pharmacy Program, whichever is longer.

4.1.8 The Vendor shall maintain a complete record of current West Virginia Medicaid therapeutic criteria. The Vendor shall incorporate into their criteria all changes resulting from DUR Board meetings no more than 10 days after the meeting has occurred. The Bureau shall notify the Vendor by e-mail of any other criteria changes that occur outside the DUR Board. The Vendor must incorporate those changes into their system within 10 business days of notification.

The development and maintenance of RDUR criteria is the foundation of our program. Through the use of a consistent criteria development process, we have developed and maintain more than 9,300 clinical Drug Utilization Review criteria with increasing complexity to meet the needs of our Medicaid clients. All changes resulting from DUR Board meetings will be incorporated into the RxExplorer criteria engine according to required Bureau timelines.

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

We will maintain a complete listing of the West Virginia Medicaid therapeutic criteria and update the criteria as often as new clinical information becomes available. All hardcopy requests of therapeutic criteria from the Bureau's Pharmacy Program will be provided within ten (10) business days of the request. As the previous RetroDUR vendor, we managed 4,080 therapeutic criteria on file for West Virginia Medicaid. We currently maintain over 9,300 RDUR criteria in our library.

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

RxExplorer's ICER stratifies criteria 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. 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

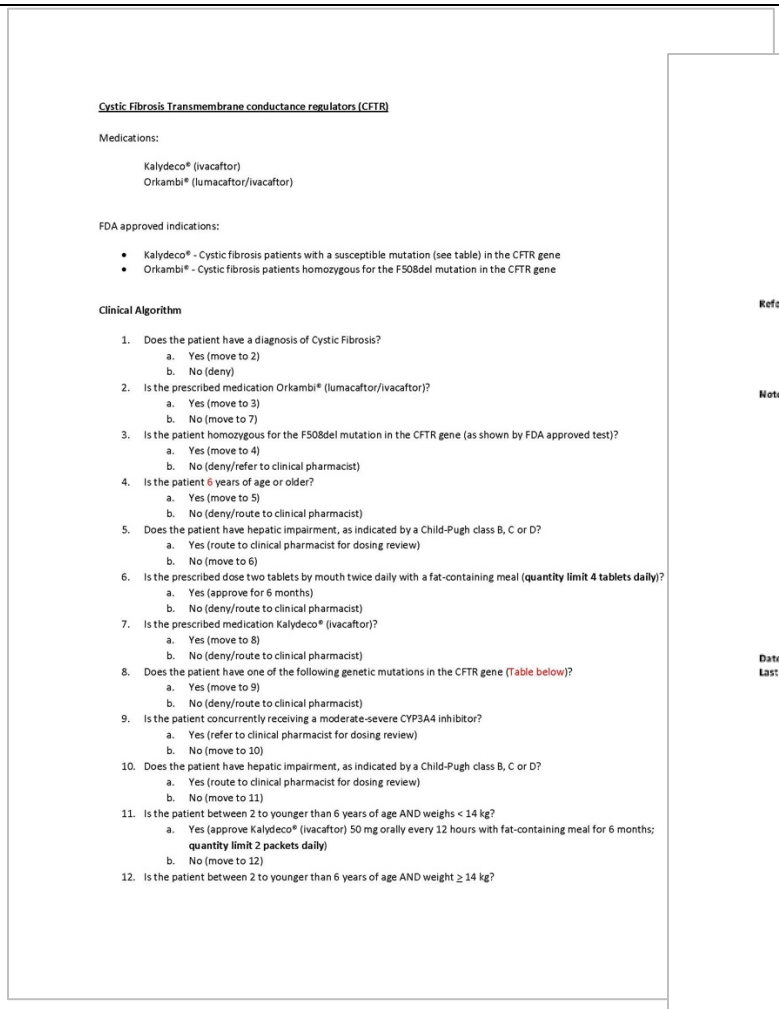
- Multiple Diseases

The ICER is reviewed by 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's DURBase is also used to conduct monthly reviews of the claims submitted to update each patient's drug history.

4.1.11 The Vendor shall provide the Bureau's Pharmacy Program with monthly recommendations, delivered by e-mail on the first Monday of each month and active within 30 calendar days after approval by BMS. The recommendations shall encompass new clinical edits and prior authorization criteria based on the findings in the retrospective therapeutic review of profiles. These recommendations shall be beneficial to the healthcare of the Medicaid member, cost effective to the State, or both.

KEPRO will provide monthly recommendations to the Bureau's Pharmacy Program for clinical edits and prior authorization criteria based on 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. We will communicate the recommendations to the Bureau's Pharmacy Program liaison via e-mail per the required timelines. Our team brings extensive experience in both RDUR and prior authorization criteria and program expertise.

The following images provide an excerpted example of a prior authorization criteria proposal completed for one of our state Medicaid clients.



Cystic Fibrosis Transmembrane conductance regulators (CFTR)

Medications:

Kalydeco® (ivacaftor)
Orkambi® (lumacaftor/ivacaftor)

FDA approved indications:

- Kalydeco® - Cystic fibrosis patients with a susceptible mutation (see table) in the CFTR gene
- Orkambi® - Cystic fibrosis patients homozygous for the F508del mutation in the CFTR gene

Clinical Algorithm

1. Does the patient have a diagnosis of Cystic Fibrosis?
   a. Yes (move to 2)
   b. No (deny)
2. Is the prescribed medication Orkambi® (lumacaftor/ivacaftor)?
   a. Yes (move to 3)
   b. No (move to 7)
3. Is the patient homozygous for the F508del mutation in the CFTR gene (as shown by FDA approved test)?
   a. Yes (move to 4)
   b. No (deny/refer to clinical pharmacist)
4. Is the patient 6 years of age or older?
   a. Yes (move to 5)
   b. No (deny/route to clinical pharmacist)
5. Does the patient have hepatic impairment, as indicated by a Child-Pugh class B, C or D?
   a. Yes (route to clinical pharmacist for dosing review)
   b. No (move to 6)
6. Is the prescribed dose two tablets by mouth twice daily with a fat-containing meal (**quantity limit 4 tablets daily**)?
   a. Yes (approve for 6 months)
   b. No (deny/route to clinical pharmacist)
7. Is the prescribed medication Kalydeco® (ivacaftor)?
   a. Yes (move to 8)
   b. No (deny/route to clinical pharmacist)
8. Does the patient have one of the following genetic mutations in the CFTR gene (Table below)?
   a. Yes (move to 9)
   b. No (deny/route to clinical pharmacist)
9. Is the patient concurrently receiving a moderate-severe CYP3A4 inhibitor?
   a. Yes (refer to clinical pharmacist for dosing review)
   b. No (move to 10)
10. Does the patient have hepatic impairment, as indicated by a Child-Pugh class B, C or D?
    a. Yes (route to clinical pharmacist for dosing review)
    b. No (move to 11)
11. Is the patient between 2 to younger than 6 years of age AND weighs < 14 kg?
    a. Yes (approve Kalydeco® (ivacaftor) 50 mg orally every 12 hours with fat-containing meal for 6 months; **quantity limit 2 packets daily**)
    b. No (move to 12)
12. Is the patient between 2 to younger than 6 years of age AND weight ≥ 14 kg?
    a. Yes (approve Kalydeco® (ivacaftor) 75mg orally every 12 hours with fat-containing meal for 6 months; **quantity limit 2 packets daily**)
    b. No (move to 13)
13. Is the patient 6 years of age or older?
    a. Yes (approve Kalydeco® (ivacaftor) 150mg orally every 12 hours with fat-containing meal for 6 months; **quantity limit 2 tablets daily**)
    b. No (deny/route to clinical pharmacist for dosing review)

References

- Ivacaftor. Micromedex 2.0. TruvenHealth Analytics, Inc.; 2015. Greenwood Village, CO. Solutions; 2015. Available at http://micromedexsolutions.com. Accessed on September 30, 2015.
- Lumacaftor/ivacaftor. Micromedex 2.0. TruvenHealth Analytics, Inc.; 2015. Greenwood Village, CO. Solutions; 2015. Available at: http://micromedexsolutions.com. Accessed on September 30, 2015.

Notes

- Baseline LFTs are required prior to initiation of therapy, and every 3 months while on therapy for continued use.
  - Hepatic impairment dose adjustments include changing the prescribed dose to ONCE DAILY, or less frequently with worsening hepatic impairment.
- Strong CYP3A4 inhibitors include, but are not limited to: ketoconazole, clarithromycin, itraconazole, nefazodone, ritonavir, delavirdine, nelfinavir, voriconazole, lopinavir, imatinib, telithromycin, fosprepitant, boceprevir, cobicistat, atazanavir, idelalisib.
  - Dose adjustment of Kalydeco® (ivacaftor) with these agents include changing the prescribed dose to TWICE WEEKLY dosing.
- Moderate CYP3A4 inhibitors include, but are not limited to: erythromycin, miconazole, diltiazem, mifepristone, fluconazole, amprenavir, famprenavir, aprepitant, ciprofloxacin, crizotinib, netupitant, isavuconazonium sulfate.
  - Dose adjustment of Kalydeco® (ivacaftor) with these agents include changing the prescribed dose to ONCE DAILY dosing.
- Fat-containing meals include eggs, butter, peanut butter, cheese pizza, and whole-milk dairy products (whole milk, cheese, yogurt).

Date Created (09/30/2015)
Last Modified (01/11/2018)

KALYDECO® (ivacaftor) Tablets and Oral Granules

Table 3: List of *CFTR* Gene Mutations that Produce CFTR Protein and are Responsive to KALYDECO

E56K	*G178R*	*S549R*	*S977F*	*F1074L*	*2789+5G→A*
P67L	*E193K*	*G551D*	*F1052V*	*D1152H*	*3272-26A→G*
R74W	*L206W*	*G551S*	*K1060T*	*G1244E*	*3849+10kbC→T*
D110E	*R347H*	*D579G*	*A1067T*	*S1251N*	
D110H	*R352Q*	*711+3A→G*	*G1069R*	*S1255P*	
R117C	*A455E*	*E831X*	*R1070Q*	*D1270N*	
R117H	*S549N*	*S945L*	*R1070W*	*G1349D*	

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

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

4.2 RetroDUR System

4.2 The Vendor shall design a RetroDUR computer system utilizing West Virginia- specific therapeutic criteria for both member profile generation and a lock-in program (further described in section 4.5) and begin operation two (2) months of the contract award.

4.2.1 The Vendor's RetroDUR system shall be able to:

4.2.1.1 Utilize file extracts from the State's Fiscal Agent West Virginia Medicaid Medical Management Information System (MMIS).

4.2.1.2 Read all available medical diagnoses codes, procedure codes and pharmacy history.

4.2.1.3 Utilize all physician specialty codes listed for specific prescribers.

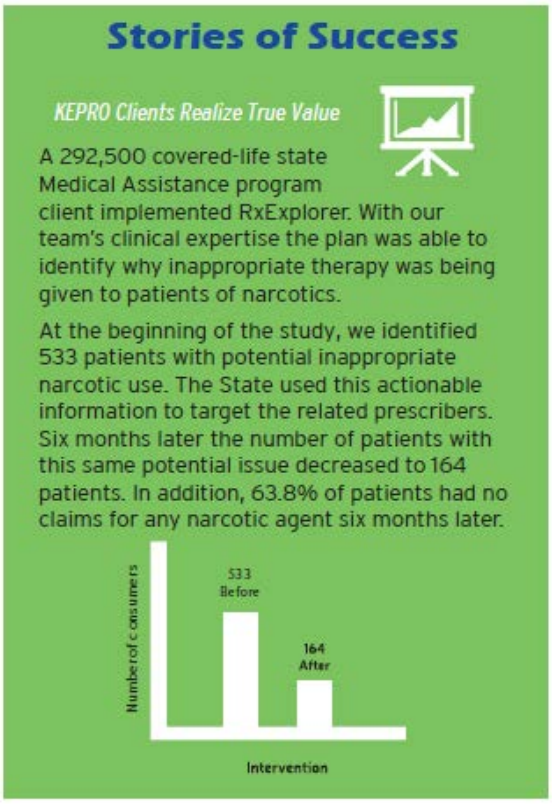
4.2.1.4 Differentiate between an adjudicated claim, a voided claim, and a rejected claim when reviewing the patient's drug history.

4.2.1.5 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.

We will provide our Web-based system (RxExplorer) comprising two (2) main components: a clinical criteria processing and intervention management engine and a pharmacy data analysis and decision support tool. These applications combine to provide a state-of-the-art clinical intervention and data analysis system that produces actionable information for prescriber engagement.

The data analysis and decision support component of RxExplorer is a user-friendly, browser-based data mining tool that combines quick and easy access to standard reports as well as ad hoc reporting tools. Using the standard reports provided, users can identify outliers, patterns, and trends at any time—providing the information program managers need. Using the ad hoc reporting capabilities, users can design and execute analysis as needed; for example, a user can produce a report on drug utilization trends and then view graphical representations of those trends.

The system obtains the pharmaceutical claims data provided by the State Fiscal Agent or Medicaid Management Information System (MMIS) and processes it through a component of RxExplorer. Our technical staff have coordinated file layouts and created secure interfaces with eligibility systems, MMIS, pharmacy benefit management organizations, fiscal agent vendors, retail pharmacies, hospitals, practitioners, licensing systems, internal state



agency systems, and legacy systems across the nation for both our RDUR and Prior Authorization solutions.

For BMS, RxExplorer will:

- Utilize file extracts from the West Virginia 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.

4.2.2 The Vendor's system shall incorporate changes within ten (10) working days from the time changes are made to the State's Fiscal Agent, the MMIS system or when the BMS Pharmacy Program determines additional fields must be added to the format in order to capture required data for review.

KEPRO's technical and clinical staff will incorporate changes to the RxExplorer system 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 to capture required data for review. We have worked with the State's Fiscal Agent since 2012 and will continue to ensure all operational tasks are completed per timeline requirements.

4.2.3 The Vendor shall be responsible for coordinating file layouts from the State's Fiscal Agent MMIS Vendor to populate the Vendor's RetroDUR system and a mutually acceptable method of transferring the files once weekly. The Vendor will be responsible for any costs associated with the transfer of files.

KEPRO will exchange data files with the State's Fiscal Agent MMIS Vendor using current, secure interfaces and file layouts. We have extensive experience designing, developing, maintaining, and operating customized and standard interfaces between RxExplorer and multiple systems. RxExplorer is compatible with the MMIS provided to the State by the MMIS vendor.

Our technical team will make all modifications necessary to our systems in order accommodate interfaces. We have experience coordinating file layouts with a variety of MMIS and pharmacy benefit management (PBM) vendors in other states and commercial health plans. We have long-standing experience working with the current Fiscal Agent and will coordinate all required tasks for the RetroDUR program. As such, we will work with the MMIS vendor to populate the RxExplorer system and achieve a mutually acceptable method of transferring the files once weekly.

4.2.4 The Vendor shall ensure the operation of the RetroDUR system and the production of all member profiles and reports required herein satisfies the requirement of the Bureau by hosting a monthly quality-assurance meeting as further detailed in section 4.12 (change management process).

Per our response to section 4.12, the KEPRO Account Manager and Clinical Pharmacist, Dr. DeRuiter, will serve as primary contact for the monthly quality assurance meetings to review

current operational status and review any requested changes or adjustments to the RxExplorer system. Dr. DeRuiter will work with the clinical and technical team to ensure all timelines for review and implementation are met throughout the contract term.

4.2.5 The Vendor's Retrospective DUR system shall assess drug and diagnostic data against explicit predetermined standards including, but not limited, to monitoring for:
4.2.5.1 Therapeutic appropriateness
4.2.5.2 Over-utilization
4.2.5.3 Under-utilization
4.2.5.4 Incorrect drug dosage or duration of therapy

RxExplorer comprises two main components: a clinical criteria processing and intervention management engine (DURBase®) and a pharmacy data analysis tool.

KEPRO's clinical staff will work with BMS to determine and define which clinical interventions should take place. This information will serve as the basis for the therapeutic criteria, which is loaded into RxExplorer's DURBase application, the engine that drives the RetroDUR process. DURBase runs claims against the therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, overutilization, underutilization, incorrect drug dosage or duration of therapy, disease states, and cost savings.

RxExplorer will allow BMS to identify outliers, patterns, and trends through standard reports and ad hoc reporting tools, which are designed specifically for healthcare managers. The system produces a full ICER that identifies potential drug-related problems in the cycle and the number of occurrences of each problem.

RxExplorer also can answer questions such as:

- *Are any women in my program being prescribed Viagra?*
- *I have different groups of people in my program, what are the trends of PPI use in these groups?*
- *What is the trend of expenditures for the Proton Pump Inhibitors?*
- *Which pharmacy is dispensing the most Cipro?*
- *How many of the patients receiving Cipro are younger than 18 years old?*
- *How much is brand name Norvasc being used instead of generic amlodipine?*

A user can drill down to the data that underlies the rankings. Any specific patient, physician, or pharmacy profile can be obtained. RxExplorer can search the entire claims database for any specific drug or groups of drugs.

The solution can organize and rank medications by the following categories:

- Brand name

- Generic name
- Dollar amount
- Prescription count
- Average cost of prescription

The solution can filter data by the following attributes:

- Gender
- Age
- Diagnosis
- Other factors, if desired and if the variables are included in the submitted data

As an example, we provide information below on analysis completed in our prior RetroDUR work with the State and KEPRO's ability to effectively assess drug and diagnostic data for the Bureau.

Case Study: Long-acting Narcotics in West Virginia

An example of the effectiveness of our DUR program comes from our prior work with the State of West Virginia Bureau of Medical Services. 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. Prescribers and pharmacies received educational letters that suggested some patients 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-acting agents were dispensed they could be more easily diverted. After evaluating the data, we found that 26% of the prescribers responded. The following table outlines the results of their responses:

Respondent Category	Responses
36% (31 out of 87) indicated some positive action had been taken or would be taken by the prescriber regarding the current drug therapy	▪ reassessing or modifying therapy ▪ making an appointment to discuss therapy ▪ attempting to modify therapy with symptoms recurring or recipient being non-cooperative
43% (37 out of 87) of the responses indicated that the prescriber would take no action	▪ "this is not my patient" ▪ "only saw patient once and did not prescribe drug attributed to me" ▪ "has not seen patient recently" ▪ "is no longer under my care"
71% (85 out of 120) of pharmacy providers responded that some action had been or would be taken	▪ will counsel patients ▪ spoke to prescriber and expect change in therapy ▪ counseled patient but patient noncompliant ▪ 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.

4.2.6 The Vendor shall scan Medicaid members' medical and pharmacy claims histories, applying the DUR Board approved therapeutic criteria (as specified in 4.1.3), to identify members whose drug use indicates a significant level of risk for drug induced or exacerbated outcomes.

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.

The ICER 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 then reviewed by our 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.

The information from the selected patient profiles is then 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 BMS along with prescriber feedback.

Our account manager and clinical support team will work with BMS to provide potential intervention topics based on trends in the industry or the Bureau's patient population, goals of the agency or legislature, and additional needs our team feels may be advantageous and produce significant outcomes for West Virginia. Our Account managers perform extensive research in preparing intervention proposal materials for clients and DUR Board Meetings and often participate in DUR Board meetings by presenting the topics and providing clinical expertise.

4.2.7 The Vendor shall provide a system for profile generation that will identify and select for various demographics requested by the Bureau such as, but not limited to, specific criteria exceptions for specified patient populations, provider types and disease states. This system shall have the capability to read up to six provider specialty codes and their corresponding effective date and end dates.

RxExplorer allows flexibility in producing patient and provider profiles for various demographics when conducting interventions with prescribers and pharmacy providers. The application can establish the total number of profiles generated, select specific criteria exceptions for evaluation for certain patient populations or demographics, and read up to six (6) provider specialty codes with corresponding effective and end dates. Our Clinical Pharmacist/Account Manager and clinical support team will work with BMS to provide potential intervention topics based on trends in the industry and patient population, goals of the agency or legislature, and additional needs our team feels may be advantageous to producing significant outcomes for West Virginia.

4.2.8 The Vendor's system shall suppress 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.

RxExplorer can suppress profile generation for previously-identified criteria after initial flagging, for a time period approved by the Bureau. To limit provider abrasion, the solution was designed to prevent providers from receiving repeated alerts for the same or similar situations.

RxExplorer suppresses profile generation in two (2) ways:

1. Suppression coding is built into the system for criteria that have been coded by a reviewer to have a case created. A profile will not be generated if the same provider, same member, and same criteria hit in another cycle within the specified time period if a case was created for that criteria. The time period a TCE (therapeutic criteria exception) will be suppressed after a case has been created for that TCE is typically 6 months (180 days) but can be longer or shorter. Lock-in criteria are suppressed for 90 days after creation of an intervention or as specified by the Bureau.
2. A second method of suppression occurs when profiles are reviewed. When the reviewing clinician notices the provider received an intervention letter for the same member, the reviewer will code the profile to not send another intervention letter based on the time period as determined by BMS. The system suppresses all criteria for which a case was created – typically 6 months or a time as determined by the State. All other criteria for that patient will hit each cycle if no case was created or unless a rejection code with a suppression time was used.

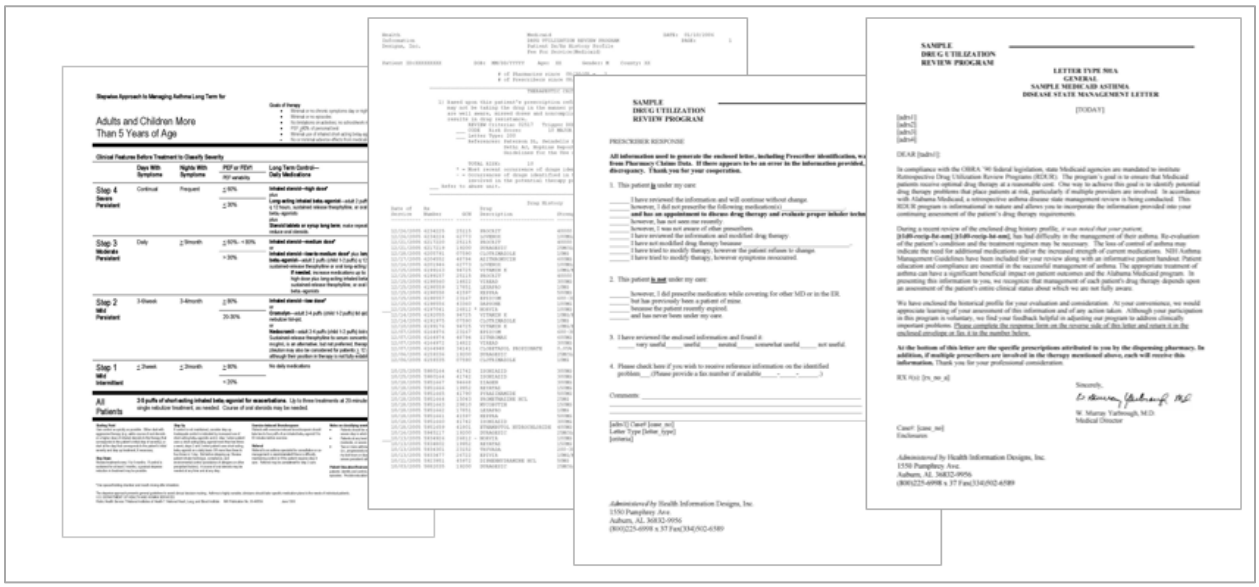
RxExplorer does not auto-suppress all other criteria for a patient because a case was created on one criteria. At the present time, unless it is an exceptional circumstance, the clinician reviewing the profile will not send a letter to providers who have previously been sent a letter in the past six (6) months concerning the same criteria on the same member.

4.2.9 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.

Intervention presents the most critical element of any RetroDUR solution, as it provides education on potential problem areas and drug use trends and promotes clinical efficacy and patient safety. We are adept at managing the intervention process. Last year, more than 94,935 intervention packets to providers and pharmacists was sent from our operations facility in Auburn, Alabama.

KEPRO will provide full management of the educational intervention process to the Bureau, including outcomes reporting, identification of inappropriate trends in usage, production, presentation of potential population-based educational interventions, and dissemination of intervention materials. Dr. DeRuiter, the proposed Account Manager for this project, has experience presenting at WV DUR Board meetings and facilitating discussions, as well as

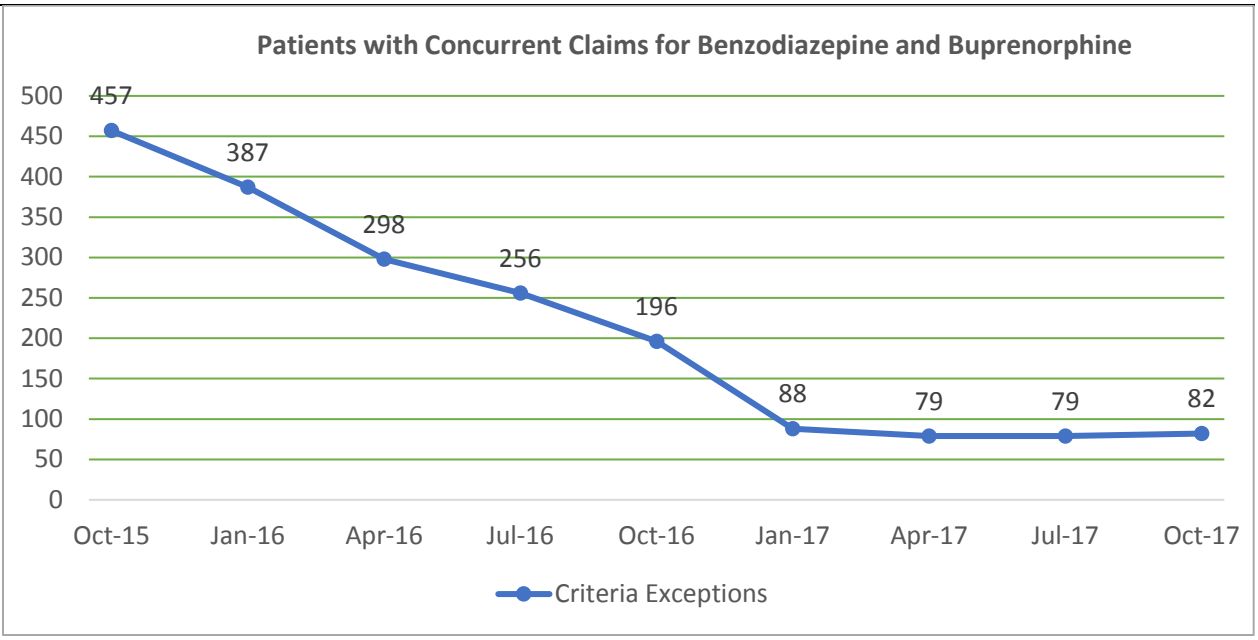
providing services like ad hoc reports regarding topics discussed during the sessions. We will continue to provide all of these services if awarded this contract.



For reporting needs, we will provide summary reports focusing on issues of importance to the Bureau such as participant, provider, or prescriber profiling and quarterly utilization by program. Approved State users can access RxExplorer's 200+ standard utilization reports, or prevalence reports, which are designed to provide the information program managers need. These standard reports are customized to the needs of the Bureau and updated each time the database is updated to consistently provide the most current information. We provide the following sample case study of an intervention focusing on concurrent usage of Buprenorphine and Benzodiazepine.

Case Study: Criteria Concurrent Use of Buprenorphine and Benzodiazepine

Concurrent use of a buprenorphine-containing agent with benzodiazepines may result in significant respiratory depression or death. For one client, we have been monitoring patients at risk for this potentially lethal combination of medications and engage at-risk patient's prescribers on behalf of the State DUR Board. Prior to the initial intervention, we found 457 unique patients at-risk for this contraindication. After 1 year, only 196 patients were found to be at-risk, and after two years, only 82 patients were found to be at risk. This represents an ***88% reduction in the number of at-risk patients***.



4.2.10 The Vendor shall generate Medicaid patient profiles monthly based on therapeutic criteria, high risk patient profiles, and provider profiles (prescribers and pharmacy providers). The Vendor must deliver these profiles in either hard or electronic format to the RetroDUR Committee for review no later than five (5) business days prior to the each RetroDUR Committee meeting (scheduled for the first Monday of every month).

RxExplorer runs claims against the therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, overutilization, underutilization, disease states, and cost savings. Upon completion, the system produces the 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 and criteria exceptions are proposed to be examined in more depth. The chosen therapeutic criteria exceptions are processed, and patient profiles are created. 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 is provided to the State along with prescriber feedback. KEPRO will deliver all profiles to the RetroDUR Committee for review no later than five (5) business days prior to the RetroDUR Committee meeting.

4.2.11 The Vendor shall generate no less than 475 member profiles for clinical review per calendar month. The profiles shall be reviewed against the therapeutic criteria and cover all age groups, including LTC members. This total does not include profiles meant for lock-in review (see section 4.5 for Lock-in requirements).

KEPRO will conduct monthly RetroDUR Committee meetings to review Medicaid profiles against the therapeutic criteria. We review more than 65,000 Retrospective Drug Utilization Reviews annually across our state Medicaid clients. We will generate no less than 475 member

exception profiles per month for the Bureau's analysis. Monthly profiles will cover all age groups, including LTC members, and will be reviewed on the therapeutic criteria.

4.2.12 The profiles for review shall be made available for the Pharmacy Program's monthly RetroDUR Committee meeting (held on the first Monday of every month) and generated within five (5) working days before transfer to the Bureau. The profiles will be provided to the Bureau and returned to the Vendor at no additional cost to the Bureau.

Profiles will be generated and available in ProfileXpress®, our online profile review application, for review by the RetroDUR Committee during regular monthly meetings. To facilitate these reviews, we will provide secure laptops meeting all HIPAA requirements for the RetroDUR Committee's use. Upon program implementation, we will provide training and technical support to the RetroDUR Committee regarding the online profile review capabilities of RxExplorer. Profiles for RetroDUR Committee review will be provided in accordance with the schedule defined in this requirement.

4.2.13 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. These patient and provider cases are due within five (5) working days prior to the committee's monthly profile review.

RxExplorer will 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. The Initial Criteria Exception Report is then reviewed to determine which criteria exceptions should be examined in more depth to locate exceptions by potential seriousness. The chosen therapeutic criteria exceptions are processed, and patient profiles are created. Information from the selected patient profiles is used to create educational intervention packets, and the packets are mailed to the prescribers for each patient. KEPRO will ensure that all patient and provider cases are available within five (5) working days prior to the committee's monthly review.

To review the efficacy of intervention programs, it is imperative to receive feedback, as necessary, from the prescribers and pharmacies involved. An Intervention Provider Response Form is included with each intervention packet. This form allows the provider, prescriber, or pharmacy to evaluate the case by selecting from a list of responses or adding their own personal comments about the patient and the steps they will take in response to the intervention. Upon receipt, we categorize the responses, as shown in the table below, to show the progression of cases and effectiveness of the program.

Prescriber Response	Total
Benefits of the drug outweigh the risks	78
Physician unaware of what other physician prescribing	46
Patient is no longer under this physician's care	93
Physician says problem insignificant; no change in therapy	607
Physician will reassess and modify drug therapy	149
Physician tried to modify therapy, but patient non-cooperative	21
Patient has, or will, discontinue drug	13
Physician will not discuss drug therapy conflict	1
Patient under my care but not seen recently	53
Patient deceased	2
Patient was never under physician's care	65
Patient has an appointment to discuss therapy	144
Physician did not prescribe drug attributed to him	95
Physician tried to modify therapy, but symptoms recurred	34
Physician saw patient only once in ER or as on-call physician	48
Physician response form returned blank	119
Total Response Forms Received	***1,568***

4.2.14 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. The Vendor's RetroDUR system shall produce profiles in either hard or electronic format for RetroDUR review no fewer than five (5) business day prior to each meeting. Electronic profiles must be accessible by a secure Internet site. The Vendor shall provide any necessary electronic hardware required to access these profiles. All costs associated with hardware and access to this site will be the responsibility of the Vendor and must satisfy all applicable WV Office of Technology Policy (https://technology.wv.gov/security/Pages/policies-issued-by- the-cto.aspx). The Vendor will provide IT support at no additional charge to the State. At the expiration of the contract, all hardware provided by the Vendor will be returned to the Vendor. The Vendor shall be responsible for all fees associated with return of hardware upon expiration of contract.

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 and generates Medicaid patient profiles based on therapeutic criteria, high risk patient profiles, and provider profiles for both prescribers and pharmacy providers. Profiles can be generated in electronic or hard copy.

ProfileXpress, the online profile review system, provides an efficient means of reviewing patient profiles. The system allows users to review demographic, diagnostic, pharmacy, and medical claims data from a secure online location. Bureau-approved clinical professionals, such as KEPRO 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.

We understand that all costs associated with hardware and access to RxExplorer and ProfileXpress will be the responsibility of KEPRO and must satisfy all applicable WV Office of Technology Policy. KEPRO will provide IT support for all provided systems in this response at no additional charge to the State.

4.2.15 The Vendor's system shall not limit the ability of the RetroDUR committee to request an intervention letter to be sent for any clinical issue identified during profile review.

RxExplorer does not limit letter requests for intervention. The RetroDUR committee can request an intervention letter to be sent for any clinical issues identified during profile review. Dr. DeRuiter will serve as the primary contact to WV RetroDUR committee members for any technical or clinical review support needed.

4.2.16 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 date. 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, included in **https://www.ecfr.gov/cgi-bin/text-dx?SID=10b4393ea7e6cacba7edl8c6bd7531aa&mc=true&node=sp42.4.431.f &rgn=div6**, regarding confidentiality of information concerning applicants and beneficiaries of public assistance, and 42 Code of Federal Regulations Part 2, included in **https://www.ecfr.gov/cgi-bin/text- idx?rgn=div5;node=42%3Al.0.1.l.2,** regarding confidentiality of alcohols and drug abuse patient records.

As the prior RetroDUR vendor, we are compliant with current information security requirements and will continue to provide the appropriate technology controls throughout the Contract. KEPRO provides a fully-hosted, secure solution for the State. All data within RxExplorer will be protected in accordance with industry standards, Federal regulations, and State policies, as applicable.

We take our fiduciary responsibility seriously and have safeguarded PHI for decades. Our health care analytics system solutions, by definition, store and/or receive PHI. The security and privacy of PHI is protected in accordance with the regulations established by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) of December 2000, and the HIPAA Security Standards Rule of 2005.

KEPRO will handle and store claims data and patient and provider profiles in accordance with 42 Code of Federal Regulations part 431, Subpart F and 42 Code of Federal Regulations Part 2 regarding confidentiality of alcohols and drug abuse patient records. The State's data confidentiality safeguards will be maintained at all times. Our systems' security design considers both business and technical aspects in presenting a low-risk environment operating with effective controls without imposing operational burdens on the user. KEPRO security controls manage the risk to information assets by considering confidentiality, integrity, and availability. KEPRO is Utilization Review Accreditation Commission (URAC®) accredited in case management and health utilization management. We are also National Institute of Standards and Technology

(NIST) and Federal Information Security Management Act (FISMA) certified. Our solutions meet 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

4.3 Communicating Profile Review Results

4.3 The Vendor shall communicate the results of patient profile reviews within twenty-eight (28) calendar days by letter to prescribers and/or pharmacy providers for all members. The cost of mailing shall be included in the Vendor's quotation and should account for at least 850 letters per month. 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.

Dr. DeRuiter, the proposed Account Manager and Clinical Pharmacist for this project, will use RxExplorer to process the claims data and review the resulting ICER to identify member exceptions to the criteria and high risk prescription activity. As discussed earlier in this section, patient profiles will be reviewed for those patients who have been selected as high-risk using ProfileXpress, the electronic profile review system. Upon review of demographic, diagnostic, pharmacy, and medical claims data, the profile reviewer can choose to send an educational mailing to the provider or recommend the patient for the state Lock-In program when appropriate. We will perform educational interventions by educating West Virginia Medicaid providers on the proper administration of medications in accordance with evidence-based rules.

With Dr. DeRuiter's facilitation, the RetroDUR Committee will review the patient profiles, including Lock-In profiles, with Pharmacy Services clinical staff every month. We will communicate the results of patient profile reviews within twenty-eight (28) calendar days by letter to prescribers and/or pharmacy providers for all members. We understand that all costs associated with the mailings are included in our submitted quote. Dr. Yarbrough, our Medical Director, will sign all letters sent to Medicaid prescribers and pharmacy providers.

Additionally, KEPRO 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. Dr. DeRuiter will provide population and patient-specific intervention tracking reports to the Bureau as part of our quarterly, semiannual, and annual reports. We will also provide monthly statistics for interventions as requested by the Bureau.

4.4 Educational Population Based or Targeted Interventions

4.4 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 Vendor shall make any such modifications to wording or formats, specified by the BMS Pharmacy program and DUR Board, within twenty-eight (28) calendar days of the request by the Bureau at the Vendor's expense. The total cost of mailing these interventions to targeted prescribers or pharmacy providers shall be included in the Vendor's quote. There are 18,374 active prescribers and 859 pharmacy providers currently enrolled in the West Virginia Medicaid Program.

We perform educational intervention by educating providers on the proper administration of medications in accordance with evidence-based rules. Intervention provides education on potential problem areas and drug use trends and promotes clinical efficacy and patient safety.

One of the largest intervention projects that we performed for the Alabama Medicaid Agency dealt with asthma. Patients were chosen based on pre-defined criteria such as over-utilization of beta agonists or recent asthma related emergency room visits. Once selected, a clinical pharmacist reviewed the client's drug history profile and diagnosis data. Those patients who appeared to be at risk for developing negative outcomes associated with asthma and who had no other chronic lung condition noted on their history were flagged, and their provider was sent an interventional letter, a 12-month drug history patient profile, and educational materials related to asthma. The total cost savings to the Agency was substantial.

We will work with the Bureau to design at least six (6) educational population-based interventions or other targeted provided interventions per the requirement. As an example, we have worked extensively with State agency clients to provide DUR evaluations on some of the following topics:

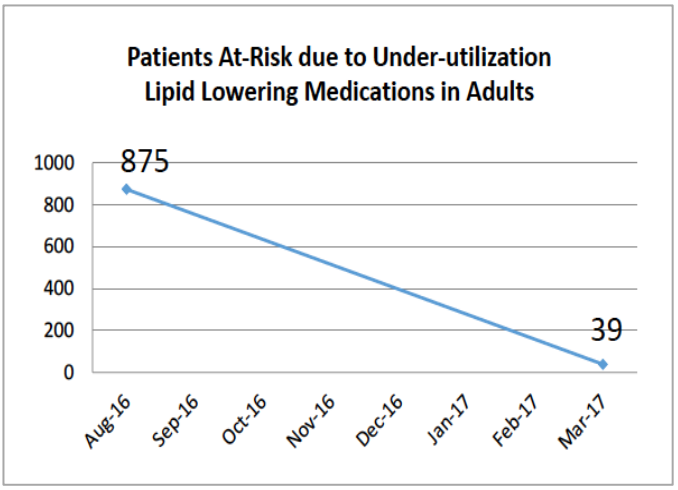
- Opioids and history of drug abuse
- Overuse of Tussionex
- Appropriate use of methadone
- Overuse of opioids based on days supply
- Overuse of narcotics based on dose per day
- Overuse of short acting opioids
- Use of buprenorphine and another opioid agonist
- Duplicate sedatives or hypnotics

- Concurrent opioid, benzodiazepine, and carisoprodol use
- Antilipidemic intervention

The interventions will be performed every two months. We will make modifications to wording or formats, specified by the BMS Pharmacy program and DUR Board, within twenty-eight (28) calendar days of the request by the Bureau, at KEPRO 's expense. The total cost of the design, production, and mailing of these interventions to targeted prescribers or pharmacy providers is included in our submitted pricing.

Case Study: Underutilization of Lipid Lowering Medications in Adults

In August of 2016, we performed an educational intervention on behalf of a health plan client to reduce the number of adult patients at risk for poor outcomes due to underutilization of lipid lowering medications.



The intervention criteria identified patients with a diagnosis of hyperlipidemia and no claims for a lipid lowering agent. Established national treatment guidelines indicate that patients with diabetes should consider adding an antihyperlipidemic agent to treatment protocols to protect cardiovascular health.

The intervention identified 875 patients at risk, engaged these patient's prescribers with educational material about the therapy issue. After the intervention period, only 39 patients were still at-risk, ***at 96% change in prescribing behavior.***

4.5 Pharmacy Lock-In Program

4.5 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 two (2) months of the contract award. The Vendor's system must be compatible with all West Virginia Medicaid specific lock-in criteria as defined at the following address: http ://www.dhhr.wv. ov/bms/BMS%20Pharmac /Documents/DUR/Lock%20In%20 Criteria%202016%20ver.9.pdf), included in EXHIBIT B.

We provide Pharmacy Lock-In services to identify patients who over-utilize controlled substances and limit their access to appropriate amounts. Our lock-in pharmacy program supports clients in achieving their goals through the review of recipient profiles flagged as showing potential abuse, paired with our RxExplorer solution used to identify other drug therapy problems, e.g., drug-drug interactions.

Our clinical staff reviews the patient profiles for those patients who have been selected as high-risk using ProfileXpress, an electronic profile review system. Upon review of demographic, diagnostic, pharmacy, and medical claims data, the profile reviewer can choose to send an

educational mailing to the provider or recommend the patient for the state Lock-In program, when appropriate.

The Lock-In program supports our clients in achieving their goals in the following ways:

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

We currently provide Lock-In services in six (5) states: Maryland, Arkansas, Connecticut, Rhode Island, and Wisconsin. As the prior Lock-In vendor for West Virginia, we bring comprehensive knowledge of the State's program and will work with the Bureau to auto-lock patients into the program based on established lock-in criteria.

For the Bureau, if a client's patient profile is selected for Lock-In, we coordinate sending notification letters to the appropriate prescribers, dispensers, and the client and locking in the client to a particular pharmacy or provider. RxExplorer is compatible with all WV Medicaid specific lock-in criteria defined in Exhibit B.

4.5.1 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.

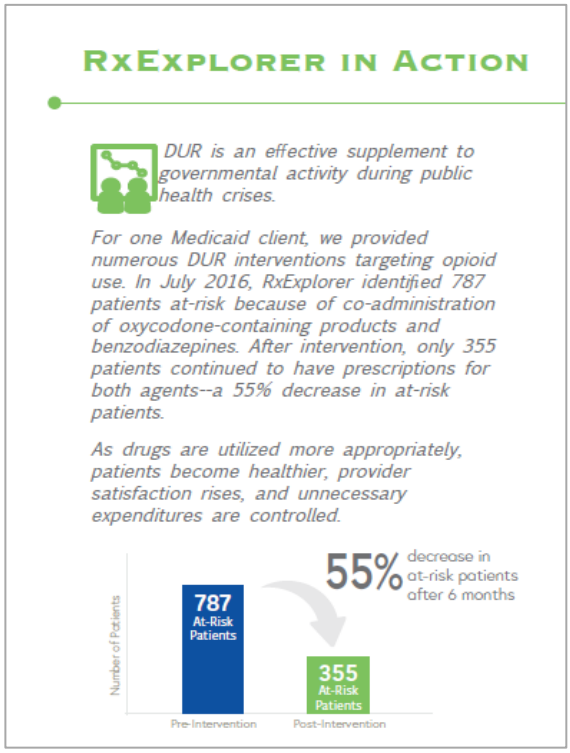
KEPRO will establish and maintain our Pharmacy Lock-In Program for Medicaid members who utilize multiple pharmacies and/or prescribers for controlled substances. We will identify candidate members for the Lock-In Program by flagging profiles showing patterns of high utilization or incorrect utilization, or those identified by the Bureau. We have provided Pharmacy Lock-In services to Medicaid agencies for more than a decade. With this experience, and through our Lock-In services to the State, we have identified best practices, reviewed and assessed workflow efficiencies, and worked closely with Medicaid to develop and maintain a successful program. We will use this experience to effectively manage the Bureau's Lock-In Program.

4.5.2 The Vendor shall generate monthly lock-in profiles for review within five (5) working days of any meeting by the RetroDUR Committee. The Vendor shall generate no less than 85 member-profiles for lock-in review per calendar month unless fewer than 85 members are identified. Members shall be identified as potential lock-in candidates by application of the Vendors utilization algorithm and West-Virginia specific clinical criteria, included in Exhibit B. The Vendor must produce these profiles in either hard or electronic format for RetroDUR review.

KEPRO will generate no less than 85 member profiles for lock-in review monthly (unless fewer members are identified). Members will be correctly identified by the application of a utilization algorithm and clinical review 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.

We will review pharmacy and medical utilization of recipients to identify patients who over-utilize controlled substances and limit their access to appropriate amounts. After reviewing the Lock-In profiles, our pharmacy Lock-In committee will recommend an appropriate intervention action. These actions include the following:

- No Action – No notification is issued.
- DUR - Notification of drug misuse issued to the physician.
- Warning - Notification of potential restriction to a single pharmacy provider is issued to the physician and recipient.
- Lock-In – Notification of drug misuse and restriction to a single pharmacy provider (to recipient), and educational RDUR letter to the physicians, with copy of recipient's drug history profile.
- Re-Lock – Notification of continued lock-in status to recipient, and educational TDUR letter to the physicians with a copy of the recipient's drug history profile.
- Unlock – Notification of discontinued lock-in status to recipient. (Recipient is re-reviewed only if they "except out" on lock-in criteria.)



In addition to the lock-in criteria, RxExplorer analytics may identify other drug therapy problems, e.g., drug-drug interactions. For these cases, profiles are reviewed to determine if a therapeutic DUR letter should be sent to the prescribing physicians, alerting them to potential drug related problems.

4.5.3 The RetroDUR committee shall review these profiles and direct the Vendor to process selected members for pharmacy lock-in:

4.5.3.1 The Vendor shall contact the eligible member who will then be required to select one provider for pharmacy services. The Vendor will inform the member that Medicaid will deny claims for pharmacy services submitted by any other pharmacy provider.

4.5.3.2 The Vendor shall then call the Pharmacy Provider the member has chosen, explain the Lock-In Program and obtain their agreement to participate as the lock-in Pharmacy provider for the member.

4.5.3.3 Pharmacy lock-ins must be completed by the Vendor within 28 calendar days of request. If the member fails to choose a pharmacy within twenty-eight (28) calendar days, the Vendor shall lock the member into the last pharmacy of record and inform the member via mail of their right to request a change. Instructions for requesting a lock-in pharmacy will be included in notification.

When recipient or provider behavior matches one or more of the RetroDUR therapeutic criteria, this is referred to as a therapeutic criteria exception. The automated analysis allows identification of 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. Pharmacy lock-in will be completed within 28 calendar days of request. If the member fails to choose a pharmacy within twenty-eight (28) calendar days, the member will be locked into the last pharmacy of record. We will mail notification to the member regarding their right to request a change. Instructions for requesting a lock-in pharmacy will be included in notification. The notification will also include information noting that Medicaid will deny claims for pharmacy services submitted by any other pharmacy provider.

4.6 Member Lock-In and Provider List

4.6 The Vendor shall maintain the member lock-in beneficiary and provider list and supply a file of this information to the BMS Fiscal Agent MMIS vendor daily for an automated lock-in process. The Vendor shall work with the Fiscal Agent BMS MMIS vendor to coordinate file layouts and transfer of files through a secure FTP site. All costs associated with transfer of files will be the expense of the Vendor as DHHR/BMS will not incur these charges.

KEPRO will maintain the lock-in beneficiary and provider list as part of the RetroDUR program. We have worked with the State’s Fiscal Agent since 2012 and will continue to ensure all operational tasks are completed per timeline requirements. All data feeds are secured using secure file transfer protocol (SFTP). We understand that all costs associated with transfer of files will be the responsibility of KEPRO.

4.7 Management and Project Team

4.7 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, and Medicaid Identification Numbers. 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, which can be found at http:ijexclusions.oig.hhs.gov/

KEPRO provides the following 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 KEPRO in the table below. 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. We do not and will not employ or contract with any individual or entity named on the federally excluded provider list.

Name	Position
Joel Portice	Chief Executive Officer
Susan T. Weaver, MD, FACP	President
Meghan Harris	Executive Vice President, Chief Operating Officer
Srini Achukola	Chief Technology Officer
Paul Solomon	Chief Financial Officer
Michael Ansel	Chief Growth Officer
Key and Support Staff for West Virginia BMS	
G. Robert DiBenedetto, Jr.	Vice President, Operations, (Contract Manager)
Murray Yarbrough, MD	Medical Director
Taylor DeRuiter, PharmD	Account Manager/Clinical Pharmacist
Pamela DeRuiter, RPh	Clinical Criteria Manager
Andrea Nelson	Database Analyst

4.7.1 The Vendor shall submit to the Bureau notification and resumes for any proposed staffing changes to clinical and management positions directly serving the West Virginia account within 30 calendar days of the change. The Bureau shall have the right to review and determine whether the proposed staffing change is acceptable. If the Bureau finds that the proposed staffing change no longer meets the needs of the program, the Vendor must provide an acceptable alternative for BMS approval. No key position (see section 3.1) shall remain vacant for longer than 60 calendar days.

KEPRO offers a highly-skilled and experienced project team to meet the requirements of the RFQ. All proposed team members have previously provided services for the WV RetroDUR

program and we will leverage this knowledge and expertise should we receive a contract award for this Solicitation. We will notify the Bureau and submit resumes for any proposed staffing changes to clinical and management positions directly serving the West Virginia account within 30 calendar days of the change. We understand that no key position (per section 3.1) shall remain vacant for longer than 60 calendar days.

4.8 RetroDUR Committee Support

4.8 The Vendor shall provide financial and technical support for a RetroDUR Committee that will evaluate member profiles generated by the Vendor. The Committee, made up of healthcare professionals selected by the Bureau, shall consist of four (4) members designated by the Bureau for renewable one year terms. The support must include training for four (4) Committee members and financial reimbursement per monthly meeting not less than $400 per member.

KEPRO will provide financial and technical support for the RetroDUR Committee, including training for four (4) Committee members and financial reimbursement per monthly meeting at no less than $400 per member.

4.9 RetroDUR Reporting

4.9 REPORTS - The Vendor shall establish a reporting system producing the standard periodic reports for the Bureau as described below: 4.9.1. 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: 4.9.1.1. Provider response log updates; 4.9.1.2. Provider profiling (physician and pharmacy provider); 4.9.1.3. Profile review outcome summary; 4.9.1.4. Case summary; 4.9.1.5. 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; 4.9.1.6. Monthly summary of new member lock-ins as well as the total number of members currently locked into a pharmacy; 4.9.1.7. Report of outlier and errant claims by pharmacy providers; 4.9.1.8. RetroDUR Estimated Savings Report (including the vendors methodology

RxExplorer is one of the most powerful pharmacy reporting tools in the industry. The reporting application offers more than 200 standard utilization reports and infinite ad hoc reporting capabilities for state users to identify additional areas of need or to research topics of interest.

KEPRO will provide all monthly utilization reports for the Bureau at least three (3) calendar days prior to the RetroDUR Committee meeting, to the Pharmacy Services Program for review and approval. Monthly reports will be mailed to the Bureau to be included in the RetroDUR Committee members' monthly meeting packets. KEPRO will work with the Bureau on the design of content fields of the summary reports. These 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 beneficiaries, number of cases reviewed, number of letters generated, summary of distribution of cases by problem types and follow up data;
- Monthly summary of new member lock-ins as well as the total number of members currently locked into a pharmacy;
- Report of outlier and errant claims by pharmacy providers;
- RetroDUR Estimated Savings Report (including the vendors methodology

We currently provide monthly utilization and trending reports to all of our RDUR clients. Examples of monthly report types are provided below:

- RDUR Recommendations
- Monthly Help Desk Report
- Lock-In Statistics
- RDUR Program Monthly Number of Profiles Reviewed
- Lock-In Program Monthly Number of Profiles Reviewed
- Top 10% of Prescribers based on Lock-In Criteria
- Top 5% of Pharmacies based on Lock-In Criteria
- Lock-In Program Cumulative Cost Savings

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

4.9.2.1 Patient profiles review outcome reports by population

4.9.2.2 Activity statistical report;

4.9.2.3 Case distribution by problem type;

4.9.2.4 Trend summary of major therapeutic categories of interest;

4.9.2.5 Outcomes reports (six-month post intervention) - The Vendor shall provide an outcome report for review at DUR Board meetings;

4.9.2.6 Outcome reports (six-moth post intervention). The Vendor shall provide outcome reports of all population based educational interventions and present them at the appropriate quarterly DUR Board meeting;

4.9.2.7 Quarterly estimated savings reports with methodology

We have significant experience providing the analysis and reporting needed to administer a successful RDUR program. Our team prepares several types of outcomes reports in order to assess the effectiveness of pharmacy support services and understand the habits of prescribers, pharmacies and patients. As an example, one of our state Medicaid clients requested quarterly reports for naloxone utilization to monitor the prescribing and utilization patterns for all Medicaid participants as part of the State's action plan to combat the opioid overdose epidemic. KEPRO was able to pull claims data for all naloxone products from the FFS claims received the State and create multiple reports to be distributed throughout the state administration boards.

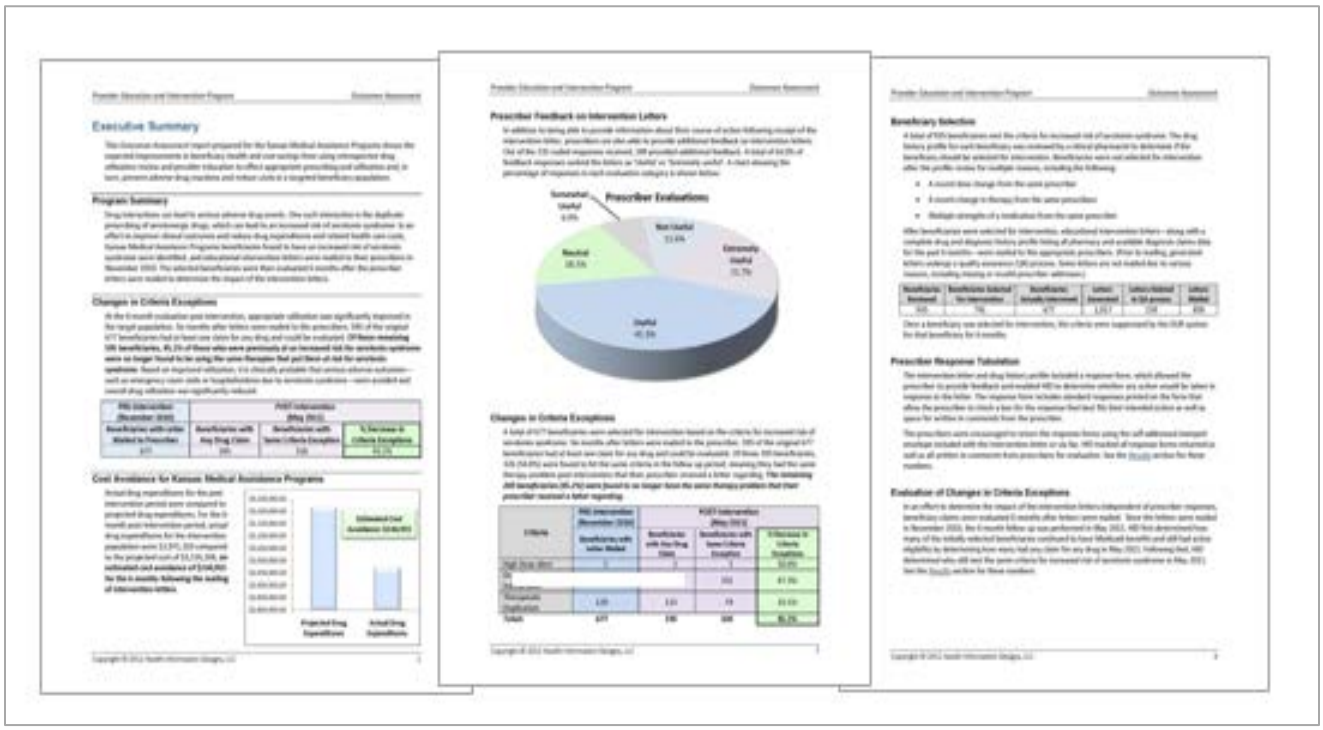
We will provide the quarterly reports required for the RDUR program by the Bureau within 15 calendar days following the applicable quarterly period. Quarterly reports will include, but not be limited to the following:

- Patient profile 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)
- Quarterly estimated savings reports with methodology

A sample DUR Board packet with quarterly reports is included as **Attachment 5.**

The following image is an excerpt of an Outcomes report for the Kansas Medical Assistance Program regarding the increased risk of Serotonin Syndrome. Outcome reports include clinical

executive summaries, provider feedback analysis, criteria exception detail, and cost avoidance estimations.



4.9.3 Annual Reports - The Vendor shall electronically submit to the Bureau the following, (but not limited to), data by May 1 of each calendar year for CMS annual reports:

4.9.3.1 Outcomes and utilization summary reports

4.9.3.2 Population-based intervention outcomes

4.9.3.3 Annual savings generated by the RetroDUR Program (methodology must be described).

4.9.3.4 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, included in https://www.ssa.gov/OP_Home/ssact/title19/1927.htm, that requires each state to submit an annual report to CMS on the operation of its Medicaid DUR Program. Per subsection (D) Annual report, each State shall require the DUR Board to prepare a report on an annual basis. The State shall submit a report on an annual basis to the Secretary which shall include a description of the activities of the Board, including the nature and scope of the prospective and retrospective drug use review programs, a summary of the interventions used, an assessment of the impact of these educational interventions on quality of care, and an estimate of the cost savings generated as a result of such program. The Secretary shall utilize such report in evaluating the effectiveness of each State's drug use review 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 in order to complete the document according to CMS specifications at no additional cost to the Bureau.

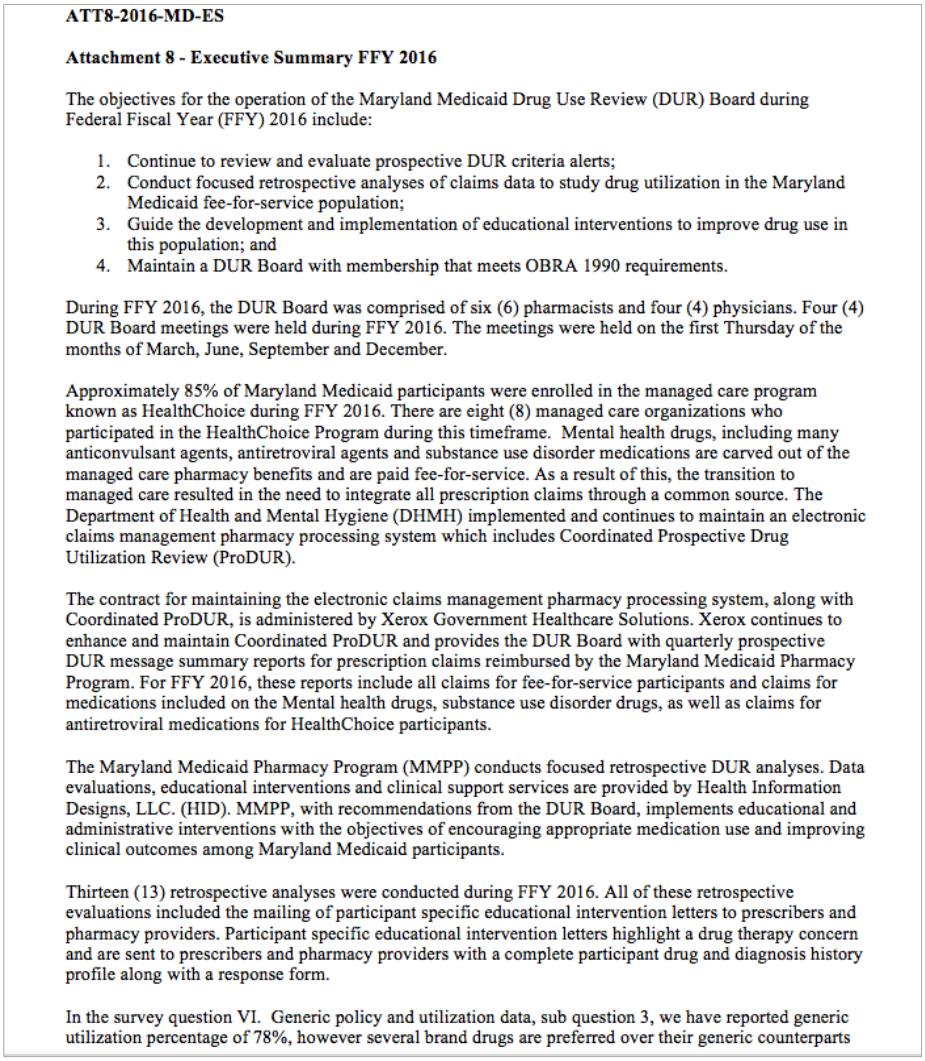
To assess the productivity of the Medicaid program, KEPRO will provide information and reporting to the Bureau with annual reports that include valuable summary information such as current Board activity and statistical analysis of cost savings, trends in usage, and intervention review. These reports highlight the changes that can be made to improve quality of care and cost effectiveness.

Our experience has shown that improvements in healthcare can be achieved with large cost savings as a valuable by-product. RxExplorer evaluates pharmaceutical claims data to assess the cost savings of the DUR interventions. To complement this, our system generates a cost savings report that can cover up to twelve different ICER dates. While the “traditional” method of calculating cost savings looks only at the expenditure of the intervention group, before and after intervention, RxExplorer analytics calculates not only the absolute values of expenditures, but the change in expenditures. The cost savings report compares the changes between two groups of patients: the intervention group and the comparison group. The advantage provided by using a comparison group is that it controls for confounding variables such as seasonal changes, major shifts in drug use, inflation, and aging of the patient population.

We will prepare the DUR Annual Report required by CMS in accordance with CMS requirements and complete the survey distributed by CMS. We have prepared RDUR program information for this report for two decades. We are familiar with the interactive Web-based submission of the survey and attachments. Our clinical and data management professionals

possess intimate working knowledge of the CMS reporting requirements and submission procedures. We provide CMS report preparation assistance on an annual basis to all our DUR clients, including data analysis, report writing, and submission.

The following image is an excerpted 2016 Medicaid Drug Utilization Review Annual Report Executive Summary as prepared for one of our state clients.



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Attachment 8 - Executive Summary FFY 2016

The objectives for the operation of the Maryland Medicaid Drug Use Review (DUR) Board during Federal Fiscal Year (FFY) 2016 include:

1. Continue to review and evaluate prospective DUR criteria alerts;
2. Conduct focused retrospective analyses of claims data to study drug utilization in the Maryland Medicaid fee-for-service population;
3. Guide the development and implementation of educational interventions to improve drug use in this population; and
4. Maintain a DUR Board with membership that meets OBRA 1990 requirements.

During FFY 2016, the DUR Board was comprised of six (6) pharmacists and four (4) physicians. Four (4) DUR Board meetings were held during FFY 2016. The meetings were held on the first Thursday of the months of March, June, September and December.

Approximately 85% of Maryland Medicaid participants were enrolled in the managed care program known as HealthChoice during FFY 2016. There are eight (8) managed care organizations who participated in the HealthChoice Program during this timeframe. Mental health drugs, including many anticonvulsant agents, antiretroviral agents and substance use disorder medications are carved out of the managed care pharmacy benefits and are paid fee-for-service. As a result of this, the transition to managed care resulted in the need to integrate all prescription claims through a common source. The Department of Health and Mental Hygiene (DHMH) implemented and continues to maintain an electronic claims management pharmacy processing system which includes Coordinated Prospective Drug Utilization Review (ProDUR).

The contract for maintaining the electronic claims management pharmacy processing system, along with Coordinated ProDUR, is administered by Xerox Government Healthcare Solutions. Xerox continues to enhance and maintain Coordinated ProDUR and provides the DUR Board with quarterly prospective DUR message summary reports for prescription claims reimbursed by the Maryland Medicaid Pharmacy Program. For FFY 2016, these reports include all claims for fee-for-service participants and claims for medications included on the Mental health drugs, substance use disorder drugs, as well as claims for antiretroviral medications for HealthChoice participants.

The Maryland Medicaid Pharmacy Program (MMPP) conducts focused retrospective DUR analyses. Data evaluations, educational interventions and clinical support services are provided by Health Information Designs, LLC. (HID). MMPP, with recommendations from the DUR Board, implements educational and administrative interventions with the objectives of encouraging appropriate medication use and improving clinical outcomes among Maryland Medicaid participants.

Thirteen (13) retrospective analyses were conducted during FFY 2016. All of these retrospective evaluations included the mailing of participant specific educational intervention letters to prescribers and pharmacy providers. Participant specific educational intervention letters highlight a drug therapy concern and are sent to prescribers and pharmacy providers with a complete participant drug and diagnosis history profile along with a response form.

In the survey question VI. Generic policy and utilization data, sub question 3, we have reported generic utilization percentage of 78%, however several brand drugs are preferred over their generic counterparts

We have provided analysis and intervention services for decades, longer than any other industry competitor, and we understand the goals of Medicaid agencies, drug use and trends in Medicaid patient population, and the importance of effective interventions. The following table shows a summary of recent educational interventions for our Alabama Medicaid pharmacy administrative services contract in FY17, included in the most recent CMS Report.

	Recipients Reviewed	Recipients Selected for Intervention	Letters Generated	Letters Mailed
Additive CNS Effects	994	360	468	465
Adverse Metabolic Effects	913	672	685	674
Duplicate NSAID Therapy	778	603	1002	988
Serotonin Syndrome	720	617	802	788
Duplicate Antidepressant Therapy	539	458	582	569
Underutilization of Lipid Lowering Agents	517	460	460	442
Disease State Management	458	156	164	160
Stimulant Contraindication	451	368	377	375
Risk of Fractures	396	115	167	165
Overutilization of Stimulants	339	12	12	12
Totals	*6,105*	*3,811*	*4,719*	*4,638*

	Intervention Group Change between 6 Month Pre- and Post-	Comparison Group Change between 6 Month Pre- and Post-	Estimated Cost Savings
All Interventions	$1,012,240	-$348,034	$1,360,274

4.10 Quarterly Newsletter

4.10 The Vendor shall produce a quarterly newsletter detailing BMS pharmacy policy updates, Drug Utilization Review Board action, and any other pertinent drug information to prescribers and pharmacy providers. This newsletter must be available for posting electronically on the Bureau for Medical Services website at http://www.dhhr.wv.gov/bms/Pharmacy/Pages/default.aspx within 30 calendar days following the end of the quarter.

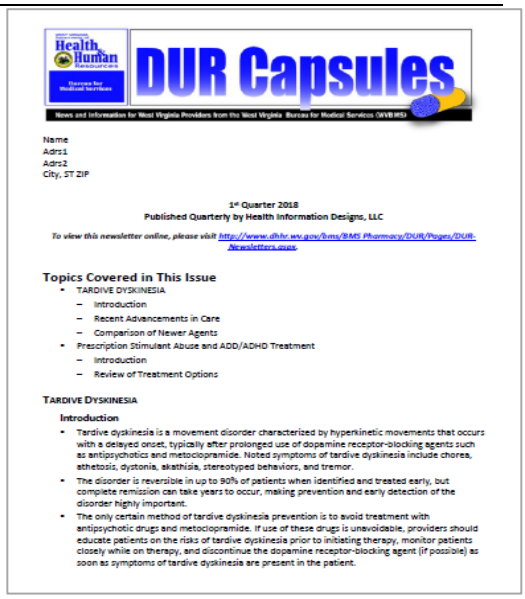
KEPRO will meet this requirement. We offer provider education and pharmacy program updates through the production of quarterly newsletters, which are distributed to State Medicaid providers. Generally, newsletters include information about recent Medicaid updates and general clinical information of value to providers.

Quarterly newsletters often include clinical information that is most relevant to the daily work of the Medicaid providers. We provide similar program newsletters and education for current client Medicaid agencies' provider populations and will do so for the West Virginia provider population upon contract award. As prior RetroDUR vendor for the Bureau, we have produced the quarterly newsletter for publishing to the BMS website.

The image to the right is an excerpt of the newsletter developed for the Bureau for Quarter 1, 2018.

We have produced electronic and hard copy quarterly provider newsletters for clients nationwide for more than 15 years. We understand that the more providers are exposed to non-confrontational educational pieces, the more likely they are to incorporate those appropriate therapy guidelines in their practice daily.

Dr. DeRuiter will work with the Bureau for topics and content for each quarterly newsletter. The newsletter will be available for posting electronically on the Bureau for Medical Services website within 30 calendar days following the end of the quarter.



DUR Capsules

News and Information for West Virginia Providers from the West Virginia Bureau for Medical Services (WVBMS)

Name
Adrs1
Adrs2
City, ST ZIP

1st Quarter 2018
Published Quarterly by Health Information Designs, LLC

To view this newsletter online, please visit http://www.dhhr.wv.gov/bms/BMS Pharmacy/DUR/Pages/DUR-Newsletters.aspx.

Topics Covered in This Issue

- TARDIVE DYSKINESIA
  - Introduction
  - Recent Advancements in Care
  - Comparison of Newer Agents
- Prescription Stimulant Abuse and ADD/ADHD Treatment
  - Introduction
  - Review of Treatment Options

TARDIVE DYSKINESIA

Introduction

- Tardive dyskinesia is a movement disorder characterized by hyperkinetic movements that occurs with a delayed onset, typically after prolonged use of dopamine receptor-blocking agents such as antipsychotics and metoclopramide. Noted symptoms of tardive dyskinesia include chorea, athetosis, dystonia, akathisia, stereotyped behaviors, and tremor.
- The disorder is reversible in up to 90% of patients when identified and treated early, but complete remission can take years to occur, making prevention and early detection of the disorder highly important.
- The only certain method of tardive dyskinesia prevention is to avoid treatment with antipsychotic drugs and metoclopramide. If use of these drugs is unavoidable, providers should educate patients on the risks of tardive dyskinesia prior to initiating therapy, monitor patients closely while on therapy, and discontinue the dopamine receptor-blocking agent (if possible) as soon as symptoms of tardive dyskinesia are present in the patient.

4.11 DUR Board Meeting Support

4.11 The Vendor must provide support for quarterly DUR Board meetings including, but not limited to:

4.11.1 Meeting attendance by a clinical representative;

4.11.2 Presentations regarding completed population-based educational interventions;

4.11.3 Quarterly pharmacy profile review outcome reports;

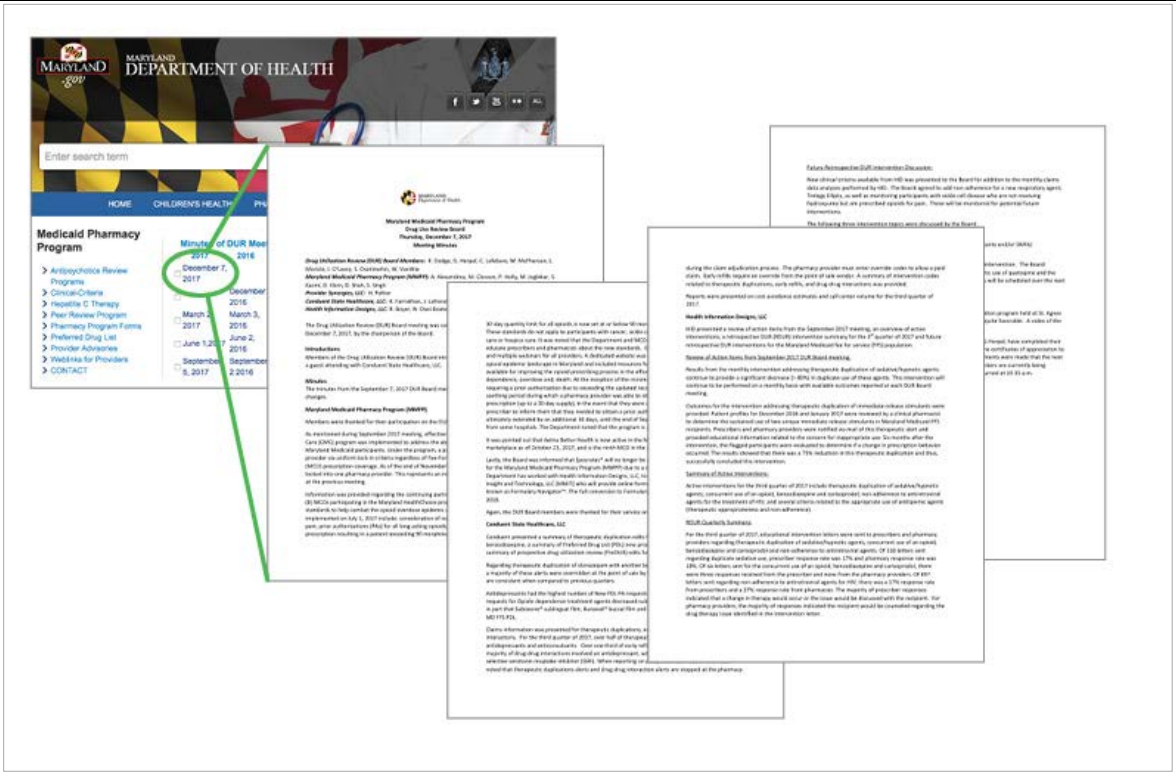
4.11.4 Estimated savings reports;

4.11.5 Recommendations for potential population-based educational interventions based on BMS therapeutic criteria exceptions and other relevant data;

4.11.6 The Vendor shall also provide DUR Board meeting minutes, by e-mail, within 10 calendar days of each quarterly meeting.

KEPRO 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. Dr. DeRuiter will attend DUR meetings as the clinical representative. We will support DUR Board Meetings to update therapeutic criteria, discuss provider education, review quarterly profile outcome reports, and provide recommendations for potential population-based educational interventions based on BMS therapeutic criteria exceptions and other relevant data. Dr. DeRuiter will provide DUR Board meeting minutes, by e-mail, within 10 calendar days of each quarterly meeting. In providing support to the West Virginia DUR Board, we offer valuable expertise, a firm understanding of related services, and clinical objectivity.

The following image shows an excerpt of meeting minutes created for posting to the State's website for the Maryland Medicaid Pharmacy Program DUR Board meeting.



4.12 Change Management Process

4.12 Change Management Process - The Vendor shall design and maintain a change management process involving (at minimum) a once-monthly quality-assurance meeting conducted with the Bureau by teleconference. Meetings shall occur at an agreed upon date during normal business hours 9:00 am to 5:00 pm ET, Monday through Friday. These meetings shall serve the purpose of assessing operational status and as an opportunity for the Bureau to request changes or adjustments to the system. The Vendor shall have 7 calendar days to review the request and present an implementation plan to the Bureau. If actionable, the Vendor has by default 30 calendar days to complete the change. Implementation time may be extended by the Bureau on request. Critical changes required for full system functionality must be completed within seventy-two (72) hours or risk Vendor default.

KEPRO will comply with this requirement. Dr. DeRuiter will serve as primary contact for the monthly quality assurance meetings to review current operational status and review any requested changes or adjustments to the RxExplorer system. Dr. DeRuiter will work with the clinical and technical team to ensure all timelines for review and implementation are met throughout the contract term.

If a requirement must be changed or added, we will initiate our standard change control procedure to estimate the time and resources necessary. The Bureau may then make an informed determination about whether the proposed change necessitates a change to the project schedule and scope. When approval from the Bureau is needed—whether for intervention proposals, milestones, deliverables or changes— we will communicate the specific request in writing.

KEPRO requests that a response from the Bureau be submitted in writing, to ensure that there is a record of each request and response in the project archives.

Additionally, upgrades and modifications to the system are managed through our formal change management process according to modification type. Our standard change control process was created and implemented to effectively manage all updates to our solutions in an efficient manner. Change control for the Bureau can be managed using the change management process documented below:

1. A Project Change Request (PCR) will be the vehicle for communicating change requests that may be initiated by either party. The PCR will provide a description of the change, the rationale for the change, and how completion of the task will be measured.
2. When a PCR is initiated by the Bureau, our Account Manager, Dr. DeRuiter, will log the request, review the proposed change and assessment and approve it for further consideration or reject it. We will provide an impact assessment evaluating the effect that the implementation of the PCR will have on price, schedule, and other terms and conditions of the contract.
3. When a PCR is initiated by KEPRO, our Account Manager will complete the change request form and submit it to the Bureau for approval. If the PCR is rejected, the Bureau will notify KEPRO's Account Manager. The Account Manager will then close the PCR.
4. If the PCR is approved, the Bureau and Dr. DeRuiter will work together to schedule the implementation of the change and update the project schedule and other documentation where appropriate.
5. Dr. DeRuiter will notify our project team of the change and its impact and the Bureau will notify all necessary stakeholders.
6. The Bureau and KEPRO will sign and amend the PCR and quote to the current contract, thus authorizing the development of the proposed PCR solution.
7. KEPRO will maintain a log (with technical information) of all PCRs and their status. This detailed change information will serve as the basis for analysis and testing.

5. Contract Award

5. CONTRACT AWARD

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 total cost as shown on the Pricing Pages.

5.2 Pricing Page: Vendor shall complete the Pricing Page by providing the monthly and annual cost for each service (data collection, lock-in program) and deliverable (reports and educational programs for providers) indicated in the table in Exhibit A. The Vendor shall also provide the total annual cost of all four services and deliverables combined that are listed in the table. All mailing costs and monthly amounts paid to RetroDUR Committee members shall 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 type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

We provide a completed Pricing Page in Section IV of this response. KEPRO provided pricing as required in our response submission through wvOASIS.

6. Performance

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.

KEPRO makes every effort to meet milestones and deliverables on schedule and as required. Our Account Manager, Dr. DeRuiter, will perform monthly reviews of the contract deliverables to determine that adequate progress is being made and to assure that all quality control procedures are in place and are being utilized effectively to meet Contract Service Deliverables.

7. Payment

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.

KEPRO provides pricing as a flat fee per the Pricing Page of the RFQ. We accept payment in accordance with the payment procedures of the State of West Virginia.

8. Travel

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.

We agree that all mileage and travel costs, including travel time, associated with performance of this Contract are KEPRO's responsibility and will not be paid by the Agency separately.

9. Facilities Access

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.

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.

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

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

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

KEPRO has read and will meet this requirement as needed. Primary contract services will be performed in Auburn, AL and as such, access to Agency facilities is not necessary.

10. Vendor Default

10. VENDOR DEFAULT:

10.1. 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.

10.2. 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. Execution of penalties detailed in the Service Level Agreements.

10.2.4. Any other remedies available in law or equity.

KEPRO has read and will comply in accordance with the requirements applicable to the Contract Services.

11. Miscellaneous

11. MISCELLANEOUS:

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.

Contract Manager: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

11.2.Staffing Changes: The Vendor must submit for review and approval any proposed staffing changes to key positions within 10 days of the change. The Bureau reserves the right to request a change to current or proposed staff in these positions: Clinical Account Manager, Contract Manager and Lock-In Manager.

We provide contact information for our proposed below:

Contract Manager: G. Robert DiBenedetto, Jr.

Telephone Number: 334.466.4094

Fax Number: 866.304.1632

Email Address: rob@hidesigns.com

For staffing changes, KEPRO will submit any proposed staffing changes to BMS for review and approval within 10 days of the change. We understand the Bureau's right to request staffing changes for the noted positions.

IV. Exhibit A: Pricing Page

5.2 Pricing Page: Vendor shall complete the Pricing Page by providing the monthly and annual cost for each service (data collection, lock-in program) and deliverable (reports and educational programs for providers) indicated in the table in Exhibit A. The Vendor shall also provide the total annual cost of all four services and deliverables combined that are listed in the table. All mailing costs and monthly amounts paid to RetroDUR Committee members shall 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 type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

KEPRO provides a completed Pricing Page (Exhibit A), as revised and included with Addendum 1, on the following page. All pricing has also been submitted through wvOASIS per RFQ instructions.

Exhibit A
Pricing Sheet

Cost information below as detailed in the Request for Quotation. Cost should be clearly marked. Cost must be broken out by the following categories. This will be a fixed cost contract, based on a per year basis. Vendor shall not alter cost sheet. YEAR 2,3,4 are optional renewals

Description of Services	YEAR 1 (2 Months Startup + 10 Months Operations)	OPTIONAL RENEWAL YEAR 1 (12 Months)	OPTIONAL RENEWAL YEAR 2 (12 Months)	OPTIONAL RENEWAL YEAR 3 (12 Months)
Start-up Costs (4.1, 4.2, 4.5, 4.9). Total not to exceed 2- Month implementation.	$ 0.00	XXXXXX	XXXXXX	XXXXXX
Data Collection (4.9)	$ 13,291.27	$ 15,949.52	$ 16,428.01	$ 16,920.85
Member Profiles (4.2.11, 4.8)	$ 86,974.69	$ 104,369.63	$ 107,500.72	$ 110,725.74
Educational Programs for Providers (Newsletters, Educational Population-Based Interventions, Member Profile Review Letters (4.3, 4.4, 4.10)	$ 70,273.83	$ 84,328.60	$ 86,858.46	$ 89,464.21
Retrospective Drug Utilization Review Reports (4.9)	$ 26,759.52	$ 32,111.42	$ 33,074.76	$ 34,067.00
Lock-In Program (including letters to members, prescribers and pharmacy providers) and Help Desk (4.5, 4.6)	$ 51,128.02	$ 61,353.62	$ 63,194.23	$ 65,090.06
Totals	(A) $ 248,427.33	(B) $ 298,112.79	(C) $ 307,056.18	(D) $ 316,267.86
GRAND TOTAL (NOT TO EXCEED 4 YEAR PRICE) (A+B+C+D) $ 1,169,864.16				
Notes:				

1.) The Vendors Total Not to Exceed Cost will include all general and administrative staffing (secretarial, clerical, etc.), travel, supplies and other resource costs necessary to perform all services within the scope of this procurement.
2.) The cost bid will be evaluated on the Total Not to Exceed Cost of Contract for the four (4) year period.
3.) Vendor will not be eligible to invoice any operational or programmatic costs while invoicing for start-up costs.
4.) Program services shall be invoiced monthly in arrears.
5.) The number of months in the operational base year one has been determined to be ten (10) months to allow for 2-month implementation. Year One (1) Cost for these items are to be based on ten (10) months of service while optional renewal years are to be based on twelve (12) months of service

KEPRO Acquisitions, Inc.	Company
Susan T. Weaver, MD, FACP	Representative Name, Title
717.564.8288/717.564.3862	Contact Phone/Fax Number
September 20, 2018	Date

Attachments

Introduction

The following attachments have been provided to supplement and complete RFQ response requirements.

1. HIPAA Business Associate Addendum, Signature Page
2. Purchasing Affidavit
3. Proof of credentials/licenses/certifications
4. Final CRFQ Request for Quotation form
5. Sample DUR Report with Quarterly Reports

Attachment 1: HIPAA Business Associate Addendum

We provide a signed HIPAA Business Associate Addendum as Attachment 1

AGREED:

Name of Agency: WV DHHR/BMS

Signature: [signature]

Title: Commissioner

Date: _____

Name of Associate: Susan T. Weaver MD, FACP

Signature: Susan T. Weaver, MD

Title: President

Date: September 20, 2018

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF March 20 19
Patrick Morrisey
Attorney General
BY _____

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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: KEPRO Acquisitions, Inc. (KEPRO)

Name of Agency: WV DHHR/BMS

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

Member Name
Member ID Number
Drug + Medical Profile

Attachment 2: Purchasing Affidavit

We provide a signed, and notarized Purchasing Affidavit as **Attachment 2.**

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL OTHER CONTRACTS: 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: KEPRO Acquisitions, Inc.

Authorized Signature: Susan T. Weaver, MD /Susan T. Weaver, MD, FACP Date: 9/20/18

State of Pennsylvania

County of Dauphin, to-wit:

Taken, subscribed, and sworn to before me this 20 day of September, 20 18

My Commission expires 1/12/2020, 20 20

AFFIX SEAL HERE

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
KAREN M DZIURZYNSKI
Notary Public
LOWER SWATARA TWP, DAUPHIN COUNTY
My Commission Expires Jan 12, 2020

NOTARY PUBLIC Karen M. Dziurzynski

Purchasing Affidavit (Revised 07/07/2017)

Attachment 3: Proof of Credentials

We provide proof of credentials as **Attachment 3 f**or the following proposed team members:

- Dr. Murray Yarbrough, MD
  - Resume and License
- Dr. Taylor DeRuiter, PharmD
  - Resume and License

Professional Summary

As Medical Director, Dr. Murray Yarbrough serves as a medical resource for customers and 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 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. Working with patients is his first love. As a promising young physician at Veterans Administration Hospital in Grand Junction, Colorado, he was tapped for a hospital Chief of Medicine position. 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. Early in his career, Dr. Yarbrough showed a keen interest in reading the professional literature, both in and outside his specialty. After graduating from Vanderbilt University with an M.D. degree, he completed a medical internship and residency and then served as a ward physician for three years.

In addition to his role as Medical Director, 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 a 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 a vast base of medical knowledge.

Significant Facts

- Through his relationship with Oakstone Medical Publishing, Dr. Yarbrough reviews over 500 medical articles a month.
- Dr. Yarbrough has been a physician for over 40 years and has served as the principal investigator in hundreds of clinical trials.

Professional Experience

KEPRO/HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA MEDICAL DIRECTOR, 2002–PRESENT

- Serves as final authority for re-submitted denied PA requests
- Serves as a consultant on medical issues
- Reviews CMC recipient profiles as needed
- Reviews reports and clinical materials as needed
- Provides clinical review and reporting support as needed

OAKSTONE MEDICAL PUBLISHING, BIRMINGHAM, ALABAMA
PROOFER, 1998–PRESENT

- Reviews and proofs medical abstracts for medical accuracy, terminology, and grammar
- Contributes content for medical and surgical training products

BARRY MCLEAN, MD, PHD, BIRMINGHAM, ALABAMA
PHYSICIAN IN DR. MCLEAN'S PRIVATE PRACTICE, 1998-2006

SOUTHERN DRUG RESEARCH, BIRMINGHAM, ALABAMA
PRINCIPAL INVESTIGATOR, CLINICAL TRIALS, 1997 –2006

SIMON-WILLIAMSON CLINIC, BIRMINGHAM, ALABAMA
PRIVATE PRACTICE, INTERNAL MEDICINE, 1963–1998

VETERANS ADMINISTRATION HOSPITAL, GRAND JUNCTION, COLORADO
WARD PHYSICIAN, 1960 –1963

Education

- Denver Veterans Administration Hospital, Denver, Colorado
  - Chief Medical Resident, 1959-1960
  - Medical Resident, 1958-1959
- Thayer Veterans Administration Hospital, Nashville, Tennessee
  - Medical Resident, 1957-1958
- Vanderbilt University Hospital, Nashville, Tennessee
  - Intern, 1956-1957
- MD, Vanderbilt University School of Medicine, Nashville, Tennessee, 1956
- BA, Vanderbilt University, Nashville, Tennessee, 1953 (Pre-medical studies completed in 1952)

Certifications/Licenses

- Medical License, State of Alabama

  American Board of Internal Medicine Certification, 1963

Hospital Affiliations

- Courtesy Staff, Baptist Medical Center, Princeton, 1998-Present
- Courtesy Staff, Baptist Medical Center, Montclair, 1965-Present
- Active Staff, Baptist Medical Center, Princeton, 1968-1998
- Consulting Staff, Lakeshore Rehab Hospital, 1986-1995

Publications

"Calan SR/Enalapril in mild-moderate hypertension." Sub-Investigator, Searle. Updated 06/15/00.

"A Double-Blind, Placebo-Controlled, Parallel Group, Dose Response Study to Evaluate the Efficacy and Safety of Topiramate Versus Placebo in the Relief of Pain in Diabetic Peripheral Polyneuropathy," R,W. Johnson Pharmaceutical Research Institute/PAREXEL, TOPMAT-NP-003. 1999.

"A Double-Blind, Randomized, Placebo Controlled Trial to Assess the Efficacy of Mupirocin in Eradicating the Nasopharyngeal Colonization of Streptococcus Pneumoniae, Hemophilus Influenzae and/or Moraxella Catarrhalis." SmithKline Beecham, 4910F/164. 1999.

"A Double-Blind, Randomized Study of the Safety and Efficacy of a Combination of Insulin and 45 mg of ACTOS™ (Pioglitazone HCL) Compared to a Combination of Insulin and 30 mg of ACTOS™ (Pioglitazone HCL) in the Treatment of Patients with Type 2 (Non-Insulin Dependent) Diabetes Mellitus" Takeda/Pharmanet,(AD-4833/PNFP-343). 1999.

"Efficacy and Safety of Quadruple Therapy by Single-Triple Capsules of Bismuth Subcitrate, Metronidazole and Tetracycline HCl Given with Omeprazole in Eradication of Helicobacter pylori: A Comparison to Omeprazole, Amoxicillin, and Clarithromycin." AXCAN Pharma Inc. 1999.

"Efficacy and Safety of SCH 29851 8 MG QD in Patients with Seasonal Allergic Rhinitis. Schering-Plough Research Institute P00687-1. 1999.

"A Comparative Study of the Safety and Efficacy of Two Oral Doses of ABT-773 for the Treatment of Community-Acquired Pneumonia," Abbott Laboratories M99-054. 1999.

"A Multicenter, Randomized, Double-Blind, Double-Dummy, Parallel-Group 12 Month Clinical Evaluation of Oral G1262570 7.5 mg Alone, Micronized Glyburide 12 mg Alone, or Micronized Glyburide 12 mg in Combination with G1262570 (2.5 mg, 5mg, 7.5 mg) Administered to Subjects with Type 2 Diabetes Mellitus Who are Inadequately Controlled on Maximum Dose Glyburide." Glaxo Wellcome/Kern McNeill International, PPA30001. 1999.

"A Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Study of the Efficacy and Safety of Metformin Hydrochloride for the Treatment of Adolescents with Type 2 Diabetes Mellitus." Bristol Myers Squibb/PPD Pharmaco Protocol CV-138-039. 1999.

"An Open-Label, Multicenter, Single-Group Study to Assess the Bacteriological Eradication, Clinical Efficacy and Safety of Oral Gemofloxacin 320 mg Once Daily for 5 Days in the Treatment of Acute Bacterial Sinusitis (ABS)." SmithKline Beecham, 265805/206. 1999.

"An Open, Non-Comparative Multicentre Study to Assess the Efficacy and Safety of Oral Augmentin SR 2000/125 mg Twice Daily for 10 Days in the Treatment of Acute Bacterial Sinusitis in Adults." SmithKline Beecham, BRL-025000/551. 1999.

"A Phase III Double-Blind Efficacy and Safety Study of One Dose of SCH 58235 (10 mg) Compared to Placebo in Subjects with Primary Hyperchoiesteroiemia." Schering-Plough Research Institute, P00474-30. 1999.

"A Phase III Study Evaluating the Safety and Efficacy of Uprima™ (amorphine HCl) (2, 3, or 4mg) Compared to Viagra® (sildenafil citrate) (25, 50, or 100 mg) in the Treatment of Male Erectile Dysfunction," TAP Holdings Inc./Phoenix International, M99-099. 1999.

"A Randomized, Double-Blind, Active Controlled Evaluation of the Antihypertensive Response to Omaparilat in Subjects Uncontrolled on Ace Inhibitor Monotherapy." Bristol-Myers Squibb Company, CV137-073. 1999.

"A Randomized, Double-Blind, Active Controlled Evaluation of the Antihypertensive Response to Omapatrilat in Subjects Uncontrolled on Calcium-Channel Blocker Monotherapy," Bristol-Myers Squibb Company, CV137-072. 1999.

"A Randomized, Double-Blind, Amlodipine and Losartan Controlled Study of Omapatrilat in Subjects with Mild to Moderate Hypertension." Bristol Myers Squibb. 1999.

"A Randomized, Double-Blind, Double-Dummy, Multicenter, Parallel Group Study to Assess the Effectiveness and Health Economic Impact of Oral Factive™ (gemifloxacin), 320 mg Once Daily for 5 Days Versus Oral Clarithromycin 500 mg Twice Daily for 7 Days for the Treatment of Acute Exacerbation of Chronic Bronchitis (AECB)." SmithKline Beecham, 265805/112. 1999.

"A Randomized, Double-Blind, Double-Dummy, Multicenter, Parallel Group Study to Assess the Efficacy and Safety of Oral Augmenting SR, Two Tablets Equal to 2000/125 mg Twice Daily for 7 Days Versus Oral Clarithromycin 500 mg Twice Daily for 7 Days in the Treatment of Acute Exacerbation of Chronic Bronchitis," SmithKline Beecham, 025000/548. 1999.

"A Randomized, Double-Blind, Double-Dummy, Multicenter, Parallel Group Study to Assess the Efficacy and Safety of Oral Augmentin® SR, Two Tablets Equal to 2000/125 mg Twice Daily for 10 Days Versus Levofloxacin (Levaquin®) 500 mg Once Daily for 10 Days in the Treatment of Adults with Acute Bacterial Sinusitis (ABS) Infections." SmithKline Beecham, 25000/550. 1999.

"A Randomized, Placebo-Controlled, Parallel Group, Double-Blind Study to Evaluate the Safety and Efficacy of Rofecoxib 12,5 mg, Rofecoxib 25 mg and Celecoxib 200 mg in Patients with Osteoarthritis of the Knee or Hip" Merck, 112-00/COX482. 1999.

"A Twelve Week Randomized, Double-Blind, Placebo-Controlled Study of the Efficacy and Tolerability of Alosetron Hydrochloride 1 mg Twice Daily for Control of Bowel Urgency in Females with Diarrhea-Predominant Irritable Bowel Syndrome." Glaxo Wellcome/PRA S3B30011. 1999.

"A Double-Blind, Multicenter, Parallel Group Study to Compare the Efficacy and Safety of Oral SB-265805, 320 mg Once Daily Versus Oral Levofloxacin, 250 MG Once Daily for 10 Days in the Treatment of Pyelonephritis or Complicated Urinary Tract Infection (UTI)." SmithKline Beecham 265805/014. 1998.

"A Double-Blind, Randomized, Placebo Controlled Trial of Pleconaril in The Treatment of Picornavirus Respiratory Tract Disease." Protocol No. 843-020. ViroPharma, Inc./SCIREX Corporation. 1998.

"Evaluation of the Safety and Effectiveness of RWJ-10628 in Subjects with Chronic Pain of Benign Origin." R. W. Johnson Pharmaceutical Research Institute Protocol No. TRAMAP ANAG 015. 1998.

"A Health Economics Study to Assess the Cost Effectiveness of the Treatment of Acute Exacerbation of Chronic Bronchitis (AECB) using Oral SB-265805 320 mg Once Daily for 5 Days Versus Oral Clarithromycin 500 mg Twice Daily for 7 Days." SmithKline Beecham Protocol No. 265805/139. 1998.

"A Multicenter, Double-Blind, Parallel Group Study Comparing the Incidence of Clinically Significant Upper Gastrointestinal Adverse Events Associated with SC-58635 400 mg BID to that of Diclofenac 75 mg BID and Naproxen 500 mg BID in Patients with Osteoarthritis or Rheumatoid Arthritis." Searle/Kendle Protocol No N49-98-02-102. 1998.

"An Open-Label Study to Evaluate Patient Acceptance and Safety of OROS<S> Oxybutynin Chloride in Urge Urinary Incontinence." Protocol No. C-98-008-00 ALZA/Clinimetrics. 1998.

"A Randomized, Double-Blind, Double-Dummy, Multicenter, Parallel Group Study to Assess the Efficacy and Safety of Oral SB-265805 320 mg Once Daily for 5 Days Versus Oral Clarithromycin 500 mg Twice Daily for 7 Days for the Treatment of Acute Exacerbation of Chronic Bronchitis." 1998.

"A Sixteen-Week, Double-Blind and Observer-Blind-To-Lipid Values, Randomized, Parallel-Group, Multicenter, Active-Controlled Study to Assess the Efficacy and Safety of Fluvastatin 80 MG Slow Release (SR) Formulation Compared to Lescol® 40 MG Immediate Release (IR) Both Administered Every Evening at Bedtime in Patients with Mixed Dislipidemia." Novartis Protocol No. XUO-F356-E-00. 1998.

A1420-010 "A Randomized, Double-Blind, Multicenter, Phase II/III Comparison of Two Dose Regimens of Gatifloxacin to Ciprofloxacin in the Treatment of Women with Acute, Uncomplicated Urinary Tract Infection." Bristol Myers Squibb. 1997.

M95-337 "Phase MI, Partially Blinded, Randomized, Multicenter Trial to Evaluate the Efficacy of Zileuton 1200 mg BID, Controlled Release (CR) and 600 mg QID, Immediate Release (IR) and Placebo, in Patients with Moderate Asthma." Abbott. 1997.

P-77/H70-013 "A Double-Blind, Controlled Trial to determine the Dose Response for 882C87 in Comparison with Oral Acyclovir in the Treatment of Herpes Zoster in Immune Competent Patients Aged 50 Years and Older." Burroughs Wellcome. 1997.

97-001-P "A Single-Blind Ranging Efficacy Study Comparing Four Different Doses of Miconazole Nitrate Vaginal Cream to MONISTAT-7 Cream." Advanced Care Products. 1997.

133/COZ-368 "Losartan Intervention for Endpoint Reduction in Hypertension, A Triple-Blind Parallel Study to Investigate the Effect of Losartan Versus Atenolol on the Reduction of Morbidity and Mortality in Hypertensive Patients with Left Ventricular Hypertrophy." Merck/Life. 1997.

CGP48933 "A Double-Blind, Randomized, Placebo Controlled, Fixed Dose, Parallel Design Trial of Ten Weeks Duration in Caucasian Patients with Mild to Moderate Hypertension Followed by an Open Label Extension of 98 Weeks Duration," Ciba-Geigy/Bio-Pharm. 1996.

CV-137-006-028 "A Multicenter, Randomized, Double-Blind Placebo and Active Controlled, Parallel 8 Week Dose Ranging Study of the Dual Metalloprotease Inhibitor BMS-186716 in the Treatment of Mild to Moderate Hypertension." Bristol-Myers Squibb. 1996.

CV-137-009 "An Open Label Long-Term Study of the Antihypertensive Activity and Safety of BMS-186716. A Dual Metalloprotease Inhibitor, in the Treatment of Hypertension." Bristol-Myers, Squibb, 1996.

ESTNRG-CHRT-104 "A Multicenter, Double-Blind, Randomized Parallel Group, Placebo Controlled Study to Evaluate the Safety and Efficacy of Oral 17B-Estradiol for the Treatment of Vasomotor Symptoms in Postmenopausal Women." R.W.Johnson, 1996.

M95-11 "Phase III Study of the Safety and Efficacy of ABT-761 150 mg, 300 mg QD Versus Placebo in Moderate Asthma." Abbott. 1996.

M96-452 "Phase III Safety Study of ABT-761 in Patients Completing Protocal." M95-411. Abbott. 1996.

046-00 "A Double-Blind, Randomized, Multicenter Study to Compare the Safety of Dexibuprofen Lysine with Ibuprofen for Long-Term Treatment of Osteoarthritis." Merck/Phoenix. 1996.

"Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack," ALLHAT, 1995.

123-310 "A Double-Blind, Multicenter Study Comparing Valcyclovir with Famcyclovir for the Treatment of Uncomplicated Herpes Zoster in Immunocompetent Patients 50 Years of Age and Older." Quintiles/Burroughs Wellcome. 1995.

"A Double-Blind Multicenter Study Comparing the Efficacy and Safety of Two Doses of A Estradiol Matrix Transdermal Delivery System (EMTDS) with Two Doses of Conjugated Estrogen Therapy in the Treatment of Women with Postmenopausal Symptoms." Clinitrials Theratech. 1994.

CV-131-038 "A Double-Blind, Placebo Controlled Comparison of the Combination of SR47436 (BMS-186295) and Hydrochlorothiazide Versus the Individual Components in Mild to Moderate Hypertension." Bristol-Myers Squibb. 1994.

DHE-454 "A Double-Blind, Randomized, Placebo Controlled, Multicenter Study to Determine the Effectiveness and Safety of Dihydroergotamine Nasal Spray 2 mg for the Acute Treatment of Migraine Headache with or Without Aura in Migraineur Families." Sandoz/Migramist. 1994.

154-109 "A Randomized, Double-Blind, Multicenter Trial Comparing 7 Days of Oral Therapy with CP99.219 (100 mg daily) and Clarithromycin (500 mg BID) for the Treatment of Acute Exacerbation of Chronic Bronchitis." Pfizer. 1994.

154-115 "A Randomized, Double-Blind, Multicenter Trial Comparing 10 days of Oral Therapy with CP-99T219 (200 mg daily) and 14 days of Oral Clarithromycin (500 mg BID) for the Treatment of Acute Sinusitis. Pfizer. 1994.

CRP145-02-93 "An Investigator-Blinded Multicenter Trial Comparing the Efficacy and Safety of Vagistat-1 (Tioconazole 6.5%) Vaginal Ointment and Monistat-7 (Miconazole Nitrate 2%) Vaginal cream in the Treatment of Patients with Vulvovaginal Candidiasis." Bristol-Myers Squibb. 1993.

S2B-350 "Self Treatment of Acute Migraine with Subcutaneous Sumatriptan Using and Auto-Injection Device." Glaxo-Wellcome. 1993.

XUC-374-EXT "An Open Label Study of Fluvastatin in the Treatment of Patients with Hypercholesterolemia in Clinical Practice Settings." Pact-Sandoz. 1993.

622-310 "A Randomized, Double-Blind, Long Term Study (with a 12 Week Placebo Control) of Temocapril HC1 (CS-622) in Patients with Mild to Moderate Hypertension," Sankyo, 1993.

P-66-005 "A Multicenter, Double-Blind. Controlled Trial Comparing Oral Acyclovir to Oral 256487 for the Treatment of Herpes Zoster in Immunocompetent Patients 50 Years and older." Burroughs Wellcome. 1992.

RPR 64206-301 "A Double-Blind, Randomized, Comparative, Multicenter Study of (RP64206) Sparfloxacin Versus Erythromycin in the Treatment of Community Acquired Pneumonia." Rhone-Poulenc-Rorer. 1992.

1-0157 "Azythromycin Respiratory Infection Study." Pfizer. 1991.

R-838T-011 "Multicenter Study Comparing the Efficacy and Safety of a Once-A-Week, Estradiol Transdermal Drug Delivery Patch with Premarin." Bio-Pharm/3M Pharmaceutical. 1990.

OFLOXACIN Lower Respiratory Drug Study. 1986.

OFLOXACIN Upper Respiratory Drug Study. 1986.

"Study of the Safety and Efficacy of Nitredipine and Atenolol Alone and in Combination with Essential Hypertension. Miles Pharmaceutical." 1986.

Acute superimposed on chronic bronchitis - Dirithromycin. Sub-Investigator. Eli Lilly.

Allergic Rhinitis, and Sinusitis. Sub-Investigator, Pfizer.

Angina (Nicardipine Vs Nifedipine), Drs. McLean and Yarbrough. Syntex.

Azithromycin in the treatment of acute sinusitis. Sub-Investigator. Pfizer.

Cimetidine compared to sucralfate in the treatment of GI symptoms associated with chronic NSAID therapy. Sub-Investigator. SmithKline & French.

Comparison of Calan SR Vs. Inderal LA on cholesterol. Sub-Investigator. Searle.

Dilacor in Hypertension. MTRA.

Dirithromycin for pneumonia, Sub-Investigator. Eli Lilly.

Dirithromycin for streptococcal pharyngitis/tonsillitis. Sub-Investigator. Eli Lilly.

Esophagitis, MTRA-Glaxo.

Fosinopril (SCE-Inhibitor) for Hypertension, Drs. Yarbrough, Trick, Frey and Riser E.R, Squibb.

Hypertension in Blacks - Capoten, Tenormin and Calar SR. Sub-Investigator. Searle.

Loracarbef in acute and chronic bronchitis and pneumonia. Sub-Investigator Eli Lilly.

Ortho Pharynigitis, Comparison of oral U-76,252 and penicillin VK in the treatment of pharyngitis/tonsillitis. Sub-Investigator, Upjohn.

Placebo controlled trial of various doses of Fosinopril administered twice daily with HTCZ in mild to moderate HTN. Squibb.

Plendil in Hypertension. Sub-Investigator, Merck.

Pneumonia, Parenteral Oflovacin in treatments of lower respiratory tract infections in adults. Sub-Investigator.

Relafen, an open label randomized trial comparing nabumetone to NSAID of choice in the treatment of patients with rheumatoid and osteoarthritis. Sub-Investigator. SmithKline Beecham.

Relafen in Arthritis. Sub-Investigator. SmithKline Beecham.

Vaginitis, Drs. Trick and Yarbrough, 100,000 U and 200,000 U Nystatin Vaginal Suppositories compared to Clotrimazole and Placebo.

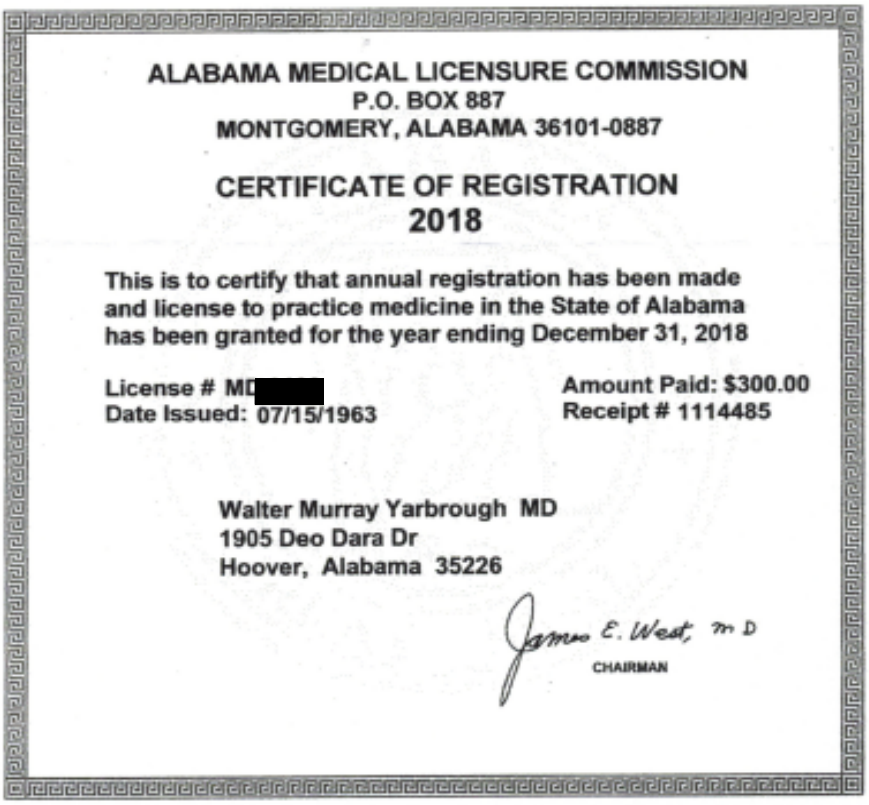
Vaginitis, Miles.

Committees/Appointments

- Alacare Home Health Agency Advisory Committee, 1992–1998
- Member/Chairman, Credentials Committee, Baptist Medical Center (BMC), Princeton, 1993–1996
- Member, Alabama Quality Assurance Foundation Quality Assurance Committee, Partners Health Plan, 1986–1995
- Member Joint Conference Committee, BMC, Princeton, 1983–1986
- Board of Directors, Landmark HMO, 1983–1986
- President, Board of Governors, Simon-Williamson Clinic, 1983–1986
- Executive Committee, BMC, Princeton, 1982–1986 (Chairman, 1983–1984)
- Member, Advisory Committee of Medical Records Training Program at University of Alabama Medical Center, 1961–1986
- Medical Staff Representative, Baptist Medical Center Board of Trustees, 1982–1984
- President, Medical Staff, BMC, Princeton, 1983–1984
- Member, JCAH Accreditation Committee, BMC, Princeton, 1981–1984
- Chairman, Credentials Committee, BMC, Princeton, 1982–1983
- Chairman, Utilization Review Committee, BMC, Princeton, 1975–1983
- Member, Ad Hoc Committee of Board of Trustees to Study Feasibility of Heart Transplants, 1982
- Medical Audit Committee, BMC, Princeton, 1972–1980
- Pharmacy and Therapeutics Committee, BMC, Princeton, 1974–1976
- Member Medical Records Committee, BMC, Princeton, 1966–1972 (Chairman, 1970-1972)
- Member Dietary Committee, BMC, Princeton, 1966

Proof of License

- 2018, Alabama Medical Licensure Commission
- License [redacted]



ALABAMA MEDICAL LICENSURE COMMISSION
P.O. BOX 887
MONTGOMERY, ALABAMA 36101-0887

CERTIFICATE OF REGISTRATION
2018

This is to certify that annual registration has been made and license to practice medicine in the State of Alabama has been granted for the year ending December 31, 2018

License # MD[redacted]
Date Issued: 07/15/1963

Amount Paid: $300.00
Receipt # 1114485

Walter Murray Yarbrough MD
1905 Deo Dara Dr
Hoover, Alabama 35226

James E. West, M D
CHAIRMAN

Taylor J. DeRuiter, PharmD

CLINICAL PHARMACIST

Professional Summary

Taylor DeRuiter, PharmD, brings a significant amount of clinical and managed care experience to his position as Clinical Pharmacist. Dr. DeRuiter began working for HID as a pharmacy intern, joining the company as a clinical pharmacist after graduation. As a clinical pharmacist, he reviewed prior authorization requests for Medicaid plans and contributed to a number of projects for commercial and Medicaid accounts until becoming a client manager in 2017.

In his current role as a client manager, he is responsible for client communication, generating newsletters, maintaining and updating DUR criteria for clients, and organizing and presenting at state DUR board meetings. In addition to these roles, Taylor assists with internal DUR criteria development, performs RDUR and Lock-In reviews, and prior authorization (PA) reviews for Medicaid plans.

Professional Experience

KEPRO/HEALTH INFORMATION DESIGNS, LLC, AUBURN, AL

CLIENT MANAGER, FEBRUARY 2017–PRESENT

- Arrange, attend, and prepare presentations for quarterly DUR board meetings
- Perform monthly Retrospective DUR (RDUR) profile reviews
- Evaluate drug utilization via reports generated through RxExplorer®
- Generate quarterly newsletters
- Maintain client's Medicaid prior authorization website
- Generate and revise medication-specific prior authorization request forms
- Generate and revise criteria utilized for prior authorization review
- Maintain client's Medicaid NDC Drug Look-up website
- Review prior authorization requests using the PA-Logic™ application

LOCK-IN REVIEWER, JUNE 2016–PRESENT

- Review and recommend client's Medicaid recipients for pharmacy lock-in

HID DUR COMMITTEE MEMBER, JUNE 2016–PRESENT

- Develop, review, and update best practice criteria on a weekly basis

PRIOR AUTHORIZATION REVIEWER, JUNE 2016–MARCH 2017

- Reviewed an average of 2,000 prior authorization requests monthly, including specialty medication requests, using the PA-Logic application
- Assisted in quality control of pharmacist prior authorization reviews

Teaching Experience

DRUGS AND DISEASE I-IV SUPPLEMENTAL INSTRUCTION, AUGUST 2013–MAY 2015

- Developed and led bi-weekly lecture and discussion on topics covered in the Drugs and Diseases course. Topics included anatomy, physiology, organic chemistry, biochemistry, pharmacology, pharmacokinetics, and biology.

KEPRO INTELLIGENT VALUE

Licensure/Certifications

- Alabama Pharmacist License # 19297, Expiration: 12/31/2018
- APhA Pharmacy-based Immunization Delivery Certification
- Collaborative Institutional Training Initiative (CITI), Protection of Human Subjects

Professional Memberships

- Alabama Pharmacy Association, 2012–Present
- Kappa Psi Pharmacy Fraternity Incorporated, 2012–Present
- American Association for the Advancement of Science, 2016–Present
- Academy of Managed Care Pharmacists, 2016–Present
- Rho Chi National Honor Society, 2014–Present
- Phi Kappa Phi National Honor Society, 2016–Present
- American Drug Utilization Review Society, 2016–Present

Publications

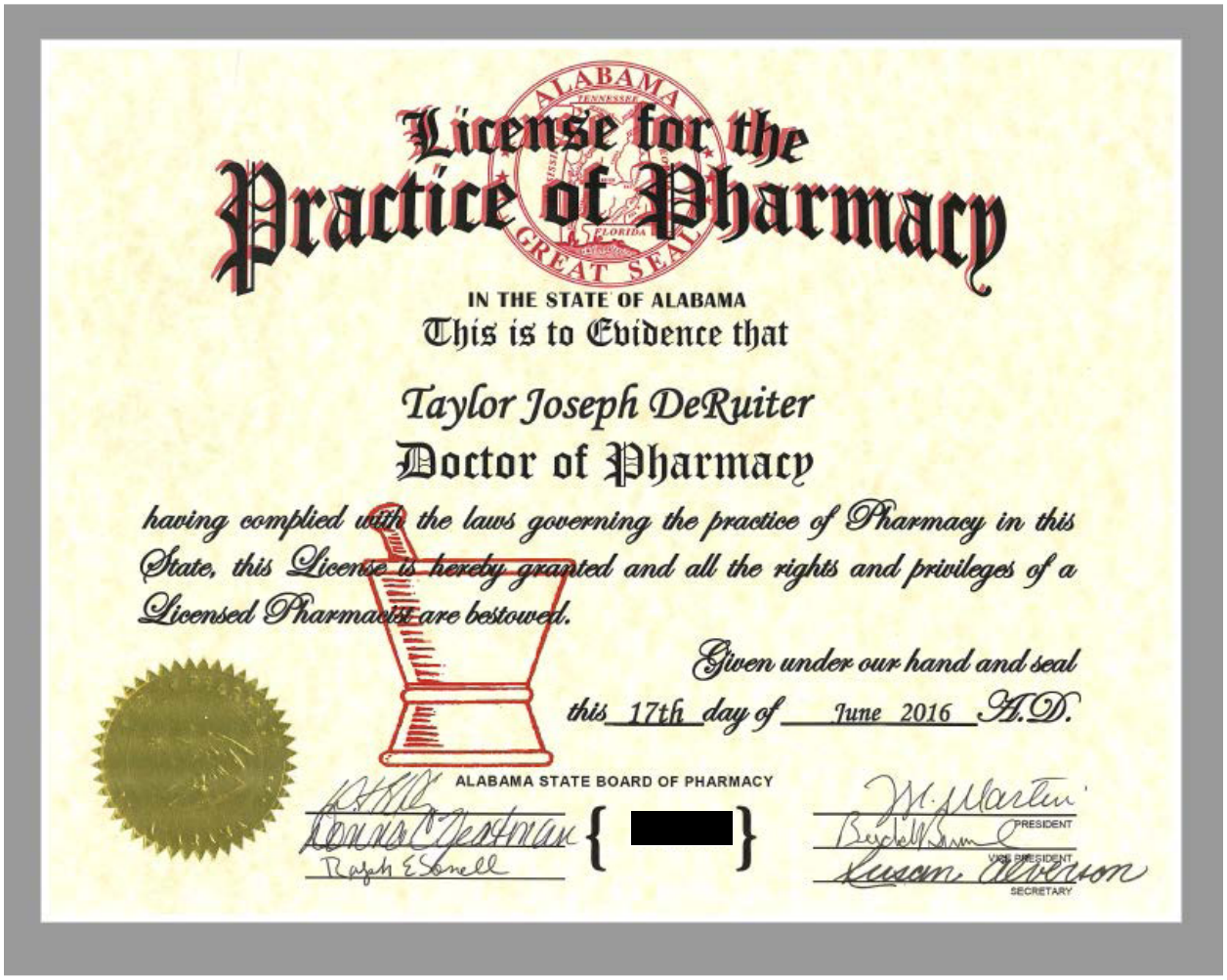
- DeRuiter J, Holston PL, and DeRuiter TJ. New Drug Review 2013. US Pharm. National Edition, 2013, 38(10): 27-34.
- DeRuiter J, Holston PL, and DeRuiter TJ. A Review of Selected NMEs 2013. US Pharm. Health Systems Edition, 2013, 38(10): HS4-HS-10.
- DeRuiter J, Holston PL, and DeRuiter TJ. New Drug Review 2014. US Pharm. National Edition, 2014, 39(10): 20-26.
- DeRuiter J, Holston PL, and DeRuiter TJ. A Review of Selected NMEs 2014. US Pharm. Health Systems Edition, 2014, 39(10): HS2-HS14.
- DeRuiter J, Holston PL, and DeRuiter TJ. New Drug Review 2015. US Pharm. National Edition, 2015, 40(10): 39-44.
- DeRuiter J, Holston PL, and DeRuiter TJ. Review of Selected NMEs 2015. US Pharm. Health Systems Edition, 2015, 40(10): HS5-HS11.
- DeRuiter J, Holston PL, and DeRuiter TJ. New Drug Review 2016. US Pharm. National Edition, 2016, 41(10): 30-36.
- DeRuiter J, Holston PL, and DeRuiter TJ. Review of Selected NMEs 2016. US Pharm. Health Systems Edition, 2016, 41(10): HS8-HS14. 2016

Education/Certifications

- Doctor of Pharmacy, Auburn University Harrison School of Pharmacy, Auburn, AL, 2016
  - Graduated Magna Cum Laude
- Pre-pharmacy, Auburn University, Auburn, AL, 2010

Proof of License

- State of Alabama, License for the Practice of Pharmacy
- License [redacted]



License for the
Practice of Pharmacy

IN THE STATE OF ALABAMA
This is to Evidence that

Taylor Joseph DeRuiter
Doctor of Pharmacy

having complied with the laws governing the practice of Pharmacy in this State, this License is hereby granted and all the rights and privileges of a Licensed Pharmacist are bestowed.

Given under our hand and seal
this 17th day of June 2016 A.D.

ALABAMA STATE BOARD OF PHARMACY

{ [redacted] }

PRESIDENT
VICE PRESIDENT
SECRETARY

Attachment 4: CRFQ Request for Quotation Form

We provide the completed and signed Final CRFQ Request for Quotation Form included in the Solicitation as **Attachment 4.**

Purchasing Divison
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Request for Quotation
27 — Miscellaneous

Proc Folder: 457544

Doc Description: Retrospective Drug Utilization Review Services - Addendum #1

Proc Type: Central Contract - Fixed Amt

Date Issued	Solicitation Closes	Solicitation No	Version
2018-09-13	2018-09-25 13:30:00	CRFQ 0511 BMS1900000001	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Name, Address and Telephone Number: KEPRO Acquisitions, Inc. 777 East Park Drive Harrisburg, PA 17111 Toll-free: 800.222.0771 Phone: 717.564.8288

FOR INFORMATION CONTACT THE BUYER

April E Battle
(304) 558-0067
april.e.battle@wv.gov

Signature X Susan T. Weaver **FEIN #** 25-1796254 **DATE** 9/20/18

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

Addendum #1 is issued to:

1) provide vendor questions and responses;
2) provide a revised Exhibit A Pricing Page;
e) extend the bid opening date to 9/25/18 at 1:30 PM EST.

No other changes.

The West Virginia Purchasing Division is soliciting bids on behalf of the Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) to establish a contract for Retrospective Drug Utilization Review Services (RetroDUR).

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861	PROCUREMENT OFFICER - 304-356-4861
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Start up Cost	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Year 1 Start up cost (Two month)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861	PROCUREMENT OFFICER - 304-356-4861
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Data Collection-Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Year 1 Data Collection (10 month operations)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Member Profiles-Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Year 1 Member Profiles
(10 months operations)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Educational Programs for Providers-Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Educational Programs for Providers Year 1 (10 months operations)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Retrospective Drug Utilization Reports-Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Retrospective Drug Utilization Reports
Year 1 (10 months operations)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Lock in Program-Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Retrospective Drug Utilization Reports
Year 1 (10 months operations)

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Data Collection-Optional Renewal Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Data Collection-Optional Renewal Year 1

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Member Profiles-Optional Renewal Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Member Profiles-Optional Renewal Year 1

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Educational Programs for Providers-Optional Renewal Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Educational Programs for Providers-Optional Renewal Year 1

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Retrospective Drug Utilization Reports-Opt. Renewal Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Retrospective Drug Utilization Reports-Optional Renewal Year 1

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Lock in Program-Optional Renewal Year 1	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Lock in Program-Optional Renewal Year 1

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Data Collection-Optional Renewal Year 2	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Data Collection-Optional Renewal Year 2

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	Member Profiles-Optional Renewal Year 2	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Member Profiles-Optional Renewal Year 2

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	Educational Programs for Providers-Optional Renewal Year 2	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Educational Programs for Providers-Optional Renewal Year 2

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	Retrospective Drug Utilization Reports-Opt. Renewal Year 2	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Retrospective Drug Utilization Reports-Opt. Renewal Year 2

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	Lock in Program-Optional Renewal Year 2	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Lock in Program-Optional Renewal Year 1

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	Data Collection-Optional Renewal Year 3	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Data Collection-Optional Renewal Year 3

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
18	Member Profiles-Optional Renewal Year 3	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Member Profiles-Optional Renewal Year 3

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
19	Educational Programs for Providers-Optional Renewal Year 3	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :
Educational Programs for Providers-Optional Renewal Year 3

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
20	Retrospective Drug Utilization Reports-Opt. Renewal Year 3	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Retrospective Drug Utilization Reports-Opt. Renewal Year 3

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
21	Lock in Program-Optional Renewal Year 3	0.00000			

Comm Code	Manufacturer	Specification	Model #
85111617			

Extended Description :

Lock in Program-Optional Renewal Year 3

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Questions Due	2018-09-06

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Attachment 5: DUR Packet

We provide a sample DUR packet with quarterly reports as **Attachment 5**.

HEALTH INFORMATION designs

West Virginia Department of Health and Human Resources Bureau for Medical Services Drug Utilization Review Board

February 28, 2018

Fourth Quarter 2017

- **Profiles Reviewed: 1,243**
- **Cases Identified: 977**
- **Letters Mailed**
  - **Prescribers: 1,293**
  - **Pharmacies: 1,115**
- **Responses**
  - **Prescribers: 193 (15%)**
  - **Pharmacies: 174 (15%)**

First Quarter 2018

- **Profiles Reviewed: 1,231**
- **Cases Identified: 914**
- **Letters Mailed**
  - **Prescribers: 1,200**
  - **Pharmacies: 1,059**
- **Responses**
  - **Prescribers: 159 (13%)**
  - **Pharmacies: 216 (20%)**

First Quarter 2018: Lock-In (LI)

	4th Quarter	(4th Quarter)
• Profiles Reviewed:	181	(202)
• Total Cases:	136	(136)
• Case Rate:	75%	(67%)
• Warning Cases: (92)	92	
• Initial LI Cases: (4)	8	
• Cases Continued in LI: (25)	21	

HEALTH INFORMATION designs

First Quarter 2018: January RDUR Criteria

- **Controlled substances**
  - Lock-in Reviews
- **Drug-Disease Interactions**
  - Anticholinergic medications contraindicated in disease state
- **Drug-Drug Conflicts:**
  - Febuxostat contraindicated with select drug
- **Non-Compliance**
  - Underutilization of antidepressants*

First Quarter 2018: February RDUR Criteria

- **Controlled substances**
  - Lock-in Reviews
- **Drug-Disease Interactions**
  - Use of contraceptive agents/estrogens in patients with nicotine dependence
- **Non-Compliance**
  - Underutilization of antidepressants*
  - Underutilization of lipid lowering agents

First Quarter 2018: March RDUR Criteria

- **Controlled substances**
  - Lock-in Reviews
- **Drug-Disease Interactions**
  - Metformin use in patients with reduced renal function
- **Drug-Drug Conflicts:**
  - Duplicate antiulcer therapy
  - Oxycodone with moderate or strong CYP 3A4 inducers
  - Additive sedation with skeletal muscle relaxants and opioid analgesics
- **Overutilization**
  - High total daily morphine equivalent dosing

First Quarter 2018

Educational Intervention:

- **Patients with regular (90 consecutive days) concomitant use of an opioid analgesic and benzodiazepine**
  - **Letter sent to all prescriber's with patients receiving concomitant therapy with a benzodiazepine and an opioid analgesic. If there are different prescribers for each product, both prescribers received a letter**
    - Claims filtered by patients receiving both a benzodiazepine and an opioid for 3 consecutive 30 day periods (90 days)
  - **Letter sent to prescribers containing a list of all of the their patients meeting this criteria**
    - Prescriber Letters Sent: 916
    - Number of Patients Identified: 1,631

First Quarter 2018

Educational Intervention:

- **Patients with a history of opioid or benzodiazepine poisoning that is currently receiving a medication in the same class**
  - **Letter sent to prescribers containing a list of all of the their patients meeting this criteria**
    - Claims filtered by:
      - Patients with a history of benzodiazepine poisoning and are currently (within last 45 days) receiving a benzodiazepine
      - Patients with a history of opioid poisoning and are currently (within last 45 days) receiving an opioid
  - **Letter sent to prescribers containing a list of all of the their patients meeting this criteria**
    - Prescriber Letters Sent: 85
    - Number of Patients Identified: 87
      - 55 Patients due to opioid, 32 patients due to benzodiazepine

Distribution of Cases

	1st Quarter 2018		4th Quarter 2017
Drug-Disease Interactions	143	16%	28%
Drug-Drug Conflict	221	24%	22%
Over-utilization	191	21%	16%
Non-compliance	357	39%	25%
Clinical Appropriateness	2	0.2%	9%

- **Drug-Disease Interactions:** Patients receiving a drug that may worsen or precipitate a medical condition.
- **Drug-Drug Conflict:** Patients receiving two or more drugs that may interact and produce unpredictable and undesirable effects.
- **Over-utilization:** Patients taking medications in apparently excessive doses or for excessive lengths of time.
- **Non-compliance:** Patients not taking medication according to directions, resulting in possible sub-therapeutic response.
- **Clinical Appropriateness:** Patients who are taking medications for treatment of a disease for which the medication is not standard of care.

1st Quarter 2018: Evaluation Responses

	4th Quarter 2017	1st Quarter 2018
Extremely Useful	28 (17%)	36 (27%)
Useful	52 (32%)	39 (30%)
Somewhat Useful	43 (26%)	10 (8%)
Neutral	10 (6%)	27 (20%)
Not useful	30 (18%)	20 (15%)

Proposed Targeted/Educational Interventions

- **Patients on PPI therapy without appropriate diagnosis**
  - **Letter would be sent to prescriber with patient profiles and education on risks of long-term PPI use.**
- **Patients on twice daily dosing of PPI therapy**
  - **Letter would be sent to prescriber with patient profiles and education appropriate PPI dosing and on risks of long-term PPI use.**
- **Underutilization of antipsychotics**
  - **Letter would be sent to prescriber alerting them to potential underutilization.**
- **Therapeutic duplication of sedative/hypnotic agents**
  - **Letter would be sent to prescriber with patient profiles of patients receiving multiple different sedative/hypnotic agents at once.**

Questions?

HEALTH INFORMATION designs

West Virginia Department of Health and Human Resources Bureau for Medical Services Drug Utilization Review Board

November 15, 2017

Second Quarter 2017

- **Profiles Reviewed: 1,206**
- **Cases Identified: 900**
- **Letters Mailed**
  - **Prescribers: 1,105**
  - **Pharmacies: 971**
- **Responses**
  - **Prescribers: 179 (16%)**
  - **Pharmacies: 174 (18%)**

Third Quarter 2017

- **Profiles Reviewed: 1,232**
- **Cases Identified: 1,087**
- **Letters Mailed**
  - **Prescribers: 1,319**
  - **Pharmacies: 1,163**
- **Responses**
  - **Prescribers: 221 (17%)**
  - **Pharmacies: 211(18%)**

Third Quarter 2017: Lock-In (LI)

	3rd Quarter	(2nd Quarter)
• Profiles Reviewed:	177	(152)
• Total Cases:	110	(53)
• Case Rate:	62%	(35%)
• Warning Cases:	65	(47)
• Initial LI Cases:	12	(4)
• Cases Continued in LI:	18	(2)

HEALTH INFORMATION designs

Third Quarter 2017: July RDUR Criteria

- **Controlled substances**
- **Drug-Disease Interactions**
  - Increased seizure risk
  - Increased QT prolongation risk
  - Increased cardiometabolic effects of atypical antipsychotics
- **Drug-Drug Conflicts:**
  - Aripiprazole with CYP 3A4 inducers and inhibitors
  - Haloperidol with CYP 3A4 and 2D6 inhibitors
  - Clozaril with various CYP inducers and inhibitors
  - Brexpiprazole with potent CYP 2D6 inhibitors
- **Overutilization**
  - High pediatric dose of antipsychotics
  - Overutilization of antipsychotics
- **Non-Compliance**
  - Underutilization of antipsychotic therapy
- **Clinical Appropriateness**
  - Atypical antipsychotic metabolic effects
  - Polypsychopharmacy

Third Quarter 2017: August RDUR Criteria

- **Controlled substances**
- **Drug-Drug Conflicts:**
  - Increased risk of serotonin syndrome
    - TCAs with cyclobenzaprine
    - SSRI's with triptans
- **Overutilization**
  - Over 100 mg morphine equivalents per day
- **Clinical Appropriateness**
  - Multiple oral anti-diabetic medications without insulin therapy

Third Quarter 2017: September RDUR Criteria

- **Controlled substances**
- **Drug-Disease Interactions**
  - NSAIDs in patients with heart disease/risk factors
- **Drug-Drug Conflicts:**
  - High dose simvastatin with verapamil
  - Oxycodone with CYP 2D6 inhibitors
  - Tamsulosin with CYP 2D6 and 3A4 inhibitors
- **Non-Compliance**
  - Underutilization of lipid lowering agents
- **Clinical Appropriateness**
  - NSAIDs for elderly patients
  - Sedative hypnotics in patients with alcohol use diagnoses
  - Sertraline for OCD in pediatric patients

Third Quarter 2017

September Targeted Intervention:

- **Jardiance became preferred SGLT2 inhibitor on October 1, 2017.**
- **Identify patients on, and prescribers of, non-formulary SGLT2 inhibitors**
  - **Letter sent to prescribers with patients on any SGLT2 inhibitor other than Jardiance to inform them of the change.**
    - Single letter to prescriber with all patients affected.
  - **Letters sent to providers included all affected patients.**
    - Cases Reviewed: 338
    - Letters Sent: 250

Third Quarter 2017

September Educational Intervention:

- **Duplication of Sedating Medications**
  - **Patients on a long-acting benzodiazepine and a sedative hypnotic**
    - Clonazepam, diazepam, flurazepam, chlordiazepoxide
    - Hetlioz, zolpidem, zaleplon, chloral hydrate, Rozerem, eszopiclone, SIlenor, triazolam, temazepam, quazepam, and estazolam
  - **Education on risk of increased CNS depression, sedation and abuse/dependence**
  - **Letter sent to all prescribers of at least one of the above for patients with concurrent or alternating claims for the combination**
    - Cases Reviewed: 435
    - Letters Sent: 249

Third Quarter 2017

Proposed Educational Interventions

- New preferred diabetic testing supplies information
  - MD letters for patients using diabetic testing supplies
- Smoking cessation counseling information for physicians
  - MD letters for those that prescribe tobacco cessation products

Distribution of Cases

	3rd Quarter 2017		2nd Quarter 2017
Drug-Disease Interactions	33	3%	12%
Drug-Drug Conflict	423	39%	61%
Over-utilization	314	29%	8%
Non-compliance	52	5%	6%
Clinical Appropriateness	265	24%	12%

- **Drug-Disease Interactions:** Patients receiving a drug that may worsen or precipitate a medical condition.
- **Drug-Drug Conflict:** Patients receiving two or more drugs that may interact and produce unpredictable and undesirable effects.
- **Over-utilization:** Patients taking medications in apparently excessive doses or for excessive lengths of time.
- **Non-compliance:** Patients not taking medication according to directions, resulting in possible sub-therapeutic response.
- **Clinical Appropriateness:** Patients who are taking medications for treatment of a disease for which the medication is not standard of care.

3rd Quarter 2017: Evaluation Responses

	2nd Quarter 2017	3rd Quarter 2017
Extremely Useful	27	29 (↑)
Useful	61	54 (↓)
Somewhat Useful	24	31 (↑)
Neutral	10	26 (↑)
Not useful	21	22 (↑)

HEALTH INFORMATION designs

Questions?

Exhibit A

Pricing Sheet

Cost information below as detailed in the Request for Quotation. Cost should be clearly marked. Cost must be broken out by the following categories. This will be a fixed cost contract, based on a per year basis. Vendor shall not alter cost sheet. YEAR 2,3,4 are optional renewals

Description of Services	YEAR 1 (2 Months Startup + 10 Months Operations)	OPTIONAL RENEWAL YEAR 1 (12 Months)	OPTIONAL RENEWAL YEAR 2 (12 Months)	OPTIONAL RENEWAL YEAR 3 (12 Months)
Start-up Costs (4.1, 4.2, 4.5, 4.9). Total not to exceed 2- Month Implementation.	$	XXXXXX	XXXXXX	XXXXXX
Data Collection (4.9)	$	$	$	$
Member Profiles (4.2.11, 4.8)	$	$	$	$
Educational Programs for Providers (Newsletters, Educational Population-Based Interventions, Member Profile Review Letters (4.3, 4.4, 4.10)	$	$	$	$
Retrospective Drug Utilization Review Reports (4.9)	$	$	$	$
Lock-In Program (including letters to members, prescribers and pharmacy providers) and Help Desk (4.5, 4.6)	$	$	$	$
Totals	(A) $	(B) $	(C) $	(D) $
GRAND TOTAL (NOT TO EXCEED 4 YEAR PRICE) (A+B+C+D) $				
Notes:				

1.) The Vendors Total Not to Exceed Cost will include all general and administrative staffing (secretarial, clerical, etc.), travel, supplies and other resource costs necessary to perform all services within the scope of this procurement.

2.) The cost bid will be evaluated on the Total Not to Exceed Cost of Contract for the four (4) year period.

3.) Vendor will not be eligible to invoice any operational or programmatic costs while invoicing for start-up costs.

4.) Program services shall be invoiced monthly in arrears.

5.) The number of months in the operational base year one has been determined to be ten (10) months to allow for 2-month implementation. Year One (1) Cost for these items are to be based on ten (10) months of service while optional renewal years are to be based on twelve (12) months of service

_____ Company
_____ Representative Name, Title
_____ Contact Phone/Fax Number
_____ Date