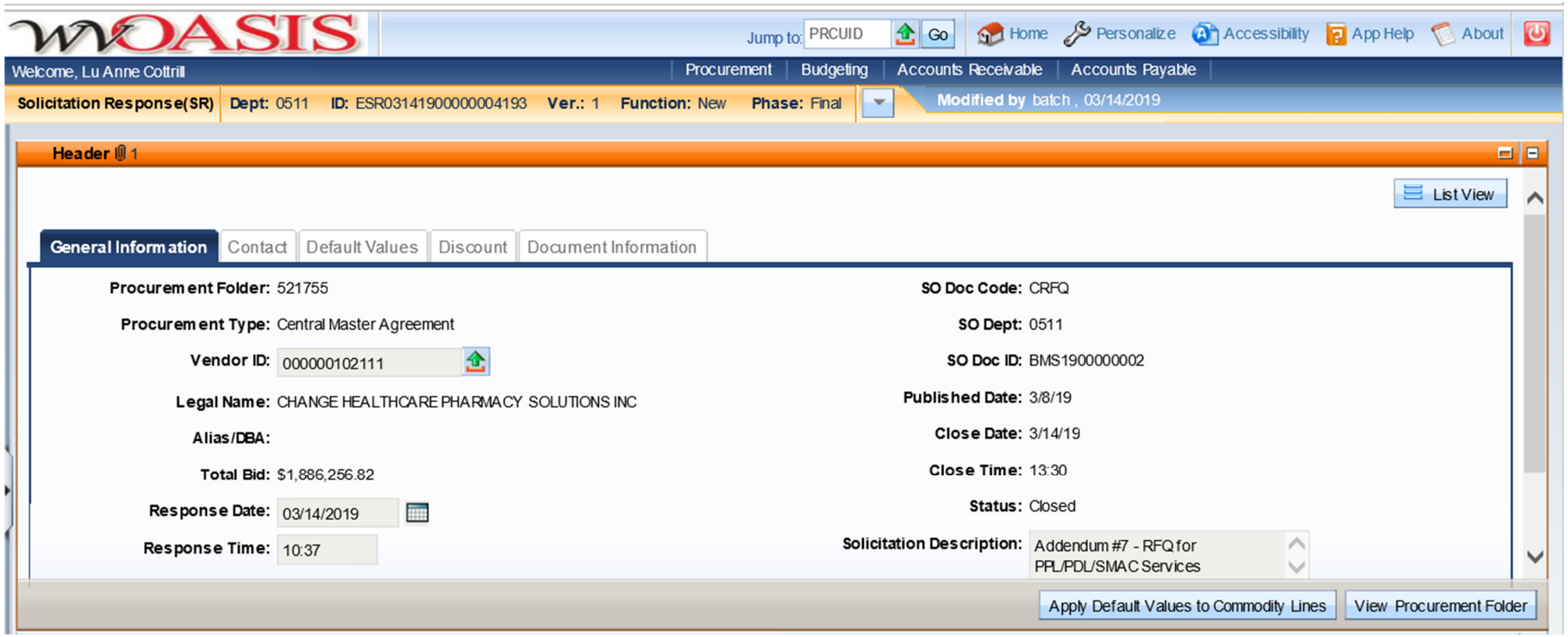
The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency 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
Accessibility
App Help
About
Welcome, Lu Anne Cottrill
Procurement
Budgeting
Accounts Receivable
Accounts Payable
Solicitation Response(SR) Dept: 0511 ID: ESR03141900000004193 Ver.: 1 Function: New Phase: Final
Modified by batch , 03/14/2019
Header 1
List View
General Information
Contact
Default Values
Discount
Document Information
Procurement Folder: 521755
Procurement Type: Central Master Agreement
Vendor ID: 000000102111
Legal Name: CHANGE HEALTHCARE PHARMACY SOLUTIONS INC
Alias/DBA:
Total Bid: $1,886,256.82
Response Date: 03/14/2019
Response Time: 10:37
SO Doc Code: CRFQ
SO Dept: 0511
SO Doc ID: BMS1900000002
Published Date: 3/8/19
Close Date: 3/14/19
Close Time: 13:30
Status: Closed
Solicitation Description: Addendum #7 - RFQ for PPL/PDL/SMAC Services
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 : 521755

Solicitation Description : Addendum #7 - RFQ for PPL/PDL/SMAC Services

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-03-14 13:30:00	SR 0511 ESR03141900000004193	1

VENDOR

000000102111

CHANGE HEALTHCARE PHARMACY SOLUTIONS INC

Solicitation Number: CRFQ 0511 BMS1900000002

Total Bid : $1,886,256.82 **Response Date:** 2019-03-14 **Response Time:** 10:37:41

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	PDL/PPL/SMAC Services Base Year One Startup Costs	1.00000	EA	$0.000000	$0.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description :

Lump Sum Cost for Initial Startup Costs
2 Month Startup from 03/01/2019-04/30/2019.

Comments: 2 Month Start Up Costs (Section 5.2) Intentionally entered $0. As the incumbent vendor, there is no fee to implement this solution.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	PDL (FFS & MCO)/PPL & SMAC (FFS only) Yr 1, 10 Month Ops	10.00000	MO	$37,458.330000	$374,583.30

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description :

Monthly Cost to Provide PDL for Medicaid Fee-for-Service and MCO's, and PPL and SMAC Services for Medicaid Fee-for-Service only (not MCO's)- Year one, Ten months operations.
Service from 05/01/2019-02/29/2020

Comments: Annual Not to Exceed Costs for Base year 1, 10 months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	PDL (FFS & MCO)/PPL & SMAC (FFS only) Optional Renewal Yr 1	12.00000	MO	$38,616.840000	$463,402.08

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description :

Monthly Cost to Provide PDL for Medicaid Fee-for-Service and MCO's, and PPL and SMAC Services for Medicaid Fee-for-Service only (not MCO's)- Optional Renewal Year One.
Service from 03/01/2020-02/28/2021

Comments: Annual Not to Exceed Costs for optional renewal year 1, 12 mos

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	PDL (FFS & MCO)/PPL & SMAC (FFS only) Optional Renewal Yr 2	12.00000	MO	$39,811.170000	$477,734.04

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Monthly Cost to Provide PDL for Medicaid Fee-for-Service and MCO's, and PPL and SMAC Services for Medicaid Fee-for-Service only (not MCO's)- Optional Renewal Year Two.
Service from 03/01/2021-02/28/2022

Comments: Annual Not to Exceed Costs for optional renewal year 2, 12 mos

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	PDL (FFS & MCO)/PPL & SMAC (FFS only) Optional Renewal Yr 3	12.00000	MO	$41,042.450000	$492,509.40

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Monthly Cost to Provide PDL for Medicaid Fee-for-Service and MCO's, and PPL and SMAC Services for Medicaid Fee-for-Service only (not MCO's)- Optional Renewal Year Three.
Service from 03/01/2022-02/28/2023

Comments: Annual Not to Exceed Costs for optional renewal year 3, 12 mos

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Additional Services Hourly Rate - Yr 1, 10 Month Ops	100.00000	HOUR	$155.000000	$15,500.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Additional Services $_____ (all inclusive hourly rate) X 100 Hours Section See Section 4.1.16 - Year One, Ten Month Operations Hourly Rate
Service from 05/01/2019-02/29/2020

Comments: Additional Services $___ (all inclusive hourly rate) X 100 (Estimated) = (See Section 4.1.13.1.36 and 4.1.18)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Additional Services Hourly Rate -Optional Renewal Yr 1	100.00000	HOUR	$159.790000	$15,979.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Additional Services (all inclusive hourly rate) - Optional Renewal Year One Hourly Rate Service from 03/01/2020-02/28/2021

Comments: Additional Services $___ (all inclusive hourly rate) X 100 (Estimated) = (See Section 4.1.13.1.36 and 4.1.18)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Additional Services Hourly Rate -Optional Renewal Yr 2	100.00000	HOUR	$164.740000	$16,474.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Additional Services (all inclusive hourly rate) - Optional Renewal Year Two Hourly Rate Service from 03/01/2021-02/28/2022

Comments: Additional Services $___ (all inclusive hourly rate) X 100 (Estimated) = (See Section 4.1.13.1.36 and 4.1.18)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	Additional Services Hourly Rate -Optional Renewal Yr 3	100.00000	HOUR	$169.830000	$16,983.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Additional Services (all inclusive hourly rate) -Optional Renewal Year Three Hourly Rate Service from 03/01/2022-02/28/2023

Comments: Additional Services $___ (all inclusive hourly rate) X 100 (Estimated) = (See Section 4.1.13.1.36 and 4.1.18)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	Ad Hoc Reporting - per Report	25.00000	HOUR	$125.000000	$3,125.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Ad Hoc Reporting: (all inclusive hourly rate) Year One, Ten Month Operations Hourly Rate

Comments: Ad Hoc Reports $____ (all inclusive hourly rate) X 25 (Estimated) = (See Section 4.1.13.1.355)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	Ad Hoc Reporting - Optional Renewal Yr 1	25.00000	HOUR	$128.870000	$3,221.75

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Ad Hoc Reporting (all inclusive hourly rate) - Optional Renewal Year 1

Comments: Ad Hoc Reports $____ (all inclusive hourly rate) X 25 (Estimated) = (See Section 4.1.13.1.355)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Ad Hoc Report - Optional Renewal Yr 2	25.00000	HOUR	$132.850000	$3,321.25

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Ad Hoc Reporting (all inclusive hourly rate) - Optional Renewal Year 2

Comments: Ad Hoc Reports $____ (all inclusive hourly rate) X 25 (Estimated) = (See Section 4.1.13.1.355)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	Ad Hoc Reporting - Optional Renewal Yr 3	25.00000	HOUR	$136.960000	$3,424.00

Comm Code	Manufacturer	Specification	Model #
85131701			

Extended Description : Ad Hoc Reporting (all inclusive hourly rate) - Optional Renewal Year 3

Comments: Ad Hoc Reports $____ (all inclusive hourly rate) X 25 (Estimated) = (See Section 4.1.13.1.355)

Preferred Drug / Product List and State Maximum Allowable Cost Services

CRFQ 0511 BMS1900000002
March 14, 2019

Response Prepared for
West Virginia Bureau of Medical Services

Prepared by:
Change Healthcare Pharmacy Solutions, Inc.
www.changehealthcare.com

Proposal Prepared By:

Change Healthcare Pharmacy Solutions, Inc.
P.O. Box 1090, 45 Commerce Drive, Suite 5,
Augusta, Maine 04332-1090

Proprietary and Confidential Proposal

The information contained in this proposal is prepared expressly for the

State of West Virginia
Bureau of Medical Services
Purchasing Division

Change Healthcare Pharmacy Solutions, Inc. understands that all submissions in response to this RFQ, following the announcement of an award decision, vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ SA-3-1 et seq., 5-22-1 et seq., and SG-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

CHANGE HEALTHCARE

PO Box 1090
Augusta, Maine 04332-1090
www.changehealthcare.com

Tel: 207.622.7153
800.832.9672
Fax: 207.623.5125

COVER LETTER

March 5, 2019

Ms. April Battle, Buyer File #22
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

Dear Ms. Battle.

On behalf of Change Healthcare's Medicaid Pharmacy Benefits Services (PBS) division, Change Healthcare Pharmacy Solutions, Inc. I am pleased to present the State of West Virginia Bureau of Medical Services (BMS) hereinafter referred to as the "Bureau" or "the State," with our response to the Request for Quote (CRFQ) CRFQ 0511 BMS1900000002. Our team is a dedicated division providing PBS services exclusively to state Medicaid clients and we look forward to continuing our partnership in the State of West Virginia.

As Senior Vice President and General Manager of Change Healthcare, I shall be responsible for the overall management of any potential contract as that results from this RFQ, including any requests for clarification or other communication needed between the State staff and Change Healthcare. My contact information is as follows:

Dan Hardin, SVP and GM
Change Healthcare Pharmacy Solutions
P.O. Box 1090
45 Commerce Drive, Suite 5
Augusta, Maine 04332-1090

P: 800.832.9672
C: 630.300.4407
F: 207.623.5125
E: dhardin@changehealthcare.com

We have developed our proposal in the prescribed format, with content to address each requirement taking into consideration additional information released in the answers and addendums. The Bureau will find our proposal consists of our technical and cost proposals, submitted in electronic format via the wvOASIS. This proposal will remain in effect until a contract is signed or the RFQ is cancelled.

Change Healthcare has a long history of effective collaboration with our State Medicaid Agency partners, including West Virginia, to deliver projects on-time and on-budget. We are confident we can continue to deliver the Bureau with Preferred Drug / Product List (PDL / PPL) and State Maximum Allowable Cost (SMAC) Services that will meet or exceed your expectation. Our organization brings the Bureau more than 43 years of supporting Medicaid pharmacy benefits solutions in more than a dozen states. We are excited to continue providing our clinical expertise to the Bureau.

We thank you for your time and consideration of our PDL / PPL / SMAC proposal. We look forward to answering any questions you might have, providing any other information you might request, and working with the Bureau staff.

CHANGE HEALTHCARE

PO Box 1090
Augusta, Maine 04332-1090
www.changehealthcare.com

Tel: 207.622.7153
800.832.9672
Fax: 207.623.5125

Sincerely,

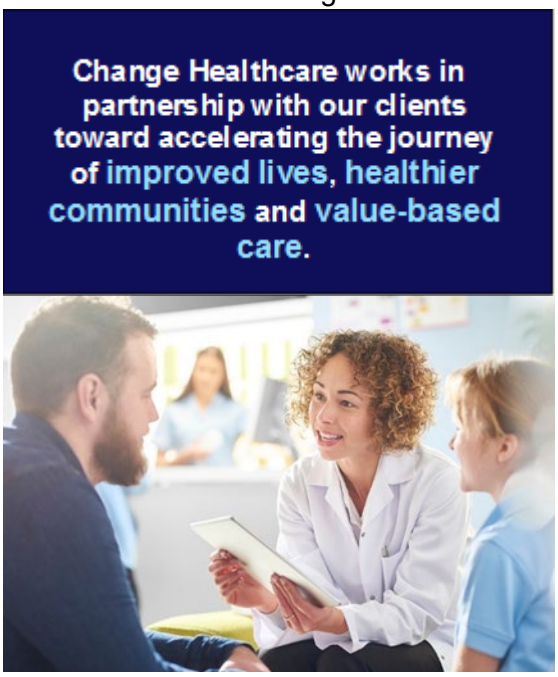
Dan Hardin, SVP and GM
Change Healthcare Pharmacy Solutions, Inc.
800.832.9672
dhardin@changehealthcare.com

TABLE OF CONTENTS

Figures and Tables:

EXECUTIVE SUMMARY

Change Healthcare is pleased to present the West Virginia Purchasing Division and the Bureau for Medical Services with our response to bid solicitation #CRFQ 0511 BMS1900000002 for Preferred Drug / Product List and State Maximum Allowable Services (PDL/PPL/SMAC). We welcome the opportunity to continue cultivating the trusting partnership we have developed with the Bureau for the past several years as the incumbent vendor for West Virginia's clinical contract for preferred drug list (PDL) and supplemental rebates (SRs).



Our organization is inspiring a better healthcare system. Working alongside our client partners, we leverage our software and analytics to help them improve efficiency, reduce costs and increase cash flow. Together, we are accelerating the journey toward improved lives, healthier communities and value-based care. Our expertise includes robust clinical management, account management, analytics, cost management, claims processing, PDL/ formulary management, and rebate negotiations, contracting and processing. Change Healthcare prides itself on building ongoing personal relationships, producing consistent and reliable deliverables and being responsive to our clients – **customer service and satisfaction are our priority.**

Experienced Staff for West Virginia

To *earn trust* is one of Change Healthcare's core company values engrained within the culture of our company. We live up to that value **by committing to a transparent, honest approach** in both our negotiations with potential new clients and the day-to-day interactions with our existing clients. Change Healthcare is distinctive in our approach of working as a consultant to our state clients in a collaborative, outcome-focused fashion. Under the guidance of our experienced operations team Change Healthcare will deliver unparalleled business value to the Bureau's programs through development of a trusted client partnership and synergistic program development.

Our Medicaid division brings West Virginia **more than 40 years of experience in the Medicaid industry.** The team provided for your solutions include a core set of key personnel with a demonstrated history collaborating with West Virginia. Our account manager, Brent Breeding, has been providing his clinical expertise and account oversight for Bureau over the past 4 years. The operational and clinical team supporting Brent bring an in-depth comprehension of the products and services required by the State. Change Healthcare's fundamental understanding and familiarity with West Virginia's PDL / PPL and SMAC programs positions us to best serve the Bureau's Medicaid members.

- Brent Breeding, Account Manager
- Dr. Laureen Biczak, Medical Director
- Dr. Jeffrey Barkin, Associate Medical Director

- Dr. Jacquelyn Hedlund, Associate Medical Director
- Cherieann Harrison, Rebate Manager
- Theresa Dubois, SMAC Pricing Manager

Our clinical excellence, coupled with our proactive account management, provides West Virginia with a solution that is **results-driven and embraces an innovative spirit.** We built our solution upon client partnerships, fiduciary responsibility, transparency, adaptive technology and stakeholder engagement. We bring clinical innovation and ideas from our work with other client states that will benefit and enhance the West Virginia solution.

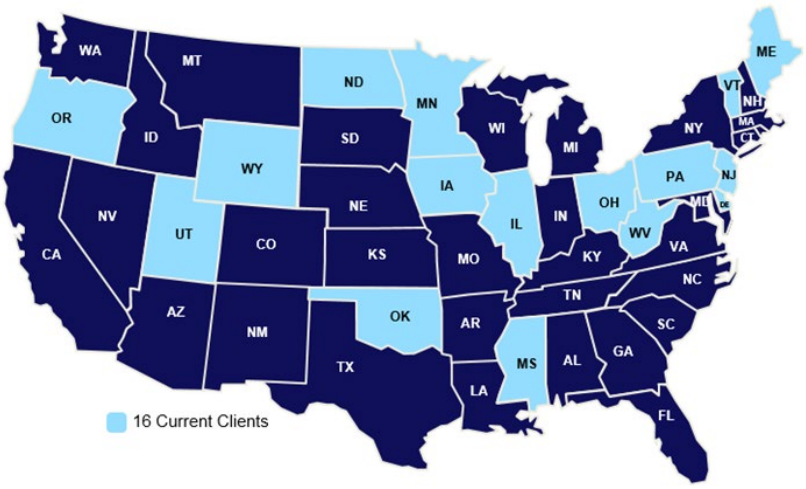


Figure 1: Change Healthcare's Current Medicaid Pharmacy Clients

Change Healthcare welcomes the opportunity to once again provide the State of West Virginia with excellent customer service and cost-effective pharmacy services that will maintain and improve the quality of life to the citizens that rely on Medicaid. We have built our pharmacy support systems and services to be **accountable, flexible, scalable, and transparent.** Our solution will meet or exceed the Bureau's requirements.

ADDENDUM ACKNOWLEDGEMENT

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0511 BMS1900000002

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
- [x] Addendum No. 2
- [x] Addendum No. 3
- [x] Addendum No. 4
- [x] Addendum No. 5
- [x] Addendum No. 6
- [x] Addendum No. 7
- [ ] Addendum No. 8
- [ ] Addendum No. 9
- [ ] 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.

Change Healthcare Pharmacy Solutions, Inc.
Company

Authorized Signature

March 12, 2019
Date

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

Revised 01/24/2019

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INSURANCE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/01/2019

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, INC. 1801 WEST END AVE., SUITE 1500 NASHVILLE, TN 37203 Attn: Tammy.A.Adcock@marsh.com CN118528062-EMDEO-GAWU-19-	CONTACT NAME: Tammy Adcock PHONE (A/C, No, Ext): 615-340-2444 FAX (A/C, No): E-MAIL ADDRESS: Tammy.A.Adcock@marsh.com
INSURED Change Healthcare LLC 3055 Lebanon Road Nashville, TN 37214	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Charter Oak Fire Insurance Company — 25615 INSURER B : N/A — N/A INSURER C : N/A — N/A INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** ATL-004382625-15 **REVISION NUMBER:** 8

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 [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			660-0J760255	03/01/2019	03/01/2020	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
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

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

CERTIFICATE HOLDER

Health and Human Resources
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3709

CANCELLATION

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.

Stephen R. Earp

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/01/2019

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	CONTACT NAME:	
MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Atlanta.CertRequest@marsh.com Fax: 212-948-4321 CN118528062-EMDEO-E&O-19-20	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : AFB Lloyd's Syndicate	
INSURED Change Healthcare LLC 3055 Lebanon Road Nashville, TN 37214	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** ATL-004727266-14 **REVISION NUMBER:** 5

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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	PROFESSIONAL LIABILITY			B0509FINPB1900024	03/01/2019	03/01/2020	Limit	1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Health and Human Resources Bureau for Medical Services 350 Capitol Street, Room 251 Charleston, WV 25301-3709	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. Stephen R. Earp Stephen R. Earp

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PURCHASING AFFIDAVIT

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 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: Change Healthcare Pharmacy Solutions, Inc.

Authorized Signature: _____ Date: 2/21/2019

State of Maine

County of Kennebec, to-wit:

Taken, subscribed, and sworn to before me this 21st day of February, 2019.

My Commission expires April 4th, 2024.

AFFIX SEAL HERE **NOTARY PUBLIC** Tiffany L Goldthwaite

Purchasing Affidavit (Revised 01/19/2018)

DESIGNATED CONTACT, CERTIFICATION & SIGNATURE

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.

Dan Hardin SVP & GM
(Name, Title)
Dan Hardin Senior Vice-President & GM
(Printed Name and Title)
45 Commerce Dr. Ste. 5 Augusta, Me 04330
(Address)
207-622-7153 / 207-623-5125
(Phone Number) / (Fax Number)
DHardin@Changehealthcare.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 and 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.

Change Healthcare Pharmacy Solutions, Inc.
(Company)
Dan Hardin SVP & GM
(Authorized Signature) (Representative Name, Title)
Dan Hardin, S.V.P. & G.M
(Printed Name and Title of Authorized Representative)
2/21/2019
(Date)
207-622-7153 / 207-623-5125
(Phone Number) (Fax Number)

Revised 01/24/2019

3. QUALIFICATIONS

As a company with more than 40 years of extensive experience in the healthcare industry, Change Healthcare has helped our Medicaid clients with the development and management of their PDLs, facilitating access to drugs chosen for effectiveness, safety and overall clinical value to members. Change Healthcare is pleased to present the Bureau with our pharmacy PDL/PPL and SMAC services team, allowing the State to maintain its commitment to members and providers, and avoid any unnecessary disruption of services. This qualified team has previously worked with West Virginia and achieved excellent results during our tenure. ***Change Healthcare's services are an orchestrated combination of technology and professional services. It is our people that make the difference.*** Brent Breeding will continue to oversee the account and the Bureau will retain access to our highly-skilled and knowledgeable physicians; Dr. Biczak, Dr. Barkin and Dr. Hedlund.

3.1 Experience

We consistently and actively explore areas of opportunity for further cost savings and quality improvements in our PDL programs. Recent successes of this include the introduction of management of clotting factor concentrates used to treat hemophilia and oncology drugs, which we have applied to the PDLs in many states. These two classes have the potential to drive further savings with somewhat aggressive management**.** Our carefully designed PDL, in combination with prior authorizations (PA) and supplemental drug rebates (SR), will allow the Bureau to continue realizing significant savings without sacrificing clinical outcomes. The following table outlines how many years of experience our clinical team has had in implementing, maintaining and modifying PDLs for several states.

Change Healthcare's PDL Experience		
State Contract	**PDL Start Date**	**Scope**
Maine	2003	Full PDL design from scratch
Iowa	2005	Full PDL design from scratch
West Virginia	2009	Enhanced mature PDL
Wyoming	2009	PDL Support
Utah	2011	PDL Support
Mississippi	2012	Enhanced mature PDL
Ohio	2015	Enhanced mature PDL
Vermont	2015	Enhanced mature PDL
Pennsylvania	2016	Enhanced mature PDL
Ohio BWC	2018	PDL Management and Support

Table 1: PDL Experience

Change Healthcare currently negotiates with pharmaceutical and DME manufacturers for rebates on behalf of 12 state Medicaid pharmacy programs. We have acted as the vendor to the Sovereign States Drug Consortium (SSDC) since its origination, negotiating rebate contracts for the 12 Member States. As a member of the SSDC, West Virginia recognizes the many benefits of the SSDC negotiation process that Change Healthcare has been dedicated to and has worked hard to tailor to the Member States.

3.2 Key Personnel

In the following pages, we provide snapshots into the experience and qualifications of our key personnel. We direct the Bureau to review **Attachment 1: Resumes** of our response for full resumes of each of the key and support personnel for the West Virginia PDL, PPL, SMAC Services project.

3.2.1, 3.2.2 CLINICAL ACCOUNT MANAGER, BRENT BREEDING, RPH.

Change Healthcare offers West Virginia key staff already familiar with supporting the West Virginia PDL / PPL and SMAC programs

Brent Breeding joined the Change Healthcare team in 2015 and has since been a valued member of the clinical team, helping to oversee the clinical solutions for Pennsylvania and West Virginia. He brings almost 30 years of pharmacy experience to Change Healthcare's clients with a wide array of knowledge including retail pharmacy and management. His past experiences working with various states allow him to bring a unique multi-state and multi-industry perspective to the states he works with. He is a clinical subject matter expert, has in-depth PDL and SMAC experience, as well as P&T committee presentation expertise. Brent's experience in and knowledge of the West Virginia programs will allow him to continue supporting the Bureau with proactive clinical insight.

3.2.3 PHYSICIAN, INFECTIOUS DISEASE, DR. LAUREEN BICZAK, DO

Dr. Biczak is Board Certified in Internal Medicine and Infectious Diseases. Her continued part-time clinical practice offers Change Healthcare a unique view of pharmacy issues – from both the State and provider perspective. Dr. Biczak is a member of the American College of Physicians, the Maine Medical and Maine Osteopathic Societies, and several professional Infectious Disease Societies. She has in the past served as a gubernatorial appointee to the Maine Quality Forum Advisory Committee, which is devoted to not only improving the quality of healthcare in Maine but also the transparency of that quality for Maine citizens. She received her Doctor of Osteopathy from the University of New England College of Osteopathic Medicine.

3.2.4 PHYSICIAN, PSYCHIATRY, DR. JEFFREY BARKIN, M.D., DFAPA

Dr. Barkin has been employed as an Associate Medical Director with Change Healthcare since 2010. He has maintained a private and forensic psychiatry practice since 1991, treating individuals with a variety of mood, anxiety, and psychotic disorders. Dr. Barkin has special expertise in clinical trial design and analysis and is especially interested in applying evidence based best practices in administrative and legal settings. Prior to his current position, he served as Chair of the Maine Medicaid DUR Committee and Chair of the Psychiatric Work Group. He is currently President of TriCounty Mental Health Services, Immediate Past President of the State of Maine Association of Psychiatric Physicians and is on the board of the Maine Medical Association.

ADDITIONAL PHYSICIAN, DR. JACQUELYN HEDLUND, M.D., M.S.

Dr. Jacquelyn Hedlund joined the Change Healthcare clinical team in 2015 and brings more than 27 years of relevant experience to our clinical team. She also currently holds the position of Assistant Medical Director at Community Health Options, one of the original not-for-profit health insurance cooperatives born out of the ACA. She works closely with our Medical Directors and our clients, bringing innovative clinical expertise with her consultation to states including Iowa, Maine, Mississippi, Ohio, Pennsylvania, Vermont, and West Virginia. Her experience includes utilization management, prior authorization, PDL design and implementation, new drug evaluation, quality assurance, multidisciplinary program development and clinical trial implementation. Her industry knowledge combined with real-world medical experiences benefit our Medicaid clients. Jacquelyn is board certified in Internal Medicine and Hematology continues to be an active member in the clinical world. She has been in practice for 18 years, providing care to patient in Maine with benign and malignant hematologic conditions.

3.2.5 REBATE MANAGER, CHERIEANN HARRISON

Cherieann Harrison has been a member of Change Healthcare's Rebate department for over 4 years, starting as a Rebate Specialist. In her current position as Manager of Medicaid Drug Rebate Negotiated Contracts, Cherieann works directly with many state Pharmacy Directors to ensure the quality of individual state contracts. She oversees the day-to-day operations of the Supplemental Rebate contract team, negotiating additional rebates for our client states beyond the CMS Federal Rebate. Cherieann has also supports the Sovereign States Drug Consortium (SSDC) project, of which West Virginia is a member of, and is highly knowledgeable in CMS rebate guidelines. She has helped streamline processes and procedures, developing operating standards to more effectively and efficiently serve our clients.

3.2.6 SMAC PRICING MANAGER, THERESA DUBOIS

Theresa Dubois has been the Program Integrity Supervisor and SMAC Program Pricing Manager at Change Healthcare since 2010. She has been actively involved in implementing the SMAC programs in ten states and is currently responsible for maintaining and reviewing all SMAC pricing, as well as creating the greatest savings possible for our State clients. In Maine, she has been involved in SMAC work for more than 10 years, having served as the Pharmacy Helpdesk Supervisor, with daily exposure to resolution of issues regarding payment, pricing, and claims processing concerns. In addition, she has been involved in SMAC issues for Wyoming Medicaid for the last six years and more recently has been involved in pricing issues and SMAC setting for Illinois, New Jersey, Minnesota, and North Dakota. Previously, Theresa worked with the West Virginia SMAC program, achieving millions of dollars in savings, and in 2015, she began overseeing the Vermont program as well.

ADDITIONAL SUPPORT STAFF

John Estey, Implementation Manager

John Estey is an accomplished and motivated project manager with a history of success driving company-wide efforts. He expertly collaborates with stakeholders and business partners to understand needs and develop a detailed project scope for all involved. He is an outstanding facilitator, skilled in creating rapport and building trust to gain project support across the

organization. With a reputation for driving mission-critical solutions involving multiple systems and technologies, John is able to deftly build teams and motivate both short-term and long-term members to deliver exceptional results.

Shari Martin, Rebate Operations Manager

Shari Martin joined Change Healthcare in July 2008 as a Rebate Specialist in our Rebate Services department and focused her efforts in all areas of rebates. Drawing upon expertise she has acquired over the years in her professional career in government health, she currently serves as the Rebate Operations Supervisor. In her current role she supports our rebate products and services. Shari has extensive knowledge of CMS rebate guidelines, medical claims billing and operational processes. She has performed as our J-code and Supplemental Rebate Subject Matter Expert on many implementations, including most recently Minnesota J-code SMAC, Mississippi Supplemental Rebate services, Utah Software as a Service and Georgia MCO Rebate Services implementations. Over the last five years, she has led diabetic negotiations and oversaw the administration of SR negotiations, while managing the supplemental rebate pricing file generation for three different negotiated rebate types and six State accounts.

Jason Rushing, Reporting and Analytics Manager

Jason Rushing has more than 20 years of experience in report design and data analysis. He has been with the Change Healthcare team since 2004 as the Lead Data Analyst and has ample experience in state agency claims analysis for both small and large healthcare databases. He is an expert in transforming complex business logic into SQL code using tools such as stored procedures, user-defined functions, views, scripting, DTS and SSIS. He has been a Crystal Reports developer since 1998 with a focus on automating and publishing reports to Business Objects Enterprise server. He is also the Business Objects Enterprise administrator responsible for maintaining Web Intelligence, OLAP cubes and user permissions and the SQL Server Reporting Services developer trained by Microsoft certified training partner. Jason currently oversees a group of 11 analysts for the Change Healthcare Analytical Team. He provides oversight and support for the reporting provided to all fifteen of Change Healthcare's Medicaid clients and is a subject matter expert for data and financial analysis reporting

4. MANDATORY REQUIREMENTS

4.1 Mandatory Contract Services Requirements and Deliverables

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

4.1.1Vendor shall provide program management and coordination by meeting on a regular basis with all parties, as referenced in Section 4.1.4 below, or at the Bureau's request, and providing the data files required for the management and coordination of PDL, PPL, and SMAC activities with the Bureau, the State's Medicaid Fiscal Agent, the Medicaid MCO's, the Pharmaceutical and Therapeutics (P & T) Committee, the SSDC and its vendor, the prior authorization vendor, and any other business partner associated with PDL, PPL, and SMAC programs. The data files will be loaded in the Claims Processing System and pertinent information is to be posted on the BMS Pharmacy website.

Change Healthcare currently has a successful partnership with the Bureau, the State's Medicaid Fiscal Agent, the P&T Committee, the prior authorization vendor, and other business partners within the State to coordinate updates and changes to the PDL, PPL and the SMAC list. We look forward to the opportunity to continue those relationships in West Virginia. There is a longstanding tradition of our staff and systems collaborating and integrating with other key stakeholders to ensure the overall success of the project. We fully intend to continue these positive relationships going forward.

As the current vendor for SSDC, Change Healthcare will continue using our collaborative approach to ensure successful outcomes for the Bureau. We intend to provide the same superior level of program management and coordination of PDL, PPL and SMAC activities with the Bureau and all other required stakeholders that Change Healthcare has delivered to the State in previous years.

4.1.2 Vendor shall comply with all federal regulations, including confidentiality of rebate related data, and the State Plan filed and approved by the Centers for Medicare and Medicaid Services (CMS) as stated in Attachment B of this RFQ.

Change Healthcare's drug rebate management program and staff are fully compliant and will continue to comply with all current state and federal regulations, including the State Plan (RFP Attachment B) filed and approved by CMS and the Health Insurance Portability and Accountability Act (HIPAA) provisions. Change Healthcare is aware of the confidential nature of the rebate-related data and maintains strict security standards to ensure that confidential information is kept secure.

4.1.2.1 Vendor shall assist the Bureau with writing State Plan Amendments related to the PDL, PPL and SMAC programs

Change Healthcare has experience assisting the Bureau in development of its State Plan Amendments related to the PDL, PPL and SMAC. Our experienced team has many years of involvement with communications and interactions with CMS including but not limited to, the drafting and submission of State Plan Amendments. Change Healthcare's presence in multiple states, providing varying levels of pharmacy and Medicaid support, will ensure that West Virginia is current and in-line with other Medicaid programs.

4.1.3 Vendor shall be available for appearances before the West Virginia Legislature or other interested parties as requested by the Bureau at a maximum of five (5) times per calendar year.

Our knowledgeable clinical team has participated in legislative and other professional meetings for several of our client states, including West Virginia. Change Healthcare looks forward to meeting with interested parties as requested by the Bureau. We understand these meeting requests are not to exceed a maximum of five (5) times per calendar year.

4.1.4 Vendor shall facilitate status meetings with the Bureau including meeting agendas and minutes. Meeting minutes must be provided to the Bureau within ten (10) working days of each meeting by email, including the Pharmacy and Therapeutics (P & T) Committee meetings, which are to be held quarterly. Status meetings will be held weekly on an agreed upon schedule by the Bureau and the Vendor via conference call.

Close collaboration and a trusted partnership are critical to the success of any project. Change Healthcare will continue to hold meetings and provide agenda and minutes as required by the Bureau. Our processes and best practices ensure that all documentation meets or exceeds our client's standards.

4.1.5 Staff

4.1.5 Vendor shall provide staff to work with the Bureau and its partner vendors to assist in managing the PDL, PPL, and SMAC programs via phone, email and face to face meetings as needed.

We have assembled a highly-qualified professional team that will carry out the duties of the contract resulting from this procurement in alignment with the required key personnel. We offer the Bureau a team of SMEs who bring more than 170 years of collective experience in all aspects of this scope of work. Within this team we provide pharmacy solutions that are cutting-edge and seamlessly well-managed, coupled with a team with whom the State is familiar and has established a trusting relationship with over the past several years.

Name	Responsibility	Years of Relevant Experience
Chad Bissell, PharmD, MBA	Regional Pharmacy Director	14 years
John Estey	Implementation Manager	13 years
Brent Breeding, RPh	Account Manager Pharmacist	6 years
Dr. Laureen Biczak, DO	Medical Director	20 years
Dr. Jeffrey Barkin, M.D., DFAPA	Associate Medical Director	30 years
Dr. Jacquelyn Hedlund, M.D., M.S.	Associate Medical Director	27 years
Cherieann Harrison	Rebate Manager	5 years
Theresa Dubois	SMAC Pricing Manager	33 years
Jon Ehle	Strategic Analytics	20 years
Bettina Lewis	Operational Account Coordinator	5 years
Total Years of Relevant Experience		173 years

Table 2: Staff Experience

4.1.5.1 Vendor should submit with their quotation and must submit prior to award the names and resumes for staff assigned to this contract including but not limited to account manager, clinical pharmacist, physicians, rebate manager, and SMAC pricing manager.

Change Healthcare's proposed key staff and support team are very familiar with the specific requirements for this project. This team will continue to provide the Bureau with the high quality of services of which you are accustomed. Resumes for the clinical account manager, physicians, rebate manager, SMAC pricing manager and supporting staff are provided in Attachment 1: Resumes.

4.1.5.2 Vendor shall provide an account manager that will be available during business hours of 8:00 A.M. to 5:00 P.M. Eastern Standard Time (EST), Monday through Friday. This person is responsible for the overall operations of the contracted deliverables listed below.

Our proposed account manager for West Virginia is Brent Breeding, RPh. Brent is currently serving as the account manager for this project and is, and will continue to be, available during business hours as specified. He will continue to oversee the account, providing contract deliverables and clinical expertise for PDL criteria development and decisions. Brent's current partnership with the Bureau, P & T Committee and DUR Boards will allow for an uninterrupted continuation of services.

4.1.5.3 Vendor shall provide an account manager who shall attend, in person, P & T Committee and Drug Utilization Review (DUR) Board Meetings to offer advice to the Bureau on clinical and financial issues relating to the PDL and PPL and be available by telephone and email to the Bureau during business hours of 8:00A.M. and 5:00 P.M. Eastern Standard Time (EST), Monday through Friday. The P & T Committee is scheduled to meet four (4) times annually, with three (3) meetings being held in the DHHR Building at 350 Capitol St., Charleston, WV and one (1) meeting for comprehensive PDL review being held at the Charleston Coliseum and Convention Center. The DUR Board is scheduled to meet quarterly and meetings are held at the DHHR Building.

As mentioned in section 3.2., Brent Breeding will also be serving as the clinical pharmacist for this contract as he is under the current contract. He has been preparing materials, attending and presenting at the West Virginia P & T Committee and DUR Board meetings for the past four (4) years and has a foundational understanding of the required support.

4.1.5.4 Vendor shall provide for the services of two physicians, as outlined in Sections 3.2.3 and 3.2.4 of this RFQ, actively licensed with the Board of Medicine or Osteopathic Medicine for the state in which they are employed. A minimum of one physician shall attend P & T Committee meetings four (4) times annually in person and quarterly DUR Board Meetings via conference call to offer advice to the Bureau on clinical issues relating to the PDL and PPL and be available by telephone and/or email to the Bureau during business hours of 8:00 A.M. to 5:00 P.M. Eastern Standard Time (EST), Monday through Friday. P & T and DUR Board Meetings are held in the DHHR Building or the Charleston Coliseum and Convention Center.

Change Healthcare is proposing Dr. Laureen Biczak, DO and Dr. Jeffrey Barkin, MD for the physicians required in Section 3.2.3 and 3.2.4 as well as the expertise of Dr. Jacquelyn Hedlund who specializes in Hematology and Internal Medicine. These doctors are directly familiar with the West Virginia programs and will continue to work directly with Bureau members, attending P & T Committee and DUR Board meetings as required. Dr. Biczak is an actively practicing Infectious Disease specialist with significant HIV treatment experience. She takes the primary role in evaluating all infectious disease drug reviews, both clinically and financially. Dr. Barkin maintains a private and forensic psychiatry practice treating individuals with a variety of mood, anxiety, and psychotic disorders, as well as neuropsychiatry patients since 1991. He provides clinical oversight for several of our state Medicaid clients. Dr. Hedlund provides clinical support to teams that develop and administer pharmacy benefits for Medicaid programs in several states, including conducting drug utilization reviews and staffing Pharmacy and Therapeutics

Committee meetings. Together they bring over 75 years of medical knowledge to the West Virginia program.

4.1.5.5 Vendor shall provide for the services of a rebate manager. This individual shall be available to the Bureau by telephone and e-mail during the business hours of 8:00 A.M. to 5:00 P.M. Eastern Standard Time (EST), Monday through Friday. This individual is responsible for, at a minimum, completion and management of rebate contracts, contract tracking, contract status, contract disputes, and pricing and contract files and reports for rebate invoicing.

We would like to propose Cherieann Harrison as the Rebate Manager for the West Virginia account. Cherieann has a demonstrated history working with the Bureau and will be available by telephone or email during the required times and days. Cherieann will be responsible for the management of supplemental rebate contracts, tracking, status, disputes, pricing and files and reports for invoicing.

4.1.5.6 Vendor shall provide for the services of a SMAC pricing manager. This individual shall be available to the Bureau by telephone and email during the business hours of 8:00 A.M. to 5:00 P.M. Eastern Standard Time (EST), Monday through Friday. This individual is responsible, at a minimum, for management of the SMAC program, oversight of the selection of generics, other drugs, and products to which SMAC prices will be applied, calculation and tracking of SMAC pricing, providing documentation for price posting, and advising and resolving SMAC pricing disputes. The vendor shall advise the Bureau by email when pricing disputes occur and the resolution within seven (7) calendar (excluding holidays) days of the resolution.

Theresa Dubois is our proposed selection to lead the SMAC pricing team. She has supported West Virginia SMAC previously and understands the requirements as defined by the Bureau. Theresa has over 15 years of SMAC experience and over 30 years of industry knowledge. She will be available to the Bureau during the business hours specified, Monday through Friday.

4.1.5.7 Vendor shall complete background checks http://www.gpo.gov/fdsys/pk!!IFR-201l -02-02/pdf/201l -1686.pdf for current and potential employees to ensure that staff meets the minimum requirement under state and federal statute and/or regulations. See Attachment A and B for State Requirements. Vendor shall not employ persons who are excluded from Medicare or Medicaid participation by the Federal Office of the Inspector General or any state Medicaid program.

Change Healthcare conducts background checks on all prospective employees, contractors and consultants. The scope of the background check includes employment and education verification, criminal record screen / social security trace and professional employment reference checks. All employees have gone through HIPAA privacy training via an online course or through a video presentation. In addition, all employees must sign confidentiality/ security agreements. Depending upon the contractual obligations of the business unit for which the employee works, employees may be required to complete drug screens, as permitted by applicable law. All staff will meet the minimum requirements under state and federal statute and / or regulations.

4.1.5.8 Changes in staff positions of account manager, clinical pharmacist, physicians, rebate manager and SMAC pricing manager shall be approved by the Bureau within ten (10) business days of the change.

We are pleased to present the Bureau with the background, experience and resumes of these individuals, all of whom we are confident the State will approve. The key personnel decisions will be based on the final approval by the Bureau. We offer a great team; however, we appreciate that the State has the final sign-off on any staff put in key positions and the Change Healthcare team will collaborate on staffing efforts.

4.1.5.9 Vendor participation changes for any given meeting shall be approved by the Bureau at least five (5) business days prior to the scheduled meeting date.

Change Healthcare understands and agrees to notify and receive approval from the Bureau for staff attendance changes to scheduled meetings at least five (5) business days prior to the meeting date.

4.1.6 Bureau Proprietary Data

4.1.6 Vendor shall agree that any and all data provided to the Vendor by the Bureau or the Bureau's partners, and any and all data collected, created, summarized, and/or aggregated, deliverables submitted to the Bureau or the Bureau's partners, and reports created under the contract pursuant to this RFQ, are the sole property of the State of West Virginia, intended for the purposes of supporting the Medicaid and Pharmacy programs in any manner deemed appropriate by the State. None of these materials may be used by the Vendor at any time or in any manner without the express written approval of the State.

Change Healthcare agrees that any and all data provided to us by the Bureau, or its partners, along with any and all data, documentation or deliverables specifically created as a requirement of this RFQ will remain the sole property of the State of West Virginia. Any Change Healthcare applications, systems, equipment, methodologies, etc. used will remain the property of Change Healthcare.

4.1.7 P & T Committee Support

4.1.7 Vendor shall develop and provide support for clinically sound and cost- effective recommendations to the Bureau and the West Virginia Medicaid P & T Committee to refine and manage the PDL and PPL.

For more than 14 years, Change Healthcare has helped our Medicaid clients with the development and management of their preferred drug lists (PDLs), facilitating access to drugs chosen for effectiveness, safety and overall clinical value to enrollees. Through our administration of West Virginia's PDL, our team will assist with optimizing outcomes as well as cost effectiveness. Our knowledgeable team works in close conjunction with practicing physicians who actively participate in the medical community. Dr. Laureen Biczak, DO, oversees all clinical aspects of our programs. Dr. Jeffrey Barkin provides oversight for pharmaceutical utilization in multiple client states and has expertise in evaluating clinical trial data to help inform placement of preferred products. Finally, Dr. Jacquelyn Hedlund, MD, MS, provides innovative clinical expertise to our medical team as a Board-Certified Hematologist and Internist. As the Bureau's partner, we will leverage our clinical team's strengths as well as our keen understanding of the nuances of PDL design and PBM programs to further refine West Virginia's PDL and associated processes.

4.1.7.1 Vendor shall facilitate meetings, present clinical and cost information, develop, print, copy, collate, and distribute meeting materials such as, but not limited to, agendas, minutes, reports, and handouts for all P & T Committee meetings and provide ad hoc reports or other requested clinical and/or financial information for the DUR Board meetings throughout the year as approved by the Bureau. P&T committee meeting materials shall be mailed to P&T Committee members.

Our clinical team is thoroughly experienced with providing these services and will continue to provide the Bureau with the high quality of documentation and support for P & T Committee and DUR Board meetings as defined.

4.1.7.1.1 Vendor shall develop and provide for the twelve (12) Committee members and five (5) Bureau staff members Quarterly P & T Committee meeting agendas electronically for each P & T Committee meeting at a minimum of thirty-five (35) calendar days prior to meetings. Content shall be approved by the Bureau for release. Vendor shall also send the draft version of the POL to BMS for review and comment with the "Draft" status clearly marked thirty-five (35) calendar days prior to meeting by email.

Change Healthcare has developed and refined our documentation processes for client meeting support. Our extensive knowledge and defined approach for providing appropriate and timely deliverables ensure the success and operation of the West Virginia P & T Committee.

4.1.7.1.2 Vendor physician(s) and registered pharmacist(s) shall review therapeutic classes including new medications or indications as approved by the Food and Drug Administration (FDA) and present m person recommendations to the P & T Committee and the Bureau for appropriate revisions to the PDL.

We take pride in our ability to provide unbiased, thoroughly researched therapeutic class reviews (TCRs) tailored to the specific needs of our clients for assessing the relative value of drugs for inclusion and status on their PDLs. Our methods include clinical and cost evaluations of all drugs in each therapeutic class to make informed recommendations to the P & T Committee. We design our explanations to support clinical and cost-effective decisions for the State.

Our clinical staff monitors and reviews medical literature on an ongoing basis to identify and review pertinent information for preparation of our class reviews and subsequent presentation to the P & T Committee. These reviews include full text journal articles, evidence-based clinical guidelines, prescribing information, FDA updates and the compendia, such as Micromedex, to provide analysis comparing the safety, efficacy and appropriate place in therapy of the drugs in a therapeutic class. Our clinical team carefully monitors the clinical and regulatory literature, anticipating new drug launches and the likely availability of generics, as well as staying abreast of any CMS or federal regulatory changes. Currently, we actively maintain access to the following information resources: *Micromedex, Facts & Comparison, the National Comprehensive Cancer Network Guidelines and Compendia, Lexicomp, UpToDate, Dynamed* and *the Cochrane Library*.

4.1.7.1.3 Vendor shall provide meeting documents, including but not limited to agenda, clinical monographs, cost sheets, therapeutic drug reviews, pricing information and other pertinent information via mail to the Bureau and Committee members fourteen (14) calendar days prior to meetings. Clinical monographs may be made available electronically.

Change Healthcare will provide meeting documents, including but not limited to agenda, clinical monographs, cost sheets, therapeutic drug reviews, pricing information and other pertinent information via mail to the Bureau and Committee members 14 calendar days prior to meetings. Clinical monographs can be made available electronically.

4.1.7.1.4 Vendor shall provide meeting minutes via email for all P & T Committee meetings. Meeting minutes will follow the current format as found on the Bureau's website. https://dhhr.wv.gov/bms/BMS%20Pharmacy/PharmTheraComm/Pages/P-and-T-Committee-Meetgisn.aspx Minutes are due to the Bureau for review no later than ten (10) business days after each P & T Committee meeting.

Change Healthcare will provide administrative support for P & T meetings to take meeting minutes and distribute to the P & T Committee and the Bureau. Minutes will be provided to the Bureau for review and approval no later than 10 days after the meeting date.

4.1.8 Therapeutic Class Reviews

4.1.8 Vendor shall provide the Bureau and the P & T Committee with therapeutic class reviews that compare drugs and products, at a minimum, for efficacy, safety, side effects, dosing, indications, prescribing trends, and cost efficiencies of each drug or product class. These reviews will be delivered as monographs. Vendor should submit a monograph example with their quotation but must submit prior to award electronically or on paper.

We provide information for therapeutic class reviews (TCRs) for several of our state partners and will continue to do the same for West Virginia. Change Healthcare currently has a library of over 100 TCRs, built and continuously updated by our in-house clinical staff. We annually review drugs within chosen therapeutic classes to affirm or change recommendations regarding PDL placement and supplemental rebate strategies. The process of creating TCRs / drug monographs begins by using several drug databases including our formulary management tools such as Pharmacy Benefit Services Administrator (PBSA) and Decision Support System (DSS). These tools allow us to view medications within therapeutic categories based on therapeutic classifications systems including Medi-Span and First DataBank to determine which drugs are potentially appropriate to be incorporated into the review. Examples of our monographs can be provided to the Bureau upon request prior to contract award.

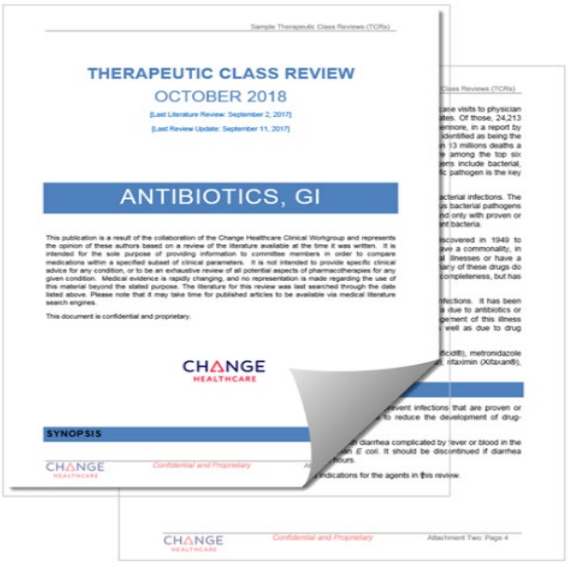


Figure 2: Excerpt of Therapeutic Class Review

Our clinical team designed and developed our class review template specifically for review of PDL recommendations that includes various types of information useful when considering the clinical value of drugs. The adjacent figure is an excerpt of one of our TCRs.

4.1.8.1 Vendor shall provide to the Bureau and the P & T Committee members concise and systematic reviews of each therapeutic drug or product class or specific drugs or products to be presented for review by the Bureau or P & T Committee, including monographs, pricing information, and other pertinent information, no later than fourteen (14) calendar days prior to each P & T Committee meeting by email.

Change Healthcare creates specific TCR / drug monographs for clients based on the presentation criteria for the individual state meetings. **Change Healthcare comments and level of evidence (LOE) ratings are two (2) unique features included in our therapeutic**

class reviews. Our clinical team developed these proprietary elements to specifically meet the unique information requirements of our state clients and their respective committees. These, as well as pricing information, will be provided to the Bureau and P & T Committee no later than 14 calendar days prior to each P & T Committee meeting.

4.1.8.2 Vendor shall designate to the Bureau and the P & T Committee the Vendor's recommendation as to preferred or non-preferred status for each drug or product within each class based on current clinical and cost data.

Our PDL criteria management process yields a significant selection of preferred and non-preferred drugs for prescribers, allowing them to care for the majority of their members without the necessity of daily PA requests. Change Healthcare will provide our unique blend of clinical and analytical expertise to identify which drugs to recommend for PDL placement based on the actual clinical contribution of the drug. **We assess the true value of medications by thoroughly examining clinical benefits with our proprietary evidence rating scale and factoring in medication / drug class-specific financial attributes.** By evaluating cost-effective alternatives and appropriate drug utilization for specific diagnoses and indications, we are able to make recommendations to West Virginia that often include several options.

4.1.8.3 Vendor shall update and keep current all therapeutic drug and product class monographs using peer reviewed referenced materials and must grade the strength of evidence used. Monographs shall be updated once annually.

As stated in our response to requirement 4.1.8, our repository of TCRs are continuously reviewed and updated by our clinical team. Change Healthcare will provide the Bureau and P & T Committee with only the most current and up-to-date materials for review.

4.1.8.4 Vendor shall review new drugs or drug formulations or products using a schedule agreed upon by the Vendor and the Bureau, at a minimum quarterly.

Change Healthcare will collaborate with the Bureau to develop a review schedule for new drugs or drug formulations that is in line with the Bureau's standards. At a minimum, Change Healthcare will provide quarterly reviews.

4.1.8.5 Vendor shall advise the Bureau as needed, and the P & T Committee at regularly scheduled meetings, on comparative value of new drugs or drug formulations or products that fall into categories already established on the PDL and PPL.

In cases where a new drug or formulation enters a category that is already established on the PDL / PPL, Change Healthcare will prepare a new drug monograph and provide a recommendation based on the comparative clinical efficacy of other drugs in the category, in addition to cost comparisons. As part of the routine SSDC process, supplemental rebates (SR) will be sought as appropriate and included in pricing considerations. We will prepare cost analyses for consideration of the Bureau at least monthly and for distribution to the Committee members at regularly scheduled meetings. Other brand name drugs are included if an appropriate SR is obtained from the manufacturer. We will include in these analyses' considerations regarding current contract requirements within the

category and upcoming changes in the category such as predicted new generic or branded entrants. These analyses will enable informed recommendations that balance clinical and cost considerations, based on current and forecasted conditions in the category.

At a detailed level, all cost analyses are performed comparing net costs within PDL classes to help decide best values. Most drugs, especially the one unit per day drugs, are easily compared. Other drugs require adjustments in order to arrive at fair comparisons. We determine the most frequently prescribed courses of therapy and model out net costs to arrive at net cost per course of therapy.

The last major component of the cost analysis relates to market share. The Committee needs to know how many people are using (tentatively) preferred and non-preferred drugs. They also need to know if any data exists that would help predict the probability of success if drug A was made preferred and drug B non-preferred. This data assists the Committee in making sound, well-informed decisions.

4.1.8.6 Vendor shall incorporate multisource drugs into the PDL, maximizing the use of the most cost-effective drugs for inclusion on the PDL.

Our rebate negotiation and clinical teams work together to ensure the clinical component of the value proposition supports high quality clinical evidence. During SR negotiations, the clinical data plays a critical role in determining relative value of a drug product, as well as in determining the clinical and/or step edits and criteria that ask a manufacturer to permit as part offer. Our reviews will include benchmark analyses for financial and clinical outcomes to assist in monitoring trends and making recommendations. The primary component in the development of PDL recommendations to the Bureau is comparative clinical effectiveness. A drug can only provide value if the clinical evidence supports its efficacy and safety relative to other therapeutic alternatives. In some cases, a drug may have documented clinical superiority and, as a result, provide value to West Virginia even at a higher net cost than another similar drug. Likewise, a drug with inferior clinical data may not provide value even at a lower net cost.

Given that the clinical evidence shows drugs in a particular therapeutic area not significantly different, net cost (reimbursement less all rebates plus the rebate-offset amount) and market share are instrumental in the negotiation of SR offers and the resulting PDL recommendations. Obviously, lower cost drugs are preferable to the Bureau over higher cost therapeutic options. In some cases, however, it may be difficult for states to move market share away from a highly utilized, though somewhat costlier product. Especially when considering tiered offers, the loss of SR for the residual utilization of the higher cost drug may not compensate for the lower net cost of the competing product. In these cases, preference of the lower net cost product may not provide the greatest reduction in net expenditures for a state. We consider this when negotiating with manufacturers and when developing PDL recommendations for the Bureau.

4.1.8.7 Vendor shall advise the Bureau of new drugs appearing on the weekly reference drug data file including, but not limited to, the drug name, PDL category (if applicable), its indication, the overall value of the drug and its impact to the Medicaid pharmacy program.

Our clinical team reviews the weekly drug file from First Data Bank and has established a process for communicating PDL additions and changes to the POS processor for up-to-date claims processing. We anticipate this process continuing seamlessly as the incumbent vendor. Through routine monitoring and analysis of acquisition cost (NADAC, AAC, and WAC), national rebates, drug shortages, FDA activity and meetings and guidelines of national medical

associations, Change Healthcare is able to identify, analyze, and respond to changes that can affect the clinical- or cost-effectiveness of the PDL such as when drugs become unavailable due to drug shortages or discontinuation.

SSDC-NEGOTIATED SUPPLEMENTAL REBATES & FINANCIAL ANALYSIS

4.1.8.8 Vendor will provide to the Bureau and the members of the P & T Committee SSDC-negotiated supplemental rebates and financial analysis information for each therapeutic class or specific drugs or products under review by the Bureau and the P & T Committee. Drug and product rebate information shall be kept confidential as required by 42 USC 1396r-8(b)(3)(D) 42 USC 1396r-8 (b) (3) (D) https://www.gpo.gov/fdsys/ granule/USCODE-2008- title42/USCODE-2008-title42 chap7-subchapXIX-sec1396r-8/content- detail.html or future update (s).

Change Healthcare is the current vendor for the SSDC and has been for almost 15 years. We will continue to provide to all members of the West Virginia P & T Committee and Bureau staff, as appropriate, SSDC-negotiated supplemental rebates and financial analysis information for each therapeutic class or specific drug under review by the P & T Committee. We acknowledge that all drug rebate information must be kept confidential as required by 42 USC 1396r-8(b) (3) (D).

4.1.8.8.1 Vendor will provide financial information for the P & T Committee for each drug or therapeutic product class at least annually, and new drugs or products as they are reviewed by the Bureau or P & T Committee at least quarterly, in a format that contains at a minimum, drug or product class, drug or product name, brand or generic status, current POL or PPL status, average quantity dispensed per prescription, net cost after all rebates per prescription

Change Healthcare will comply with all of the requirements outlined in Section 4.1.8.8. Our experienced team will provide to all members of the P & T Committee and Bureau staff, as appropriate, SSDC-negotiated supplemental rebates and financial analyses, in the form of cost sheets, for each therapeutic class and specific drug under review by the P & T Committee. This information will be provided for each therapeutic class at least annually and financial information on new drugs will be prepared for review by the P & T Committee at least quarterly. The format will, at a minimum, include the drug class, drug name, brand/generic status, current PDL/PPL status, and utilization information, including average quantity dispensed per prescription, and net cost (after all rebates) per prescription. Recommendations will be made in all therapeutic classes for inclusion or exclusion of each drug, based upon clinical factors, net cost, past utilization, forecasted utilization and expenditures. Change Healthcare recognizes the confidentially of rebate information and will continue to be vigilant with regard to keeping this information confidential as required by 42 USC 1396r-8(b)(3)(D).

As West Virginia has come accustomed, our cost sheets are designed to follow the PDL so that one can easily transition from the cost sheets to the PDL when reviewing recommendations. While this is the typical approach, our cost sheets can be developed in any way necessary. In states that use First Data Bank as their drug reference, the cost sheets are most frequently designed using the Enhanced Therapeutic Classification (ETC) to identify the drug categories and include all Generic Sequence Numbers (GSNs) and/or NDCs that are managed and fall under that ETC on the PDL. The cost sheets could also use Hierarchical Ingredient Codes (HIC) or the Ingredient List Identifier (HICL) if the need arises.

Rebates (CMS and supplemental), offset amounts, FULs, MACs and West Virginia's utilization will be pulled in and reported on the cost sheets and modeling analyses. In cases where there is no historical rebate data that will allow net cost computations, we will use estimations based on our understanding of WAC and its relationship to AMP, especially for newly released brand

drugs. A draft form of the cost sheets will be provided, along with a discussion with Change Healthcare's clinical staff, as part of the overall process to gain approval for the list of drugs to be included in the cost modeling.

Our team will be able to present various cost sheets and models that will show what the net cost and projected utilization based on how the drug will be placed on the PDL depending on which rebate offer is selected. Cost sheets will be prepared showing the various offers submitted and how we anticipate the net spend and utilization will flow based on various factors. These factors include variables such as anticipated PDL compliance, percent of population using drugs, use by age groups, location, eligibility category and medical conditions/diagnoses. This way, the State will have all the information needed to make an informed decision as to whether or not to take the larger supplemental rebate offer that is available only if multiple states accept.

Distinction of Change Healthcare's Financial Models:

Consideration of **future trends** helps the Change Healthcare clinical team provide the Bureau with more **accurate financial models**.

Results of supplemental rebate negotiations and savings analyses of specific drugs/drug categories will be provided by Change Healthcare on a mutually acceptable schedule. At a minimum, they will be prepared before each P&T Committee meeting. We will present estimated savings in a manner agreeable to the Bureau. This will involve estimations based on both current and projected utilization.

An important distinction of Change Healthcare's financial models is that they do not represent a report of what has happened in a previous quarter (there are reports for that as well, of course) but rather, a projection of what will happen in subsequent quarters. While recent utilization and rebate data forms the foundation of our models, future changes that are likely to affect drug costs/utilization are factored into the models**. Our clinical team incorporates this methodology into the financial models so that the net cost of drugs affected by the provision can more accurately be projected.** We closely monitor the brand and generic drug pipeline, trends and anomalies in the Federal rebates so that those factors can be incorporated into our financial projections.

Our financial models are "live" and can be generated on an ad hoc basis when the need arises, such as when there are changes in the market (new brand drugs, new generics, etc.) or significant changes in drug prices or rebate amounts. They provide the ability to determine the financial impact of supplemental rebate offers, including positioned/tiered offers (such as 1 of 1 preferred brands, etc.). They also incorporate the critical component of likely shifts in market share resulting from various PDL decisions. **Our clinical staff leverages their experience, over a decade in modeling and monitoring state Medicaid PDLs, to estimate market shifts and the resulting financial impact.**

The following is an example of the Cost Sheets that Change Healthcare can provide. These reports demonstrate a more current utilization and more current and accurate pricing and rebate information for a State. West Virginia can easily see and compare net costs and rebate data for all the drugs in one glance and see the summary of the financial impact of the PDL decision.

The Cost Sheets clearly present the impact of the SR offers on the net cost of drugs and on net expenditures (proprietary information has been blurred for confidentiality purposes).

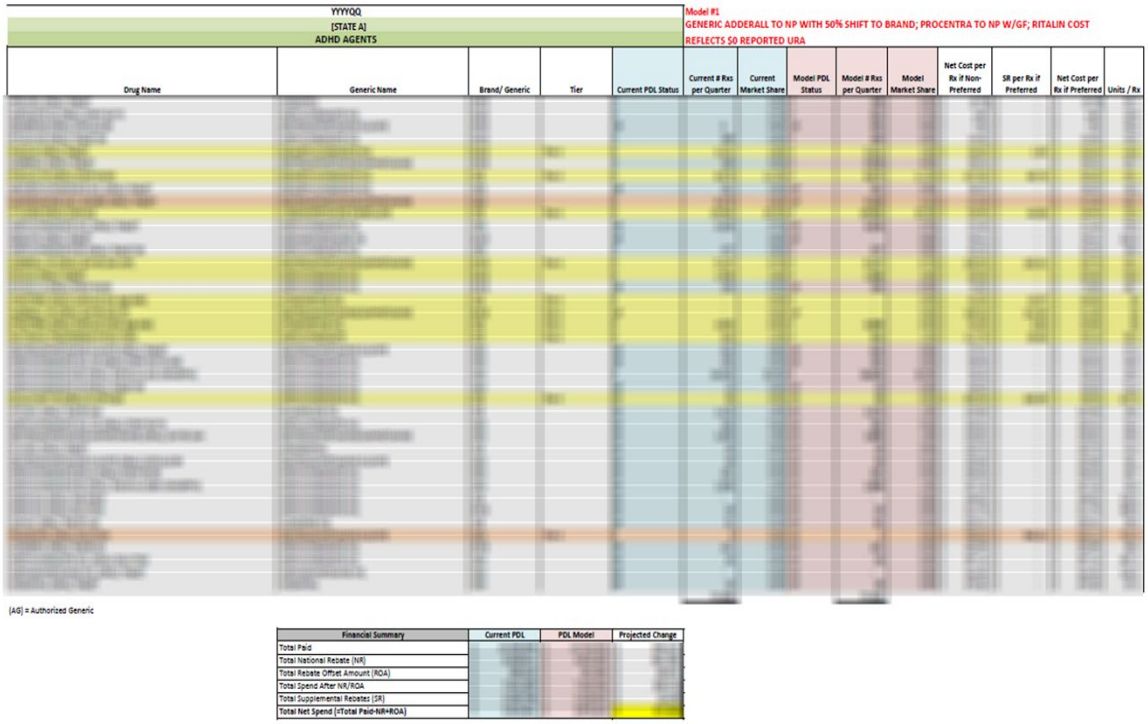


Figure 3: Excerpt from Sample Cost Sheet

4.1.8.8.2 Vendor shall incorporate SSOC negotiated pricing into its PDL and PPL business models, analyze SSDC pricing, and produce recommendations for a PDL and PPL using SSOC negotiated pricing on an annual basis for review of the entire PDL and any incremental pricing information as it becomes available.

As the vendor for the SSDC, Change Healthcare has access to and is completely knowledgeable about the details of SSDC pricing. We will incorporate SSDC-negotiated pricing into its PDL/PPL business model, pricing analyses, and all financial models provided to the Bureau to produce PDL and PPL recommendations. We will present estimated savings in a manner agreeable to the State on at least an annual basis and, as frequently as daily, if requested by the State. This will involve estimations based on both current and projected utilization.

4.1.8.8.3 Vendor shall keep confidential SSDC pricing information and keep SSDC pricing information separate from the Vendor's other lines of business.

Change Healthcare recognizes and understands the need to keep all confidential SSDC pricing information separate from other lines of business. Our system is specifically designed to the SSDC confidential needs and we will continue to provide this service successfully. We agree to maintain manufacturer price and rebate information as strictly confidential in accordance with State and Federal statutes and requirements. Change Healthcare will maintain the Bureau's supplemental rebate agreements/contracts separately from our other clients.

PREFERRED DRUG LIST

4.1.8.9 Vendor shall manage the Bureau's PDL and PPL, including but not limited to, the production of documents and data, including PDL and PPL status files, needed for claims processing and PDL updates as recommended by the P & T Committee that are approved by the Bureau and the Secretary of the West Virginia Department of Health and Human Resources (DHHR) or PPL updates as approved by the Bureau.

A carefully designed PDL/PPL, in combination with PA's and supplemental drug rebates, allow state Medicaid programs to realize significant savings without sacrificing clinical outcomes. We perform this successfully for several client states, including West Virginia. Change Healthcare will produce documents and data files required for claims processing, as well as PDL updates from P&T Committee meetings, which have been approved by the Bureau and the Secretary of DHHR.

4.1.8.10 Vendor must ensure that the PDL and PPL are in compliance with all applicable Federal https://www.medicaid.gov/medicaid/prescription- drugs/d rug-utilization-review/index.html and State https://dhhr.wv. gov/bms/BMS%20Pharmacy/DUR/Pages/Retrospective- DUR-and-Lock-In.aspx statues and regulations and the State Plan, attached as Attachment B, approved by CMS.

Our knowledgeable, experienced clinical team will ensure that the West Virginia PDL / PPL is in compliance with all federal and state statutes and regulations, and the CMS-approved State Plan referenced in Attachment B of the RFQ.

4.1.8.11 Vendor shall prepare the POL and PPL documents electronically in a file format that is compatible with the West Virginia Office of Technology's currently supported versions of Microsoft Office ®: Suite https://tec hnoloe.y.wv.gov/Pages/de fault.aspx to be displayed on the Bureau's https://dhhr.wv.gov/bms/Pages/default.aspx website for interested parties.

Change Healthcare is experienced and familiar with providing necessary PDL/PPL documents to the Bureau and will continue to prepare all PDL documents in a file format compatible with the WV Office of Technology, currently supported in versions of Microsoft™ Office Suite, for display on the Bureau's website for interested parties.

4.1.8.12 Vendor shall comply with the standards of the Bureau and the Bureau's business partners for drug and product data-file maintenance including, but not limited to, the use of therapeutic class codes, generic sequence numbers, prior authorization requirements, injectable or other dosage form indicators, replacement or change files as desired, catch-up files, or any other drug and product data file standards required by the Bureau and the Bureau's business partners.

Change Healthcare agrees to comply with the standards of the Bureau and its business partners for all drug and product data-file maintenance including, but not limited to those stated in requirement 4.1.8.12.

4.1.8.13 Vendor shall comply with the requirements no later than twenty-four (24) hours after the request is made of the Bureau's business partners for weekly, monthly, and quarterly file deliveries.

Change Healthcare will continue to utilize our Secure File Transfer Protocol (SFTP) site which we have used in the past to transmit files on behalf of West Virginia. We will work with the Bureau and its partners to provide weekly, monthly and quarterly file deliveries no later than 24 hours after the request is made.

4.1.8.14 Vendor shall establish and maintain an interface with the Bureau's fiscal agent for secure document and file exchanges on no less than a weekly basis. Neither the Bureau or the fiscal agent will be responsible for any charges relating to this.

Our highly trained Platform Operations and Production Engineering staff has experience establishing and maintaining data interfaces with external third parties. This includes network infrastructure for all internal and external connectivity and SFTP processes for operating data interfaces. We will provide the documents and data files for exportation to external sources, including, but not limited to, the Bureau's Fiscal Agent.

4.1.8.15 Vendor shall comply with the requirements of the Bureau and the Bureau's business partners relating to the method of file exchanges, i.e., "pushing" or "pulling" data.

Change Healthcare has been providing file exchanges in the "pushing" and "pulling" method described in the requirement. We will continue to comply with the Bureau's specifications to provide file exchanges to the Bureau and its partners in such a manner.

4.1.8.16 Vendor shall apply an effective date and a unique version number for each PDL, PPL, and other business documents.

Change Healthcare has strict versioning control standards for all documents, internal and external. We will assign distinct version numbers for each business document created for the Bureau.

4.1.8.17 Vendor shall ensure the quality of all files delivered to the Bureau and the Bureau's business partners in order to provide error-free data.

As with our document versioning standards, we have processes and procedures in place for quality assurance of client deliverables. Change Healthcare's thorough, detail-oriented staff will work diligently to provide the Bureau and its business partners data free of inaccuracies.

4.1.8.18 Vendor shall update the PDL and PPL document after each P & T Committee meeting and when changes are made to the PDL and PPL as requested by the Bureau, no later than twenty-four (24) hours after the request is made.

All updates to the PDL and PPL will be made in the Bureau specified timeframe. We will update the documents no later than 24 hours after the initial request is received from the Bureau.

4.1.8.19 Vendor shall assist in development of step-care therapy and prior authorization (PA) criteria by making suggestions for step care and PA criteria to promote appropriate utilization and to enhance PDL and PPL compliance and achieve optimal savings.

Change Healthcare will continue to advise the Bureau in developing and maintaining PA criteria and step-care therapy to promote appropriate drug utilization, enhance PDL compliance and achieve optimal savings. We look forward to continuing our partnership with West Virginia to further developing a superior PDL, increasing compliance and cost-savings.

4.1.8.20 Vendor will update the PDL and PPL document when PA criteria is changed or updated by the Bureau and/or the DUR Board and issue an updated version for web posting as requested by the Bureau weekly and on an as needed basis.

Our account manager, Brent Breeding, will ensure the PDL / PPL are updated in a timely manner as requested from resulting PA criteria changes from the Bureau and / or the DUR Board. The most current version will be sent to the Bureau for web posting on an as needed basis, at a minimum of weekly.

4.1.8.21 Vendor shall provide the PDL and PPL data files no later than twenty-four (24) hours after request is made in an electronic file format that is https:/ /technology.wv. gov/Pages/default.aspx.

Change Healthcare will format the PDL and PPL in accordance with the Bureau's requirements. These files will be sent no later than 24 hours after the initial request is received.

4.1.8.22 Vendor will provide PDL and PPL data files in accordance with a schedule agreed upon by the Bureau and the Vendor, at a minimum of weekly.

Data files will be provided to the Bureau, on a mutually agreed upon schedule, at a minimum of once a week. Change Healthcare will work with the Bureau to determine the timeframe that is acceptable to the client.

4.1.8.23 Vendor shall assist the Bureau by providing information and responding to inquiries regarding the PDL and PPL.

Change Healthcare's experience staff is available to consult with the Bureau regarding inquiries about the PDL and PPL. We will provide the Bureau with the appropriate information needed to respond to such request.

4.1.8.24 Vendor will draft letters and/or make telephone calls that respond to inquiries from providers and other interested parties concerning the PDL and PPL within five (5) business days of the receipt of the inquiry.

Our clinical team has a demonstrated history with provider relations and will prepare thorough, detailed responses, either written or verbal, for all interested parties. All responses will be made within the required timeframe of five (5) business days from the initial request.

4.1.9 Supplemental Rebate Administration

4.1.9 Vendor shall work with the Bureau, its SSDC partners, and the Bureau's fiscal agent to assist the State in drug supplemental and product rebate contract administration.

As the SSDC vendor, we facilitate the SR negotiation process for nearly five (5) million covered lives for the SSDC, negotiating for and acquiring rebates from drug manufacturers for drugs utilized. Our team works with the Member States to improve the performance of their respective pharmacy programs, purchase pharmaceuticals and diabetic supplies at costs commensurate with their clinical value and understand the impact and respond appropriately to state and federal Medicaid policies and laws. By negotiating your supplemental contracts on behalf of the SSDC, designing your PDL, processing your SR invoices and managing your prior authorizations **creates clinical efficiencies**. We will continue working cooperatively with the Bureau, the SSDC partners, and the relevant stakeholders to provide SR administration in a timely manner.

4.1.9.1 All rebate agreements or contracts shall be made between the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services, and manufacturers using the Bureau and/or CMS approved templates which will be provided by the Bureau.

Change Healthcare is not a stakeholder in the rebate agreements we negotiate on behalf of the Member States, and as such, all SR agreements / contracts will be made between the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services, and the pharmaceutical manufacturers using the CMS approved template.

4.1.9.2 Rebate contracts must be in an electronic file format that is compatible with the WV Office of Technology's currently supported version of Microsoft Office® Suite https://technology.wv. gov/Pages/default.aspx.

As the current vendor of the SSDC and the West Virginia account, we are expertly skilled with providing rebate contracts to the Bureau in the acceptable electronic file format. We will continue to comply with the standards set forth by this requirement.

4.1.9.3 Vendor shall work with SSDC partners to accurately determine supplemental drug or product rebate contract data.

As a long-standing member state of the SSDC, West Virginia has seen the benefits of this partnership. Change Healthcare will continue to work collaboratively with all SSDC partners to determine the most beneficial, both in efficacy and cost, SR contracts.

4.1.9.4 Vendor shall produce and facilitate the signing of supplemental drug rebate or product rebate contracts with manufacturers, the Bureau, and the WVDHHR within the quarter that the rebate offer is accepted.

Our rebate team has a comprehensive process in place for facilitating the SR contract completion with the multiple stakeholders involved. There will be a resource available to provide updates on the status of contracts, should the Bureau request it. The following is an example of Change Healthcare’s contract status report.

[State] CY2016 Contract Status Report
[Date]

[State] YYYY Supplemental Rebate AGREEMENTS/AMENDMENTS	TOTAL	Not returned from mfg	Not returned from State	NOTES
20YY Agreements	[#]	[#]	[#]	
20YY Amendments	[#]	[#]	[#]	
TOTAL 20YY CONTRACTS/AMENDMENTS	[#]	[#]	[#]	

Current Status of [STATE] 20YY Supplemental Rebate Agreements
[#] Fully Executed 20YY Contracts
[#] SRA Sent to Mnfr.

MANUFACTURER NAME	TYPE	DATE SENT TO MNFR.	RC'D FROM MNFR.	DATE SENT TO STATE	FULLY EXECUTED	NOTES	NDCs

Figure 4: Sample SR Contract Status Report

4.1.9.5 Vendor shall track contracts and documents at all points from origin to completion.

Change Healthcare has developed a web-based tool for tracking SR contracts from origin to completion. Tracking begins as soon as the contracts / amendments are drafted and continues until fully executed.

4.1.9.6 Vendor shall assume administration of existing supplemental drug and product rebate agreements.

Change Healthcare currently manages the administration of SR agreements for the Bureau. We will continue to do so in the accurate, efficient manner West Virginia has come to expect.

4.1.9.7 Vendor shall maintain the Bureau's supplemental drug or product rebate agreements and/or contracts separately from its other clients, ensuring strict confidentiality and controls that meet Federal https://www.medicaid.gov/medicaid/prescription-drugs/drug-utilization- review/index.html and State https://dhhr.wv. gov/bms/BMS%20Pharmacy/DUR/Pages/Retrospective- DUR-and-Lock-In.as px requirements.

Change Healthcare maintains manufacturer price and rebate information as strictly confidential in accordance with state and federal statutes and requirements. We employ a high level of security to protect the confidentiality, integrity and privacy of Protected Health Information (PHI), confidential information, data information, personnel, and supporting technological information resources created, obtained by, and provided to the organization. Change Healthcare will continue to maintain the Bureau's SR documents separately from our other clients.

4.1.9.8 Vendor shall ensure that both the Bureau and manufacturers receive original signed agreements or contracts.

Our detailed SR contracting process ensures both the Bureau and manufacturers receive original signed contracts / agreements.

4.1.9.9 Vendor shall provide electronic files in both excel (.xls) and text (.txt) containing calculated drug supplemental unit rebate amounts (SURA) and non-drug unit rebate amounts (NDURA), along with additional specified information to the Bureau and to the Bureau's fiscal agent. See Attachment C. Any cost related to the data exchange will not be incurred by BMS and/or the fiscal agent.

Change Healthcare will provide the Bureau and its fiscal agent files containing the information specified by the client and its partner, including SURA and NDURA calculations. Files will be generated in the format required by the Bureau.

4.1.9.10 Vendor shall provide SURA and NDURA files, and contract files, to the Bureau and its fiscal agent within fifty (50) calendar days of the end of a quarter, in an electronic file format that is compatible with the WV Office of Technology's https:// technology.wv.gov/Pages/default.aspx currently supported versions of Microsoft Office® 'Suite. Reports with the following information shall accompany these files and be due within the same timeframe. Vendor shall provide data, including but not limited to, current and prior quarter adjustment data; historical data; and contract and contract amendment data necessary for the Bureau to invoice manufacturers on a quarterly basis for supplemental drug rebates and product rebates in a file format that is compatible with the WV Office of Technology's currently supported versions of Microsoft Office ® Suite https://technology.wv.gov/Pages/default.aspx.

Our team of professionals are highly skilled in delivering required SR files for multiple client states. Change Healthcare will provide the data requested to the Bureau and its fiscal agent within 50 calendar days of the end of a quarter.

4.1.9.11 Vendor must coordinate quarterly supplemental drug rebate and product rebate submissions with submission of traditional federal drug rebates.

We will continue to coordinate quarterly SR submission and traditional federal drug rebate submissions for the Bureau.

4.1.9.12 Vendor shall provide quarterly documentation to the Bureau and/or its designee to support supplemental drug rebate and product rebate invoicing at National Drug Code (NDC) level in an electronic file format that is compatible with the WV Office of Technology's currently supported versions of Microsoft Office® Suite https://technology.wv.gov/Pages/default.aspx.

Change Healthcare adheres to high documentation standards and best practices in all areas of business. Our rebate department is familiar with supporting state rebate invoicing and will provide any necessary documentation to the Bureau and / or its designee for invoicing at the NDC level. All files will be compatible with the WV Office of Technology’s currently supported version of Microsoft Office Suite.

4.1.9.13 Vendor shall ensure that the quality of all rebate files delivered to the Bureau and the Bureau's business partners contain error-free data.

We strive to provide all of our client states and their business partners with documents that are error-free and will work with the State of West Virginia to provide the same high-level of service.

4.1.9.14 Vendor shall assist the Bureau and/or its designee in dispute resolution activities with manufacturers as they pertain to supplemental drug rebate or product rebate calculations and contracts.

For one of our clients, we collaborated in an aggressive approach to dispute avoidance which resulted in substantial decrease in disputes reported by labelers. Change Healthcare will assist

the Bureau and/or its designee in dispute resolution activities that pertain to SR calculations, negotiated rates, PDL conditions, contract dates and contract status.

4.1.9.15 Vendor shall communicate with manufacturers to resolve disputes arising from supplemental drug rebate or product rebate calculations or contract issues within five (5) business days of receipt of the dispute.

A Change Healthcare Rebate Specialist will reach out directly to manufacturers to open discussions within five (5) business days of the receipt of the dispute. Designated staff will continue working with the manufacturer to resolve disputes through completion for issues arising from SR calculations negotiated rates, PDL conditions, contract dates and /or contract status issues.

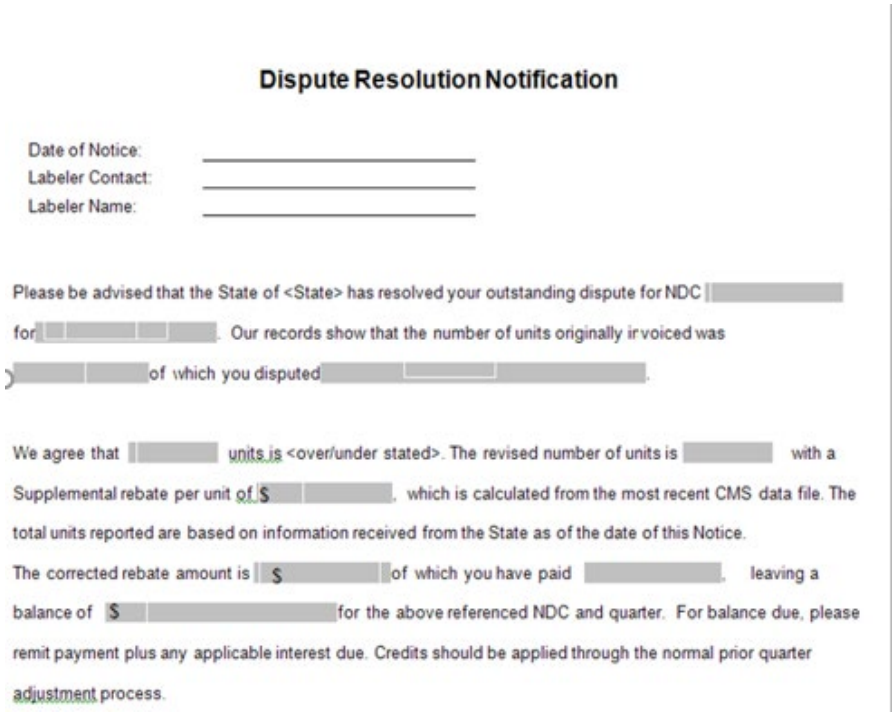
4.1.9.16 Vendor shall communicate directly with manufacturers regarding unpaid supplemental drug rebates or product rebates upon request by the Bureau.

With over 40 years' experience in the Medicaid industry, we have established close working relationships with manufacturers. Change Healthcare will communicate directly with manufactures regarding unpaid supplemental rebates upon request by the Bureau. Non-payment of invoiced SR amounts is treated very seriously and is rapidly elevated until a satisfactory resolution is reached.

The designated Rebate Specialist will log conversations, emails and resolution responses. This information will be made available to the Bureau for review and intervention in cases when the Labeler is uncooperative, or an agreement cannot be reached. In rare cases where a resolution cannot be reached, a customized Notice of Dispute Decision will be completed and submitted to West Virginia.

4.1.9.17 Vendor shall communicate the resolution of disputes in a written document to the Bureau within one (1) business day of resolution.

Change Healthcare will communicate the resolution of all disputes, in writing, to the Bureau within one (1) business day of the resolution. The following is a current example of Change Healthcare's resolution notification template that will be sent to both the Bureau and the manufacturer in question.



Dispute Resolution Notification

Date of Notice: _____
Labeler Contact: _____
Labeler Name: _____

Please be advised that the State of <State> has resolved your outstanding dispute for NDC [redacted] for [redacted]. Our records show that the number of units originally invoiced was [redacted] of which you disputed [redacted].

We agree that [redacted] units is <over/under stated>. The revised number of units is [redacted] with a Supplemental rebate per unit of $[redacted], which is calculated from the most recent CMS data file. The total units reported are based on information received from the State as of the date of this Notice.

The corrected rebate amount is $[redacted] of which you have paid [redacted], leaving a balance of $[redacted] for the above referenced NDC and quarter. For balance due, please remit payment plus any applicable interest due. Credits should be applied through the normal prior quarter adjustment process.

Figure 5: Sample Dispute Resolution Notice

4.1.10 State Maximum Allowable Cost Program

4.1.10 Vendor shall assume administration of the current State Maximum Allowable Cost (SMAC) program as defined in section 4.1.10.1 through 4.1.10.12.4.

For each of our SMAC clients, Change Healthcare provides the specialized expertise, capabilities, methodologies and technical competence necessary to meet state-specific requirements and achieve long-term goals. In general, we apply an approach and methodology to SMAC rate setting that seeks to establish reimbursement rates with the greatest savings and promotes cost-effective utilization of prescription drugs.

Change Healthcare uses multiple methods in order to **INCREASE** the cost savings to our clients.

Change Healthcare currently conducts drug acquisition cost surveys on a quarterly basis in order to obtain current drug pricing. In another client state, we maintain a JCode SMAC list. Our staff is experienced in SMAC lists for hemophilia factor products for several of our clients, along with specialty SMAC lists. We work closely with the provider population in West Virginia to reply to inquiries, resolve disputes and ensure that the Bureau and its key stakeholders are informed about changes to the program. We will continue to provide and support a dedicated toll-free phone line for provider inquiries regarding pricing issues. The Helpdesk will be available Monday through Friday, 8am to 5pm Eastern Standard Time. Calls will be logged using a standard template and dispute acknowledgements / resolutions will be responded to in the timeframe specified by the Bureau in requirements 4.1.10.12.3 and 4.1.10.12.4.

Our aggressive approach to SMAC pricing formula and inclusion criteria has produced a significant savings for our state clients. Our work was recognized by CMS as a benefit to both client states and the program itself and we will continue this method for achieving successful outcomes. As the current vendor, we have expertly conducted the SMAC program for the last four (4) years, with great success. Change Healthcare will continue to partner with the Bureau to administer, maintain and enhance the West Virginia SMAC program as defined and in compliance with the requirements in RFQ sections 4.1.10.1 through 4.1.10.12.4.

4.1.11 Reports

4.1.11 Vendor shall provide a suite of reports for the Bureau which reflects the components necessary to manage the PDL, PPL, and SMAC programs and to support the supplemental drug and product rebate invoicing.

Change Healthcare currently provides a robust suite of reports, collaboratively developed with the Bureau in previous years. We will continue to deliver the standard of reporting that meets the specific needs of West Virginia to support their PDL / PPL, SMAC and SR programs and invoicing.

4.1.11.1 Vendor shall develop standard reports requested by the Bureau. Reports requested through this contract shall include but not be limited to, those listed below. For purposes of cost estimation, vendors may assume a maximum of forty (40) standard reports. All reports shall be in an electronic file format that is compatible with the WV Office of Technology's currently supported versions of Microsoft Office ® Suite https://technology.wv.gov/Pages/default.aspx

We will continue to deliver to the Bureau the requested reports, but not limited to, in requirements 4.1.13.1 through 4.1.13.1.37. All reports will be formatted in a version currently supported by the WV Office of Technology's Microsoft Office Suite.

4.1.11.2 Vendor shall work with the Bureau to develop standard reports including initial release notes with calculation methodologies and when appropriate.

Our knowledgeable team has worked closely over the years to develop standard reports that meet or exceed the Bureau's expectations. We will ensure the Bureau has the appropriate information to maximize the success of the programs.

4.1.11.3 Vendor shall deliver standards reports monthly, on the fifteenth of the month or as requested by the Bureau within ten (10) days of the request.

All reports will be delivered to the Bureau in the agreed upon timeframe for those reports.

4.1.12 Report Analysis

4.1.12 Vendor shall provide report analyses to the Bureau that will assist the Bureau in making program adjustments to improve the cost efficiency of the pharmacy program. Vendor shall host regularly scheduled meetings by conference call in order to discuss reports provided by the Vendor. These meetings will be held at a minimum of quarterly.

Change Healthcare will perform report analyses and provide the Bureau with informed suggestions for improvements to the program for additional costs avoidance. We will facilitate meetings with the Bureau to discuss these options, to be scheduled at minimum of once a quarter.

4.1.13 Reporting Deliverables

4.1.13 Vendor shall submit standard reports per the terms of the contract when requested by the Bureau.

Change Healthcare will submit the standard reports as outlined in the RFQ sections 4.1.13 through 4.1.13.1.36 per the terms of the contract when requested by the Bureau. We agree to supply the Bureau with required reports monthly, quarterly and annually and ad hoc as requested by West Virginia. Cost for additional services has been included in the pricing page, per the RFQ. The business rules document detailed in section 4.1.13.1.37 will be completed and provided to the Bureau within two (2) months of contract award. The following are some examples of the required reports. Please note that no PHI or confidential information is included in these sample reports.

Medicaid Drug Benefit Program - Summary
Report Period: Monthly

Report Description:
This report is a compilation 9 distinct reports. The reports provides statistics on brand and generic drugs adjudicated during the reporting period compared to the previous year. The report also provides information on the top 20 drugs, by cost and utilization, during the reporting period compared to the previous year. It provides information on the top 20 NPIs, by cost and utilization during the reporting period compared to the same reporting period from the previous year.

	Month of 2017	Month of 2018	% Change	Calendar YTD 2017	Calendar YTD 2018	% Change
Total Amount Paid	$26,177,891.87	$23,248,518.92	(11.2)%	$333,700,318.16	$289,145,527.24	(13.4)%
Users	77,818	62,363	(19.9)%	284,771	163,445	(42.6)%
Cost Per User	$336.40	$372.79	10.8%	$1,171.82	$1,769.07	51 %
Total Scripts	392,502	351,018	(10.6)%	4,880,274	4,219,513	(13.5)%
Avg Scripts Per User	5.04	5.63	11.6%	17.14	25.82	50.6%
Avg Cost Per Rx	$66.69	$66.23	(0.7)%	$68.38	$68.53	0.2 %
Avg Days Supply	25.27	25.83	2.2 %	25.18	25.62	1.7 %
Total Amount Paid Generic	$6,341,756.90	$5,546,640.21	(12.5)%	$81,663,343.50	$68,443,256.08	(16.2)%
Total Scripts Generic	343,935	309,528	(10)%	4,264,222	3,715,752	(12.9)%
Avg Cost Per Rx Generic	$18.44	$17.92	(2.8)%	$19.15	$18.42	(3.8)%
% Generic Scripts	87.6%	88.2%	0.6 %	87.4%	88.1%	0.8 %
Total Amount Paid Brand	$19,836,134.97	$17,701,878.71	(10.8)%	$252,036,974.66	$220,702,271.16	(12.4)%
Total Scripts Brand	48,567	41,490	(14.6)%	616,052	503,761	(18.2)%
Avg Cost Per Rx Brand	$408.43	$426.65	4.5 %	$409.12	$438.11	7.1 %
% Brand Scripts	12.4%	11.8%	(4.5)%	12.6%	11.9%	(5.4)%
Avg Days Supply Brand	24.50	25.03	2.2 %	24.66	24.74	0.3 %

Definitions:
Total Paid Amount: Total cost of claims (generic drugs and brand drugs combined) during the reporting period. Cost = $ Generic + $ Brand
% Change: (Current Reporting Period - Previous Reporting Period) / Previous Reporting Period * 100
Users: Total number of Medicaid members who received a brand or generic drug during the reporting period
Cost Per User: Average cost of claims (generic drugs and brand drugs combined) per Medicaid user during the reporting period. Cost Per User = Cost / Users
Total Scripts: Total number of claims (generic drugs and brand drugs combined) during the reporting period. Total Scripts = # Generic Scripts + # Brand Scripts
Avg Scripts Per User: Average number of claims (generic drugs and brand drugs combined) per Medicaid member during the reporting period. Avg Scripts Per User = Total Scripts / Users
Avg Cost Per Rx: Average cost of an Rx (generic drugs and brand drugs combined) for the reporting period. Avg Cost Per Rx = Total Paid Amount /Total Scripts
 # Generic Scripts: Total number of claims for generic drugs during the reporting period
% Generic: Percentage of claims for generic drugs compared to claims for all drugs during the reporting period. % Generic = # Generic Scripts / Total Scripts
$ Generic: Total cost of claims for generic drugs during the reporting period
Avg Generic Scrip Cost: Average cost per claim for generic drugs during the reporting period. Avg. Generic Script Cost = $ Generic / # Generic Scripts
Avg Days Supply: Average days supply per claim for generic drugs during the reporting period. Avg Days Supply = Sum of Days Supply for all Generic Scripts/#Generic Scripts
 # Brand Scripts: Total number of claims for brand drugs during the reporting period
% Brand: Percentage of claims for brand drugs compared to claims for all drugs during the reporting period. % Brand = # Brand Scripts / Total Scripts
$ Brand: Total cost for brand drugs during the reporting period
Avg Brand Scrip Cost: Average cost per claim for brand drugs during the reporting period. Avg. Script Cost = $ Brand / # Brand Scripts
Avg Days Supply: Average days supply per claim for brand drugs during the reporting period. Avg Days Supply = Sum of Days Supply for all Brand Scripts/#Brand Scripts

Figure 6: Monthly Summary Report

PDL Compliance Report

Report Period: Quarterly

Report Description: This report shows the percent of non-reversed claims for the quarter that were filled with preferred drugs with a comparison to the prior quarter. The report is based on claims that have been adjudicated in the reporting period. Compound claims have been excluded.

Column Definitions:

Category Group Desc: The description of the therapeutic category the associated claims fall into
Scripts: The count of claims in the quarter for the category
Quantity: The units prescribed for the claims in the quarter for the category
Pre-Rebate Paid Amount: The total amount paid for the claims in the quarter for the category
Preferred: The percentage of claims filled with preferred drugs for the category
Prior QTR: The percentage of claims filled with preferred drugs for the category in the prior quarter

CATEGORY GROUP DESC	SCRIPTS	QUANTITY	PRE-REBATE PAID AMOUNT	PREFERRED	PRIOR QTR
ACNE TOPICAL AGENTS: ANTI-INFECTIVE	2,764	159,515	$173,719	99.6%	99.6%
ACNE TOPICAL AGENTS: COMBINATIONS	827	34,572	$114,406	97.8%	97.8%
ACNE TOPICAL AGENTS: KERATOLYTICS (Benzoyl Peroxides)	1,382	243,524	$24,184	100.0%	100.0%
ACNE TOPICAL AGENTS: RETINOIDS	1,060	40,790	$285,768	97.3%	97.3%
ACUTE MUSCULOSKELETAL RELAXANT AGENTS	23,939	1,278,437	$274,424	99.8%	99.8%
Alzheimer's Agents: Combinations	2	60	$827	0.0%	0.0%
ALZHEMER'S AGENTS: CHOLINESTERASE INHIBITORS	676	20,286	$9,198	94.8%	94.8%
ALZHEMER'S AGENTS: NMDA RECEPTOR ANTAGONIST	295	12,981	$7,514	90.2%	90.2%
ANALGESICS, NARCOTIC: LONG ACTING (Non-parenteral)	1,864	65,378	$263,389	85.8%	85.8%
ANALGESICS, NARCOTIC: SHORT ACTING (Non-parenteral)	52,633	3,185,357	$881,757	97.7%	97.7%
ANALGESICS, TOPICAL	2,588	94,337	$133,516	88.8%	88.8%
ANDROGENIC AGENTS	818	38,597	$328,717	98.3%	98.3%
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	19,653	600,572	$218,458	98.0%	98.0%
ANGIOTENSIN: ARB COMBINATIONS	9,169	300,846	$510,594	96.3%	96.3%
ANGIOTENSIN: DIRECT RENIN INHIBITORS	13	390	$2,979	0.0%	0.0%
Antibiotics, Gi	5,220	129,679	$679,843	86.1%	86.1%
Antibiotics, Inhaled	79	15,420	$453,322	89.6%	89.6%
ANTICOAGULANTS, INJECTABLE	633	9,606	$116,618	97.4%	97.4%
Anticoagulants, Oral	9,719	405,664	$2,419,349	99.8%	99.8%
ANTICONVULSANTS: SUCCINIMIDES	168	32,001	$14,438	98.9%	98.9%
ANTIEMETICS: 5HTS RECEPTOR BLOCKERS	21,320	522,265	$305,607	99.6%	99.6%
ANTIEMETICS: CANNABINOIDS	49	2,944	$9,493	0.0%	0.0%
ANTIEMETICS: SUBSTANCE P ANTAGONISTS	9	20	$3,730	100.0%	100.0%
...	...	...	...	...	...
ZOVERALL PREFERRED PERCENTAGE (SCRIPTS)	1,781,558	80,036,386	$142,134,221	91.4%	91.4%

This report is for the sole use of the intended recipients(s) or their authorized representatives only, and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original report.

Figure 7: Sample PDL Compliance Report

Generic Percent Report

Report Period: Quarterly

Report Description: This report shows the percent of claims for the current quarter that were filled with generic drugs with a comparison to the prior quarter. The report is based on non-reversed claims that have been adjudicated in the reporting period. Compounds are excluded.

Column Definitions
Category Group Desc: The description of the therapeutic category the associated claims fall into
Scripts: The count of claims in the quarter for the category
Quantity: The units prescribed for the claims in the quarter for the category
Pre-Rebate Paid AMT: The total amount paid for the claims in the quarter for the category
Generic PCT: The percentage of claims filled with generic drugs for the category in the current quarter
Prior Generic PCT: The percentage of claims filled with generic drugs for the category in the prior quarter

CATEGORY GROUP DESC	SCRIPTS	QUANTITY	PRE-REBATE PAID AMT	GENERIC PCT	PRIOR GENERIC PCT
ACNE TOPICAL AGENTS: ANTI-INFECTIVE	2,764	159,515	$173,719	99.7%	99.5%
ACNE TOPICAL AGENTS: COMBINATIONS	827	34,572	$114,406	99.6%	99.0%
ACNE TOPICAL AGENTS: KERATOLYTICS (Benzoyl Peroxides)	1,382	243,524	$24,184	98.8%	99.0%
ACNE TOPICAL AGENTS: RETINOIDS	1,060	40,790	$285,768	2.7%	4.0%
ACUTE MUSCULOSKELETAL RELAXANT AGENTS	23,939	1,278,437	$274,424	100.0%	100.0%
Alzheimer's Agents: Combinations	2	60	$827	0.0%	0.0%
ALZHEMER'S AGENTS: CHOLINESTERASE INHIBITORS	676	20,286	$9,198	100.0%	100.0%
ALZHEMER'S AGENTS: NMDA RECEPTOR ANTAGONIST	295	12,981	$7,514	99.1%	97.8%
ANALGESICS, NARCOTIC: LONG ACTING (Non-parenteral)	1,864	65,378	$263,389	84.5%	85.4%
ANALGESICS, NARCOTIC: SHORT ACTING (Non-parenteral)	52,633	3,185,357	$881,757	99.6%	99.6%
ANALGESICS, TOPICAL	2,588	94,337	$133,516	100.0%	100.0%
ANDROGENIC AGENTS	818	38,597	$328,717	10.4%	4.0%
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	19,653	600,572	$218,458	100.0%	100.0%
ANGIOTENSIN: ACE INHIBITOR COMBINATION DRUGS	11,463	348,037	$115,559	100.0%	100.0%
ANGIOTENSIN: ACE INHIBITORS	53,673	1,639,105	$550,203	99.3%	99.3%
ANTIANGINALS	1,222	71,490	$484,618	0.0%	0.0%
Antibiotics, Gi	5,220	129,679	$679,843	65.8%	77.6%
Antibiotics, Inhaled	79	15,420	$453,322	0.0%	0.0%
Antibiotics, Topical	5,567	131,341	$85,167	100.0%	100.0%
Antibiotics, Vaginal	500	30,620	$36,585	99.2%	99.5%
ANTICOAGULANTS, INJECTABLE	633	9,606	$116,618	98.6%	99.7%
ANTICONVULSANTS: BARBITURATES	1,663	155,914	$52,185	99.9%	99.8%
ANTICONVULSANTS: BENZODIAZEPINES	22,693	1,331,102	$329,323	100.0%	99.9%
...	...	...	...	...	...
ZOVERALL GENERIC PERCENTAGE	0	0	$0	85.6%	85.7%

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Figure 8: Sample Generic Percent Report

4.1.14 Data Files

4.1.14 Vendor shall create data files to be shared with the Bureau and Bureau's partners relating to the PDL, PPL, and SMAC programs.

4.1.14.1 Vendor shall, at a minimum, create and distribute to the Bureau or Bureau's designee the following data files in an electronic format that are compatible with the WV Office of Technology's currently supported versions of Microsoft Office ® Suite https://technology.wv.gov/Pages/default.aspx. Weekly files are due by close of business on Wednesdays, quarterly files due by last day of the last month in the quarter and as needed files are due within seventy-two (72) hours of request.

4.1.14.1.1 Weekly SMAC update file;

4.1.14.1.2 Weekly SMAC web list;

4.1.14.1.3 Weekly PDL and PPL files. These files shall contain all available NDCs regardless of their rebate statues;

4.1.14.1.4 Quarterly supplemental rebate rate and contract files; See Attachment C;

4.1.14.1.5 PDL and PPL reconciliation files when needed;

4.1.14.1.6 Complete PDL and PPL files when needed;

4.1.14.1.7 PDL and PPL file updates or complete files to be delivered to the Bureau, or the Bureau's designees as needed;

4.1.14.1.8 Pharmacy utilization files to be delivered to the SSDC vendor, the Bureau, or Bureau's designee quarterly.

4.1.14.1.9 Other data files when identified that support the PDL, PPL, and SMAC programs quarterly

Change Healthcare will create and distribute data files relating to the PDL, PPL and SMAC programs, in the format and timeline specified by the Bureau. We understand any files that are due weekly are due by the close of business on Wednesday, quarterly files are due by the last day of the last month in the quarter and ‘as-needed’ files are due within 72 hours of the initial request.

4.1.15 Newsletter

4.1.15 Vendor shall develop and create quarterly newsletters containing information relating to changes to the PDL, PPL and other pharmacy program matters in a file format that is compatible with the WV Office of Technology's currently supported versions of Microsoft Office ® Suite https://technology.wv.gov/Pages/default.aspx. Vendor shall provide the electronic final version that will be displayed on the Bureau's website.

Change Healthcare develops and distributes clinical newsletters for many of our current clients, including West Virginia. The account manager, along with our team of physicians and clinicians, provide timely, relevant articles for inclusion in the newsletter and will continue collaborating with the Bureau to ensure all content is acceptable prior to distribution. The final version will be provided to the Bureau in an electronic file format that is compatible with their current supported version of Microsoft Office Suite. The following is a recent example of the newsletter for West Virginia.

West Virginia Medicaid
Pharmacy Solutions

December 2018

West Virginia Medicaid Pharmacy Department
http://www.dhhr.wv.gov/bms/Pharmacy

Provider Services
888-483-0793
888-483-0801 (Pharmacy)
304-348-3360
Monday – Friday
8:00 am until 5:00 pm

Pharmacy Help Desk& Pharmacy Prior Authorization (Rational Drug Therapy Program)
800-847-3859 (Phone)
800-531-7787 (Fax)
Monday – Saturday
8:30 am until 9:00 pm
Sunday 12:00 pm until 6:00 pm

Member Services
888-483-0797
304-348-3365
Monday – Friday
8:00 am until 5:00 pm

Preferred Drug List
For a copy of the most recent preferred drug list, visit:
http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx

State Maximum Allowable Cost (SMAC)
SMAC Review Form:
http://www.dhhr.wv.gov/bms/Pharmacy/Pages/smac.aspx
Please refer questions to Magellan at 1-800-763-7382 or e-mail to StateSMACProgram@magellanhealth.com

Practice Changing Information on Infectious Disease

In February of 2018, the Infectious Disease Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) published new guidelines on the diagnosis and management of Clostridium difficile infection (CDI). CDI, often called antibiotic-associated diarrhea, is one of the most common hospital-acquired infections but can also be seen in the outpatient setting. Manifestations of the disease, primarily diarrhea and abdominal pain, can range from trivial to life-threatening—including intestinal perforation and septic shock. It is difficult to eradicate CDI in some patients with recurrent episodes. CDI can also produce an asymptomatic carrier state.

The relationship between antibiotics and CDI was established in 1978 and, in that era, most cases were attributed to oral clindamycin. Since that time, the disease has become more prevalent, more virulent and more likely to relapse—primarily due to newly recognized strains. The most common risk factor today remains exposure to antibiotics, with cephalosporins, clindamycin, and quinolones being most commonly associated. However, more cases are being found in individuals not exposed to antibiotics. Other risk factors for the development of CDI include advanced age, hospitalization and severe illness. In addition, gastric acid suppression with proton pump inhibitors and histamine 2 receptor antagonists have now been recognized as risk factors for CDI. Less commonly, CDI can occur in the absence of any recognized risk factors.

There is now a change to the long-standing recommendation to use metronidazole orally as a first line treatment for mild to moderate CDI. The recommended treatment for adults with an initial episode of CDI—both severe and non-severe—is now vancomycin 125 mg orally 4 times daily or fidaxomicin 200 mg twice daily, either for 10 days.

In settings where these drugs are not available, metronidazole is to be considered for non-severe CDI only. There are additional recommendations for fulminant CDI that are beyond the scope of this article, but hospitalization is indicated for these cases. The guidelines also include additional recommendations for treatment of first and subsequent relapses of disease. In all cases, treatment also includes stopping the inciting antibiotic if possible and the patient, if hospitalized, is placed on contact isolation precaution

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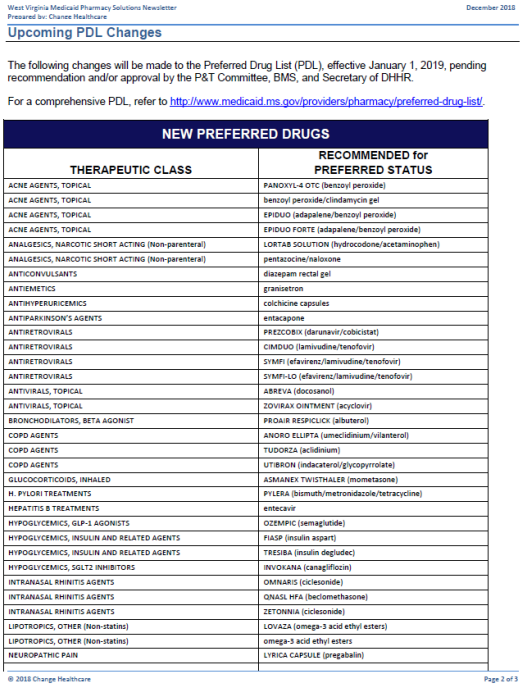

West Virginia Medicaid Pharmacy Solutions Newsletter December 2018
Prepared by: Change Healthcare

Upcoming PDL Changes

The following changes will be made to the Preferred Drug List (PDL), effective January 1, 2019, pending recommendation and/or approval by the P&T Committee, BMS, and Secretary of DHHR.

For a comprehensive PDL, refer to http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/.

NEW PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ACNE AGENTS, TOPICAL	PANOXYL-4 OTC (benzoyl peroxide)
ACNE AGENTS, TOPICAL	benzoyl peroxide/clindamycin gel
ACNE AGENTS, TOPICAL	EPIDUO (adapalene/benzoyl peroxide)
ACNE AGENTS, TOPICAL	EPIDUO FORTE (adapalene/benzoyl peroxide)
ANALGESICS, NARCOTIC SHORT ACTING (Non-parenteral)	LORTAB SOLUTION (hydrocodone/acetaminophen)
ANALGESICS, NARCOTIC SHORT ACTING (Non-parenteral)	pentazocine/naloxone
ANTICONVULSANTS	diazepam rectal gel
ANTIEMETICS	granisetron
ANTIHYPERURICEMICS	colchicine capsules
ANTIPARKINSON'S AGENTS	entacapone
ANTIRETROVIRALS	PREZCOBIX (darunavir/cobicistat)
ANTIRETROVIRALS	CIMDUO (lamivudine/tenofovir)
ANTIRETROVIRALS	SYMFI (efavirenz/lamivudine/tenofovir)
ANTIRETROVIRALS	SYMFI-LO (efavirenz/lamivudine/tenofovir)
ANTIVIRALS, TOPICAL	ABREVA (docosanol)
ANTIVIRALS, TOPICAL	ZOVIRAX OINTMENT (acyclovir)
BRONCHODILATORS, BETA AGONIST	PROAIR RESPICLICK (albuterol)
COPD AGENTS	ANORO ELLIPTA (umeclidinium/vilanterol)
COPD AGENTS	TUDORZA (aclidinium)
COPD AGENTS	UTIBRON (indacaterol/glycopyrrolate)
GLUCOCORTICOIDS, INHALED	ASMANEX TWISTHALER (mometasone)
H. PYLORI TREATMENTS	PYLERA (bismuth/metronidazole/tetracycline)
HEPATITIS B TREATMENTS	entecavir
HYPOGLYCEMICS, GLP-1 AGONISTS	OZEMPIC (semaglutide)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	FIASP (insulin aspart)
HYPOGLYCEMICS, INSULIN AND RELATED AGENTS	TRESIBA (insulin degludec)
HYPOGLYCEMICS, SGLT2 INHIBITORS	INVOKANA (canagliflozin)
INTRANASAL RHINITIS AGENTS	OMNARIS (ciclesonide)
INTRANASAL RHINITIS AGENTS	QNASL HFA (beclomethasone)
INTRANASAL RHINITIS AGENTS	ZETONNA (ciclesonide)
LIPOTROPICS, OTHER (Non-statins)	LOVAZA (omega-3 acid ethyl esters)
LIPOTROPICS, OTHER (Non-statins)	omega-3 acid ethyl esters
NEUROPATHIC PAIN	LYRICA CAPSULE (pregabalin)

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Figure 9 Quarterly Clinical Newsletter

Please note that the information displayed on this newsletter is public information and Change Healthcare is not disclosing any PHI or confidential information with this example.

4.1.16 Implementation

4.1.16 Vendor shall assist and fully cooperate with the Bureau in the implementation of the contract executed from this RFQ upon effective date of the contract.

4.1.16.1 Vendor should submit with their quotation and must be submitted prior to award an Implementation Plan that demonstrate the Vendor's ability to assume the responsibilities for the Bureau's PDL, PPL, and SMAC programs upon award of this contract. There will be a two (2) month implementation window.

4.1.16.2 Vendor's Implementation Plan must describe major task assignments considered to meet PDL, PPL, and SMAC program services, including but not limited to, project start-up, project status, project updates, and project reassignments.

4.1.16.3 Vendor shall attend a face-to-face meeting with the Bureau's staff and Vendor's key staff and other support staff to initiate the contract deliverables and services. This meeting shall be conducted at the Bureau's offices in Charleston, West Virginia at 350 Capitol St.,room 251 and will be scheduled by the Bureau for the next available meeting room after award of the contract. A follow up meeting will be scheduled, if needed.

We look forward to a continued partnership with the Bureau. Change Healthcare is highly skilled with implementing on-time and in-scope projects for state Medicaid agencies. We have reviewed and understand the implementation is to be completed in two (2) months. Our implementation manager, John Estey, has developed a detailed implementation plan, included in **Attachment 2: Implementation Plan** outlining all tasks associated with the West Virginia project. Change Healthcare will attend meetings at the Bureau's request, upon contract award,

to initiate contract deliverables and services. As the incumbent vendor for this scope, implementation will be minimal, and the State will not experience any disruption in services.

4.1.17 Transition and Turnover

4.1.17 Vendor shall assist and fully cooperate with the Bureau when transitioning to a new vendor at the end of the contract executed from this RFQ.

4.1.17.1 Vendor shall provide a Close-Out and Turnover Plan electronically that identifies the Vendor's approach, tasks, staffing, and schedule for turnover of contract responsibilities.

4.1.17.2 Vendor will submit the Close-Out and Turnover Plan to BMS for approval within thirty (30) calendar days of receiving Bureau notification to initiate the Close-Out and Turnover Phase of the expiring contract.

4.1.17.3 Vendor shall dedicate resources consistent with the approved Close-Out and Turnover Plan.

4.1.17.4 Upon request, Vendor shall transfer to the Bureau's ownership any and all data collected, created, summarized, and/or aggregated, and any deliverables and reports created specifically for the Bureau during the contract period.

4.1.17.4.1 Data, deliverables, and reports shall be transferred in a file format that is compatible with the WV Office of Technology's currently supported versions of Microsoft Office ® \ Suite https://technology.wv.gov/Pages/default.aspx

4.1.17.4.2 Data, deliverables, and reports will be transferred in accordance with a schedule and in an electronic format, no longer than thirty (30) calendar days prior to the end of the contract.

4.1.17.4.3Vendor shall provide a Turnover Results Report which documents the completion and results of each task identified in the Turnover Plan.

4.1.17.4.4 The Turnover Results Report shall be submitted in a file format that is compatible with the WV Office of Technology's currently supported versions of Microsoft Office ® I Suite https://technology.wv.gov/Pages/default.aspx

4.1.17.4.5 The Turnover Results Report shall be submitted in accordance with a schedule approved by the Bureau, no later than thirty (30) calendar days prior to the end of the contract.

Change Healthcare will provide the Bureau with a detailed Close-Out and Transition Plan as described in requirements 4.1.17.1 through 4.1.17.4.5. Any and all data specifically created for West Virginia throughout the duration of the contract will be returned to the Bureau. All Change Healthcare proprietary information, methodologies, equipment, etc. will remain the property of Change Healthcare.

4.1.18 Additional Services

4.1.18 Vendor shall provide a pool of hours annually that can be used by the Bureau for assistance, advice and consultation for Medicaid pharmacy activities, such as additional clinical consultation, reports related to the PDL, PPL, or pricing of a complex nature, direct contact by telephone or by other agreed upon means to prescribers regarding appropriate drug utilization. Vendor shall provide on the Pricing Pages the all-inclusive hourly rate for additional services requested by the Bureau during each of the possible Contract years. The one hundred (100) hour pool is an estimate only; actual quantities requested by the Bureau during the life of contract may vary.

Included within our pricing is the all-inclusive hourly rate for additional services requested by the Bureau during each of the contract years. We understand the 100 hours is an estimate only and actual hours requested by the Bureau throughout the entirety of the project may vary.

4.1.19 Service Level Agreements

4.1.19 The Vendor shall agree to comply with all Service Level Agreements listed in Exhibit B., Service Level Agreements

We have reviewed and understand the Service Level Agreements listed in Exhibit B of the RFQ and will comply with the requirements.

5. CONTRACT TERMS

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.

Change Healthcare understands the Bureau will award the contract to the vendor that provides the lowest overall total cost for the required services and specifications as shown on the pricing pages. We look forward to continuing as the State's trusted partner to serve this contract.

5.2 Pricing

Vendor should complete the Pricing Page by all inclusive prices for the following items: Startup Costs-Line 5, column B; Annual Not To Exceed Costs-Line 6, columns B,C,D,E; Ad hoc Reports-Line 7, columns B,C,D,E; Additional Services-Line 8, Columns B,C,D,E; Total Estimated Annual costs-Line 10, Columns B,C,D,E; and Grand Total Estimated Annual Cost-Line 11, Column B,C). 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.

Change Healthcare has reviewed and understands the request for all-inclusive pricing. We have completed the pricing page and it is included in **Exhibit A**: Pricing Page. We have attempted to align the pricing from the Exhibit A form to the commodity lines within the wvOasis bidding system. Should the State have any questions regarding the Change Healthcare price proposal, we suggest referring to the format the State provided in the Exhibit A. Our team is available to answer any clarifying questions regarding our pricing in the event the State requests further information.

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.

Change Healthcare will work with the Bureau to develop a schedule of performance of contract services and deliverables, unless such a schedule is already included herein by the Bureau. We understand in the event this contract is designated an open-end contract, Change Healthcare will perform services and deliverables in accordance mutually agreeable terms and with any release orders that may be issued against the contract.

7. PAYMENT

Agency shall pay monthly in arrears, 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.

We understand the payment terms as required by the Bureau in section 7. Change Healthcare will accept payments in accordance with the payment procedures of the State of West Virginia.

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 willnot be paid by the Agency separately.

Change Healthcare agrees that any cost associated with travel pertaining to this contract are the responsibility of the vendor and will not be paid by the Bureau separately. Any anticipated travel costs will be included in our bid on the pricing page.

9. FACILITIES

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.

We understand that Change Healthcare may be required to access the Bureau's facility to perform contract services. We agree to the requirements detailed in section 9 and will comply with the Bureau's requests.

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.

10.2 Failure to remedy deficient performance upon request.

10.2.1 The following remedies shall be available to Agency upon default.

10.2.2 Immediate cancellation of the Contract.

10.2.3 Immediate cancellation of one or more release orders issued under this Contract.

10.2.4 Any other remedies available in law or equity.

We have reviewed and agree to the Bureau's standards regarding vendor default. Change Healthcare will comply with all specifications, requirements, rules, regulations, etc. necessary to perform all contract services for West Virginia.

11. MISCELLANEOUS

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: Dan Hardin, SVP & GM
Telephone Number: 207-622-7153
Fax Number: 207-623-5125
Email Address: DHardin@changehealthcare.com

EXHIBIT A: PRICING PAGE

Cost information below as detailed in the RFQ and submitted. The Annual Not-to-Exceed Cost is to contain all direct and indirect costs including staffing (secretarial, clerical, etc.), administrative, travel, training, supplies and out-of-pocket expenses necessary to perform all services within the scope of this RFQ.

Item	Base Year 1 (Includes 2 Months Startup and 10 Months Operations)	Optional Renewal Year 1	Optional Renewal Year 2	Optional Renewal Year 3
2 Month Start Up Costs (Section 5.2)	$0.00	N/A	N/A	N/A
Annual Not to Exceed Costs	$374,583.33	$463,402.08	$477,734.04	$492,509.40
Ad Hoc Reports $____ (all inclusive hourly rate) X 25 (Estimated) = (See Section 4.1.13.1.355)	$3,125.00	$3,221.75	$3,321.25	$3,424.00
Additional Services $___ (all inclusive hourly rate) X 100 (Estimated) = (See Section 4.1.13.1.36 and 4.1.18)	$15,500.00	$15,979.00	$16,474.00	$16,983.00
Total Estimated Annual Cost	$393,208.33	$482,602.83	$497,529.29	$512,916.40
Grand Total Estimated Annual Cost (B10+C10+D10+E10)	$1,886,256.85			

Note:

1.) Annual Not-to-Exceed Cost will be invoiced in arrears in ten (10) equal installments for the base year one and twelve (12) equal monthly installments in Optional Renewal Year 1 - 3.

2.) Ad hoc reports and Additional Services will be invoiced in arrears upon receipt of services by the Bureau.

3.) Basis for award will be lowest Grand Total Estimated Annual Cost.

4.) 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.

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

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

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

Change Healthcare Pharmacy Solutions, Inc.
(Company)

Dan Hardin, SVP & GM
(Representative Name, Title)

207-622-7153/207-623-5125
(Contact Phone/Fax Number)

February 26, 2019
(Date)

ATTACHMENT 1: RESUMES

JOHN ESTEY

Implementation Project Manager

SUMMARY OF EXPERIENCE

John Estey is an accomplished and motivated project manager with a history of success driving company-wide efforts. He expertly collaborates with stakeholders and business partners to understand needs and develop a detailed project scope for all involved. He is an outstanding facilitator, skilled in creating rapport and building trust to gain project support across the organization. With a reputation for driving mission-critical solutions involving multiple systems and technologies, John is able to deftly build teams and motivate both short-term and long-term members to deliver exceptional results.

EMPLOYMENT

2016 – Present **Project Manager III**

Change Healthcare, Nashville, TN

Project managers on the Change Healthcare's Pharmacy Solutions implementation team are responsible for 12-month design, develop and implement initiatives. This organization services state governments in support of their Medicaid population. These implementations involve the establishment of a local office and staff as well as a complex cutover from the existing pharmacy benefit administrator. Change Healthcare offers an integrated suite of PBM applications including a POS and claims adjudication, provider web portal and a number of supporting tools like helpdesk, reporting and decision support systems. Project managers are the single main point of contact for clients until applications have been shifted to operations.

Key Accomplishments:

- *Illinois PBMS Implementation – 10M overall budget. Software as a Service. 12 dedicated staff of developers, testers and analysts. 9 Million lives covered. Successfully implemented in March of 2017 with limited interruption of service. Widely regarded as the cleanest implementation by this team reflective of a consistently improving process.*

2014 – 2016 **Project Manager II**

Centene Corporation, CeltiCare Health, NH Healthy Families, Waltham, MA

Manage multiple concurrent projects of various size and complexity from initiation through implementation and project closure. Maintain schedule, task lists and various other control mechanisms. Implement customized transparency tools including dashboards, recurring informational distributions and presentations for the benefit of corporate, state and internal leadership stakeholders.

Key Accomplishments:

- *ICD-10 Claims Coding Upgrade* - Managing various exercises to prepare for the transition from ICD-9 to ICD-10 in 2015. Activities include encounters and end-to-end testing, contract amendments, compliant DRG implementation and regional training. This activity impacts all medical claims amounting to over 1K claims processed annually and over $20M in claims payments.

New Hampshire IT Liaison

Ownership and oversight for stability and any enhancements to existing data transfers between Centene Corporation and the State of New Hampshire. Manage the implementation of new transmissions.

Key Accomplishments:

- *Premium Assistance Program 834 Transaction Implementation* – Full waterfall development project. New eligibility and benefit data transmission installation in support new commercial product line with anticipated 20-25k in new membership at inception.

2012 – 2014 Project Manager, Enterprise Program Management Office
UnitedHealth Group, Information Technology, Hartford, CT
Manage various enterprise program management office mechanisms. Act as cross-application project manager and application level project manager to engage, mediate, and facilitate conversations between various contributing application groups. Develop tools to streamline project activities and create transparency for project stakeholders.

Key Accomplishments:

- *Freshstart Pharmacy Benefit Manager Migration* from Medco third party vendor to OptumRx in-house solution. 175 million projected program spend over 18 months. 2 million customers migrated to OptumRx platform by 1/1/2013.
- *OptumRx prescription image management system upgrade* and replatform. 12 terabyte data migration. Full hardware replacement and FileNet system version upgrade. Large integrated release coordination.
- *Massachusetts Health Exchange external contract*. 834 EDI enrollment transaction development. Coordination with Dell labs health carrier clearing house. Subsidized and unsubsidized membership change processing. Qualified health, Medicaid and commercial health plans management.

2006 – 2012 Project Manager/Application Development Senior Specialist
CIGNA HEALTHCARE, Information Technology, Bloomfield, CT
Direct multiple concurrent projects for healthcare provider web portal; allocate resources and oversee application development. Facilitate/manage communications with key internal/external partners. Oversee quarterly integrated release implementations.

- Coordinate multiple offshore, consultant and fulltime teams working on various small and large projects in parallel.
- Lead project teams through all phases of SDLC – feasibility, initiation, planning, execution, and production implementation.
- Drive project milestones using Agile, Waterfall and other methodologies to accommodate unique development needs.
- Define project requirements with key stakeholders and obtain buy-in from partners and other areas.
- Maintain project plans, report project status on an ongoing, formal basis and alert management/stakeholders/partners to potential issues and suggest mitigation strategies.

Key Accomplishments:

- *CIGNA for Healthcare Professionals Web Site Redesign:* Managed 12-member team to develop an entirely rewritten version of cignaforhcp.com which is CIGNA's portal allowing some 700,000+ healthcare professionals online access member data and various other resources. Directed technical design, coding, and testing efforts for long-term, ongoing project using Java, Websphere, SOAP/XML/Datapower, and Mainframe components (Stored Procedures, Online Programs, Copybooks, JCL); drastically enhancing usability and driving a consistent user experience for both traditional and power users across CIGNA's Healthcare Professional Network.
- *EDI Compliance:* Led project supporting 7 million monthly transactions for Eligibility/Claim inquiries to fulfill HIPAA mandate; supervised 1 EDI architect plus 8 Mainframe and Java developers. Connected to multiple databases (SOAP/XML) using extensive Mainframe components and Websphere (Testing Harness, Interactive Gateway). Delivered Phase 1 in 8 months.

2008 – 2010 Service Manager
Coordinated/guided/led companywide implementations and product certifications (with/through matrix partners). Packaged / delivered infrastructure components to business and IT customers;

used ITIL 'best practices' and managed infrastructure currency/versioning. Focused and inspired temporary teams to deliver outstanding results. Built project management tools to track, monitor, and capture status for different phases; authored/presented reports routinely to stakeholders and management.

Key Accomplishments:

- *Virtual Technologies:* Introduced nationwide pilot of virtual client technologies to 10,000 users. Oversaw team of up to 7 in pilot development and successful rollout of Thin Client hardware/software and virtual servers.
- *Desktop Application Rollouts:* Led 4 team members in operational readiness testing/implementation project for desktop applications (IE7, MS Project, MS Visio, etc.); successfully developed/introduced process for rollouts to 30,000+ desktops.

2007 – 2008 Production Support SA

Directed up to 6 developers/3 testers to resolve production issues and develop minor enhancements for Consumer Driven Health Products (1.4M customers/consumers). Built rapport, established trust, and partnered with business customers/members.

2006 – 2006 Intern/Application Developer

Supported Emptoris Contract Management Application, used by 5000 employers. Wrote, tested, and implemented failure detection script integrating with Tivoli Monitoring and CSC support teams using VBScript and MS Server Event Monitoring.

EDUCATION

Daniel Webster College, Nashua, NH

- BS, Computer Science

CIGNA Technology Early Career Development Program

- Project Manager Training

BRENT BREEDING, RPH

Regional Pharmacy Account Manager

SUMMARY OF EXPERIENCE

Mr. Brent Breeding joined the Change Healthcare team in 2015 and has since been a valued member of the clinical team, helping to oversee the clinical solutions for Pennsylvania and West Virginia. In his role for account oversight, he is accountable for the daily activities for the pharmacy benefits solutions. He brings almost 30 years of pharmacy experience to Change Healthcare's clients with a wide array of knowledge including retail pharmacy and management. His past experiences working with various states allow him to bring a unique multi-state and multi-industry perspective to the states he works with.

EMPLOYMENT

2015 – Present **Regional Pharmacy Account Manager**
Change Healthcare

- Accountable for contract compliance
- PDL drug file maintenance
- Identify potential areas of savings for assigned clients
- Develop P&T meeting materials
- Present P&T meeting materials and status recommendations at committee meeting
- Prepare post committee meeting materials
- Conduct regular client status meetings
- Develop strong business relationship with assigned clients
- Ensure all Service Level Agreements (SLA) are met
- Be aware of and informed of new government regulations
- Demonstrate the value of pharmacy solutions (unit cost, utilization management and patient care enhancement)
- Identify opportunities for additional services that address unmet customer needs

2014 – 2015 **Arkansas Medicaid Pharmacy Account Manager**
Magellan Health

- Accountable for contract compliance
- Complete drug file maintenance
- Develop and implement drug formulary
- Ensure all revenue goals are met
- Develop strong business relationship with Arkansas Medicaid Pharmacy Unit
- Ensure all Service Level Agreements are met
- Be aware of and informed of new government regulations
- Demonstrate the value of pharmacy solutions (unit cost, utilization management and patient care enhancement)
- Identify opportunities for additional services that address unmet customer needs
- Participate as Subject Matter Expert for DDI phase of contract

2013 – 2014 **Arkansas Medicaid Pharmacy Account Manager**
Hewlett Packard

- Accountable for contract compliance
- Complete drug file maintenance

- Develop and implement drug formulary
- Ensure all revenue goals are met
- Manage account team
- Project Manager for transition of account to new pharmacy vendor
- Develop strong business relationship with Arkansas Medicaid Pharmacy Unit
- Ensure all Service Level Agreements are met
- Be aware of and informed of new government regulations
- Demonstrate the value of pharmacy solutions (unit cost, utilization management and patient care enhancement)
- Identify opportunities for additional services that address unmet customer needs

2013 – 2013 Clinical Pharmacist
Magellan Health

- Evaluate PA requests for approval/denial based on clinical criteria
- Provide clinical consultations and recommendations to call agents and providers

2010 – 2013 Clinical Pharmacist
Hewlett Packard

- Evaluate PA requests for approval/denial based on clinical criteria
- Provide clinical consultations and recommendations to call agents and providers
- Perform Desk Audits to ensure provider compliance with Medicaid Policies and Procedures
- Maintain drug formulary file
- Project Manager for procurement process of Medicaid Contract

1998 – 2010 Senior Executive Clinical Specialist
Glaxo-Smith-Kline

- Provide clinical information to physicians, nurses and pharmacists within FDA guidelines
- Act as a liaison between GSK marketing and GSK clients
- Create and present analytical reports of territory sales performance
- Successfully develop, implement and execute business plans for assigned accounts
- Associate Sales Trainer for three years
- Facilitate training at district, regional and national meetings
- Won Winner's Circle for top level performers (top 10%) 3 times
- Won Winner's Circle for top level performers (top 20%) 1 time
- Successfully launched Advair (top 2 in region)
- Successfully launched Lamictal for bipolar disorder (top 2 in nation)

1989 – 1998 Pharmacy Manager
Wal-Mart

- Managed pharmacy inventory and payroll
- Interviewed, hired, trained and coached pharmacy staff
- Managed all pharmacy operations within state and federal laws and regulations

1988 – 1989 Pharmacist
Baker Drug Store

- Managed pharmacy inventory

- Nursing Home Consultant

EDUCATION

University of Arkansas College of Pharmacy, Little Rock, Arkansas

- B.S. in Pharmacy

University of Central Arkansas, Conway, Arkansas

- Pre-pharmacy curriculum

PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS

- Arkansas State Board of Pharmacy, [redacted]

DR. LAUREEN BICZACK, DO

Medical Director

SUMMARY OF EXPERIENCE

As Medical Director, Dr. Biczak oversees all clinical aspects of Change Healthcare's programs. She has extensive experience working on the clinical and fiscal aspects of the pharmacy benefits for the Medicaid Agencies in multiple states. Prior to joining our team, she spent more than six (6) years as the Medical Director for Maine's Medicaid program, MaineCare, at the Department of Health and Human Services. She brings to the table extensive experience in all aspects of Medicaid Programs, including PDL design and implementation, drug evaluations, prior authorizations and in-depth knowledge of policy and regulatory issues. She also has worked extensively with the medical prior authorization program for Maine Medicaid.

Dr. Biczak is Board Certified in Internal Medicine and Infectious Diseases. Her continued part- time clinical practice offers Change Healthcare a unique view of pharmacy issues – from both the State and provider perspective. Dr. Biczak is a member of the American College of Physicians, the Maine Medical and Maine Osteopathic Societies, and several professional Infectious Disease Societies. She has in the past served as a gubernatorial appointee to the Maine Quality Forum Advisory Committee, which is devoted to not only improving the quality of healthcare in Maine but also the transparency of that quality for Maine citizens.

She received her Doctor of Osteopathy from the University of New England College of Osteopathic Medicine.

EMPLOYMENT

2012 – Present Medical Director
Change Healthcare, Augusta, Maine

- Transition of company ownership in 2013 to Emdeon, roles and responsibilities fundamentally unchanged;
- Actively host regular contacts between CHC's clinicians, disseminate clinical information, and encourage clinical interaction with updates on best practices, new drug reviews, and evidence-based learning;
- Maintain an atmosphere of evidence based clinical excellence and client centered service at all times; and
- Provide clinical, fiscal and policy input as needed on all aspects of Medicaid or commercial activities by serving as a subject matter expert, attending meetings and providing written or oral input.

2007 – 2012 Associate Medical Director
Change Healthcare, Augusta, Maine

- Oversaw clinical aspects of the pharmacy benefits for the Medicaid Agencies in multiple states
- Recommended both pro-DUR and retro-DUR criteria and oversees clinical prior authorization activities
- Oversaw clinical and fiscal aspects of PDL design including supplemental rebate negotiation, and integration with State Maximum Allowable Cost activities
- Oversaw development of clinical therapeutic class and drug reviews
- Actively participated in the P & T and DUR meetings in multiple states

- Oversaw clinical aspects of pharmacy benefit care management services for Maine Medicaid including narcotic restriction programs and high cost specialty pharmacy management
- Oversaw all clinical activities at CHC, including the medical and radiology benefit management services

2005 – 2007 Maine Medicaid MMIS Remediation Project Lead
Maine Department of Health and Human Services, Augusta, Maine

- Medical Director for the Maine Bureau of Medical Services (Medicaid Program).
  - Served as a voting member of the Drug Utilization Review Committee
  - Participated in clinical and fiscal aspects of PDL design and management activities
  - Participation in medical and pharmacy clinical determinations including fair hearings
  - Participated as a member of the Senior Management Team and was actively involved in all aspects of health care management activities including benefit design, including the pharmacy benefit, pay for performance initiatives, budgetary issues, interpretation of Federal Medicaid law, and quality projects
  - Consultant for coverage and medical necessity determinations, prior authorization and development of agency rules
  - Consultant for policy development, as well as coding and reimbursement determinations, including pharmacy policy
  - Served as the medical expert in the development of waivers
  - Communicated frequently with CMS and other States on a wide range of issues regarding MaineCare including pharmacy issues
  - Served as the liaison for the Department with professional associations, often publicly speaking at meetings and conventions on the Department's behalf
  - Responded on behalf of the Commissioner of Health and Human Services and the Governor to concerns and complaints from providers, legislators, and members
  - Testified at legislative hearings when requested by the Commissioner
  - Developed reports to support quality and programmatic activities
  - Participated in multiple quality related workgroups and committees
- Chaired Covered Services Team
  - Reviewed new services for coverage determinations and budgetary implications
- Created Code Committee which oversaw decision analysis around new or changed codes and dealt with complex coding issues

1996 – Present Infectious Disease Teaching Service

- Actively involved in teaching students, interns, residents and fellows (including Infectious Disease Fellows) in the clinical setting
- Direct patient care for hospitalized patients with infectious disease problems at three hospitals

1990 – Present Clinical Practice

- Infectious Diseases and Travel/Tropical Medicine direct patient care
  - Inpatient and outpatient settings

EDUCATION

1988 – 1990 University of Connecticut, Farmington, CT

- Clinical and Research Fellow, Infectious Disease Program
- Program Director: Sam T. Donta, MD

1986 – 1988 Osteopathic Hospital of Maine, Portland, ME
- Internal Medicine Residency
- Program Director: David A Weed, DO

1985 – 1986 Osteopathic Hospital of Maine, Portland, ME
- Rotating Internship
- Program Director: Jon Karol, DO

1981 – 1985 University of New England College of Osteopathic Medicine
- Doctor of Osteopathy
- Appointed to Sigma Sigma Phi (Osteopathic Honor Society)

1978 – 1981 University of Maine at Orono
- B.A., Zoology, Summa cum Laude
- Appointed to Phi Beta Kappa

PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS

State of Maine, License [redacted]
American Osteopathic Board of Internal Medicine, Certificate [redacted]
Internal Medicine
Infectious Disease
American College of Physicians
Maine Osteopathic Association
American Osteopathic Association
Maine Medical Association
Infectious Disease Society of America
HIV Medicine Association
Northern New England Infectious Disease Society
Southern Maine Osteopathic Medical Group

PROFESSIONAL APPOINTMENTS

- Chief of Staff, 1995-1997, *Brighton Medical Center*
- Chief of the Department of Medicine, 1993-1995 *Brighton Medical Center*
- Institutional Review Board, 1993-1995, *Brighton Medical Center*
- Staff Executive Committee, 1993-1997, *Brighton Medical Center*
- Chair, Infection Control Committee, 1990-1997, *Brighton Medical Center*
- Chair, Medical Quality Review Committee, 1995-1997, *Brighton Medical Center*
- Clinical Monitoring Committee, 1990-1997, *Brighton Medical Center*
- Chair, Antibiotic Agents Subcommittee, 1990-1993, *Brighton Medical Center*
- Library Monitoring Committee, 1996-1997, *Maine Medical Center*
- Physician's Information Services Committee, 1998-1999, *Maine Medical Center*
- Pharmacy and Therapeutics Committee, 1998-2002, *Maine Medical Center*
- Maine Quality Forum Advisory Committee, 2005-2007

DR. JEFFREY BARKIN, MD, DFAPA

Associate Medical Director

SUMMARY OF EXPERIENCE

Dr. Barkin has been employed as an Associate Medical Director with Change Healthcare since 2010. He has maintained a private and forensic psychiatry practice since 1991, treating individuals with a variety of mood, anxiety, and psychotic disorders. Dr. Barkin has special expertise in clinical trial design and analysis and is especially interested in applying evidence based best practices in administrative and legal settings. Prior to his current position, he served as Chair of the Maine Medicaid DUR Committee and Chair of the Psychiatric Work Group. He is currently President of TriCounty Mental Health Services, Immediate Past President of the State of Maine Association of Psychiatric Physicians and is on the board of the Maine Medical Association.

In his five years working with the Change Healthcare team, he has undertaken medical director responsibilities for Medicaid pharmacy programs in Maine, Vermont, Ohio, Iowa, Mississippi, West Virginia and has been involved in all clinical programs related to Medicaid at Change Healthcare, and actively participates in the development of clinical therapeutic class and drug reviews. He also has multiple years of experience in interpreting clinical trial data to help inform placement of products on preferred drug lists, as well as application of research methods and outcomes in numerous settings including administrative and legal. Dr. Barkin is also an active member of clinical team which oversees pharmaceutical utilization for multiple client states, multi-state drug negotiation pool, and high cost (specialty) pharmacy services.

EMPLOYMENT

2009 – Present Associate Medical Director

Change Healthcare, Augusta, ME

- Oversees clinical aspects of Medical PA services for Maine Medicaid;
- Provides medical director guidance to client states pharmacy clinical programs;
- Participates in development of clinical therapeutic class and drug reviews;
- Provides input to pharmacy and therapeutics and drug utilization review committees;
- Recommend both ProDUR and RetroDUR criteria and oversee clinical prior authorization activities;
- Five years of experience with medical director responsibilities for Medicaid pharmacy programs in Maine, Vermont, Ohio, Iowa, Mississippi, and West Virginia;
- Involved in all clinical programs related to Medicaid at Change Healthcare;
- Multiple years of experience in interpreting clinical trial data to help inform placement of products on preferred drug lists.
- Application of research methods and outcomes in numerous settings including administrative and legal;
- Ongoing work in developing other (non-pharmacy) Medicaid programs;
- Capable of applying medical analytics to assess population impact of pharmacy management strategies;
- Developed a dose consolidation program for high cost antipsychotics for multiple client states which demonstrated robust cost savings with no deleterious impacts on adherence or compliance and has presented results at national conferences;
- Developed geographic modeling assessing differential utilization of opiates employing Dartmouth Atlas methodology; and

- Active member of clinical team which oversees pharmaceutical utilization for multiple client states, multi-state drug negotiation pool, as well as high cost (specialty) pharmacy services.

2004 – Present **Private Practice**
Portland, ME

- Clinical & Forensic Psychiatry;
- Health Care Policy;
- Complex healthcare Analysis;
- Consultation to Business; and
- Teaching.

2000 – 2004 **Partner, Neurology Associates of Eastern Maine**
Bangor, Maine

1998 – 1999 **Acadia Hospital/Eastern Maine Medical Center**
Bangor, Maine

1994 – 1998 **Department of Psychiatry**
The Medical Center of Central Massachusetts, Worcester, Massachusetts

1993 – 1994 **Addiction Psychiatrist**
Adcare Hospital Worcester, Massachusetts

1992 – 1993 **Attending Psychiatrist**
Charles River Hospital, West Chicopee, Massachusetts

1992 – 1993 **Mediplex Psychiatric Nursing Home Holyoke, MA**
Center for Human Development West Springfield, MA
Private Practice Springfield, MA

1991 – 1992 **Therapeutic Associates Longmeadow, MA**

1989 – 1991 **On-Call Services**
Griffin Hospital Derby, Connecticut

1989 – 1991 **On-Call Services**
Silver Hill Hospital, New Canaan, Connecticut

EDUCATION

- 1988 – 1991 Residency in Psychiatry – Yale University New Haven, CT
- 1987 – 1988 Internship, Internal Medicine – University Hospital Boston, MA
- 1983 – 1987 M.D. – Yale University School of Medicine New Haven, CT
- 1979 – 1983 B.A. – Swarthmore College, Swarthmore, PA
- Graduated with Distinction – Phi Beta Kappa, Sigma Xi

PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS

Licensed physician in the States of Maine, Massachusetts, and Connecticut.
1996 Added Certification – Geriatric Psychiatry Certificate # [redacted]
1993 Board Certified in Psychiatry Certificate # [redacted]
1998 State of Maine Certificate # [redacted]

1991 State of Massachusetts Certificate # [redacted]
1989 State of Connecticut Certificate # [redacted]
1988 Diplomate NBME

- **President, Maine Association of Psychiatric Physicians**
- **Board member, Maine Medical Association**
- **Board member, Tricounty Mental Health**
- Chairman, Maine Psychiatric Work Group
- Chairman, Drug Utilization Review Board – State of Maine
- American Psychiatric Association
- American Society of Clinical Psychopharmacology
- American Neuropsychiatric Association
- Maine Medical Association
- Member, Maine State Board of Bar Examiners
- Founder, Maine Women's Mental Health list serve
- Founder & Director, Maine Psychiatric Journal Club

DR. JACQUELYN A. HEDLUND, M.D., M.S.

Associate Medical Director

SUMMARY OF EXPERIENCE

Dr. Jacquelyn Hedlund joined the Change Healthcare clinical team in 2015 and brings more than 27 years of relevant experience to our clinical team. She also currently holds the position of Assistant Medical Director at Community Health Options, one of the original not-for-profit health insurance cooperatives born out of the ACA.

Daily, she works closely with our Medical Directors and our clients, bringing innovative clinical expertise with her consultation to states including Iowa, Maine, Mississippi, Ohio, Pennsylvania, Vermont, and West Virginia. Her experience includes utilization management, prior authorization, PDL design and implementation, new drug evaluation, quality assurance, multidisciplinary program development and clinical trial implementation. Her industry knowledge combined with real-world medical experiences benefit our Medicaid clients.

Jacquelyn is board certified in Internal Medicine and Hematology continues to be an active member in the clinical world. She has been in practice for 18 years, providing care to patient in Maine with benign and malignant hematologic conditions. She was the first Medical Director for the Maine Medical Center Cancer Institute and was instrumental in its conception and development. She continues her practice part-time at New England Cancer Specialists in southern Maine. She is a fellow of the American College of Physicians and a member of the American Society of Hematologists and the American Society of Clinical Oncologists.

She received her medical degree from the University of Vermont College of Medicine and a Master's of Science in health policy and management from the Harvard School of Public Health. Jacquelyn frequently shares her insight and expertise with her medical peers through presentations and trainings. Her expertise as a Board-Certified Hematologist and Internist complements the clinical breadth of expertise already present.

EMPLOYMENT

2015 – Present Associate Medical Director
Change Healthcare, Augusta, Maine

- Provide clinical support to teams that develop and administer pharmacy benefits for Medicaid programs in several states, including conducting drug utilization reviews and staffing Pharmacy and Therapeutics committee meetings.
- For the state of Maine, provide oversight for management of DME and medical claims and contribute to development of policies such as coverage determination for genetic testing.

2016 – Present Assistant Medical Director
Community Health Options, Lewiston, Maine

- Provide medical oversight of utilization management and collaborate on development of clinical guidelines and quality assurance/compliance programs for the organization, a non-profit health insurance cooperative in Maine.

2016 – Present Consultant
New England Cancer Specialists, Maine

- Contracted to provide hematology/oncology care in an urgent care setting.
- Provide call coverage for the Hemophilia and Thrombosis Treatment Center.

PRIOR EMPLOYMENT

1985 – 1986 Consultant, Blue Cross Blue Shield, Massachusetts
1996 – 1997 Associate Medical Director, Coral Therapeutics, Inc. 1997-1998 Medical Director, Coral Therapeutics, Inc.
1998 – 2011 Consulting Medical Director, Coral Blood Services, Inc. 1998-2016 Physician Partner/Owner, New England Cancer Specialists
2015 – 2016 Consulting Physician, Martin's Point Health Care Plan

FACULTY APPOINTMENTS

1998 – 2009 Clinical Instructor, University of Vermont College of Medicine
Clinical Instructor, Tufts University School of Medicine

HOSPITAL AND ADMINISTRATIVE APPOINTMENT

1985 – 1986 Teaching Assistant, Harvard School of Public Health, Statistical Methods for Health Policy and Management
1996 – 2004 Assistant Director, Maine Hemophilia Treatment Center
1998 – 1999 Transfusion Medicine Consultant, Maine Medical Center
1998 – 2007 Medical Director, Maine Medical Center Outpatient IV Therapy Room
2004 – 2008 Clinical Medical Director, Bone Marrow Transplant Program, Maine Medical Center
2004 – Present Attending Physician, Maine Hemophilia Treatment Center
Medical Director, Maine Medical Center Cancer Institute
2010 – Present Medical Director, Gibson Pavilion Cancer Care Floor, Maine Medical Center
2012 – 2013 Service Line Physician Leader, Oncology Service Line, Maine Medical Center

EDUCATION

1990 **University of Vermont College of Medicine, Burlington, VT**
- Medicine Doctor

1986 **Harvard School of Public Health, Boston, Massachusetts**
- M.S. Health Policy and Management

1983 **Smith College, Northampton, Massachusetts**
- A.B. Economics

POSTGRADUATE TRAINING AND FELLOWSHIP APPOINTMENTS

1990 – 1993 Internal Medicine Residency, Maine Medical Center, Portland, ME 1993-1994
Chief Medical Resident, Maine Medical Center, Portland, ME
1994 – 1996 Hematology Fellowship, University of Washington, Seattle, WA 1995-1996Transfusion Medicine Fellowship, Puget Sound Blood Center, Seattle, WA

ADDITIONAL TRAINING

2008 Harvard School of Public Health, Leadership Strategies for Evolving Health Care Executives, Boston, MA
2008 – 2009 MaineHealth, Physician Leadership Development Fellowship, Portland, ME

2009 Harvard School of Public Health, Intensive Seminar for New and Emerging Leaders. Boston, MA
2011 Maine Medical Center, Portland, ME, Clinical Microsystems Team Training

PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS

BOARD CERTIFICATION

- 1993 Internal Medicine
- 1997 Hematology
- 2003 Internal Medicine Recertification
- 2007 Hematology Recertification
- 2014 Internal Medicine Recertification

LICENSURE

- Maine
- Massachusetts [redacted]

COMMITTEE MEMBERSHIPS

1991 – 1994 Health and Public Policy Committee, Maine Chapter of the American College of Physicians
1991 – 1993 National Council of Associates, American College of Physicians, Steering Committee
1992 – 1993 American College of Physicians Access to Health Care Reform
1998 – 2004 Transfusion Committee, Maine Medical Center
1999 – 2002 Clinical Advisory Committee, Maine Medical Center
1999 – 2003 Medical Audit Committee, Maine Medical Center
2002 – 2004 Medical Executive Committee, Maine Medical Center
2002 – 2013 Pharmacy & Therapeutics Committee, Maine Medical Center
2007 – 2012 Performance Improvement Committee, Maine Medical Center
2007 – 2013 Chair, Maine Medical Center Oncology Steering Committee
2007 – 2009 Research Strategic Plan Steering Committee, Maine Medical Center
2008 – 2013 Technology Assessment Committee, Maine Medical Center
2008 – 2013 MaineHealth Oncology Leadership Team
2008 – 2013 Chiefs' Committee, Maine Medical Center
2008 – 2013 Leadership Team, Maine Medical Center
2009 – 2011 Co-Chair, Maine Health Oncology Quality Committee
2011 – 2013 MaineHealth Oncology Quality Committee
2011 – 2013 Clinical Applications Steering Committee EPIC Shared Health Record Implementation: MMC

PROFESSIONAL SOCIETIES

1990 – Present American College of Physicians
1994 – Present American Society of Hematology
1996 – 2006 American Society for Aphaeresis
1996 – 2012 American Association of Blood Banks
1998 – 2013 International Society for Hemostasis and Thrombosis
2006 – Present American Society of Clinical Oncology (ASCO)
2007 – 2013 Association of Community Cancer Centers, Delegate

COMMUNITY SERVICE

2004 – 2007 Member, Board of Directors, Maine Cancer Foundation
2010 – 2015 Member, Board of Directors, United Way Greater Portland

2013 – 2016	Member, Board of Directors, Piper Shores Continuing Care Retirement Community (non-profit)
2013 – 2016	Chair, Memory Care Work Group, Piper Shores
2013 – 2014	Member, Strategic Planning Work Group, Piper Shores

CHERIEANN HARRISON

Rebate Manager

SUMMARY OF EXPERIENCE

Cherieann has 19+ years working in a variety of aspects of Pharmaceutical Healthcare. In her current role with Change Healthcare she works extensively with 13 State Pharmacy Directors. She oversees a team of rebate specialists dedicated to providing contract services for both stand-alone state and national pools. Each year they process hundreds of contracts and amendments for the states Change Healthcare provides services to. The contracting team also maintains manufacturer and drug maintenance for the rebate department systems, plans and manages the bid solicitation process, hosts the annual SSDC conference, creates quarterly pricing files based off our contracts, and oversees offer acceptance / review / submission presentation for Change Healthcare's client states.

Prior to being promoted to her current position, Cherieann worked at Change Healthcare as a Rebate Specialist. In that role she assisted in meeting all state requirements, deadlines, and manufacturer needs while training new staff members.

EMPLOYMENT

Mar. 2017-Present Operation Supervisor of Medicaid Drug Rebate Negotiated Contracts
Change Healthcare, Augusta, Maine

- Manage System functionality for Bid Solicitations
- Mail out Bid Solicitation Letters
- Moderate Pool Quarterly Conference Calls
- Insure Contracts reach Full Execution timely
- Insure all Deliverables are met for States receiving Contracting Services
- Create State Quarterly Pricing Files for Supplemental Rebate and Durable Medical Equipment Program Types
- Oversee Staff Training
- 24 Hour Manufacturer Communication
- System Maintenance of Manufacturers, Labelers, and Rebate Eligible Products
- Provide State Required Reporting
- Supervise Rebate Contracting Team
- Assist in RFP Development
- Organize and Host 3 Day Annual Pool Conference
- Test System Expansions and Trouble Shoot for Repairs

Nov. 2015–Mar. 2017 Rebate Specialist III
Change Healthcare, Augusta, Maine

- Training Rebate Specialists I and II
- Claim Adjustments
- Labeler Account Reviews
- Late Notice Management for State Client
- 340B Table Maintenance
- Dispute Work
- Quarterly Invoicing
- Quarterly Assistance on State Report Generation
- Labeler assistance in CLD and Trial Balance Reporting

Jan. 2015–Nov. 2017 Rebate Specialist I
Change Healthcare, Augusta, Maine

- Labeler Account Reviews
- Late Notice Management for State Client
- Dispute Work
- Quarterly Invoicing
- Labeler assistance in CLD and Trial Balance Reporting

2013–2014 Nationally Certified Pharmacy Technician/CSS
Coram Home Infusion Pharmacy, Falmouth, Maine

- Trained Pharmacy Technicians
- Chemotherapy Compounding
- Intravenous Compounding
- Daily check-ins with clients and clinical staff to find out patients rapidly changing pharmaceutical needs.
- Maintained all Pharmaceutical/Patient Shipping Schedules for Site

2008–2013 Nationally Certified Pharmacy Technician
Franklin Memorial Hospital, Farmington, Maine

- Hospital unit/patient specific medication preparation and delivery
- Pyxis Unit Maintenance
- Intravenous Compounding
- Otic Compounding
- Topical Compounding
- 340B Outpatient Deliveries and Inpatient Deliveries
- Trained Pharmacy Technicians

2007–2008 Lead Pharmacy Technician/Nationally Certified Pharm. Technician
CVS Pharmacy, Woodbridge, Virginia

- Interviewed/hired/dismissed Pharmacy Technicians
- Trained Pharmacy Technicians
- Made Technicians Schedules
- Placed Pharmacy Order
- Other Retail Pharmacy Technician duties

2001–2007 Nationally Certified Pharmacy Technician
Howard's Rexall Pharmacy, Farmington, Maine

- Entered/Filled Prescriptions
- Maintained Control Records
- Compounded Creams
- Filled Nursing Home Orders in Blister Paks
- Compounded Progesterone Capsules and Suppositories
- Worked with Providers for clarification of prescriptions
- Worked with Insurances to get Patient Prior Authorizations in place

EDUCATION

2007 University of Maine at Farmington, Farmington, Maine

- Bachelor of Ars in Interdisciplinary Study with a Concentration in Biology/Chemistry
- Officer of Financial Affairs for Student Senate 2006-2007
- Vice President of Senior Class 2006-2007
- Student Senator 2005-2007

PROFESSIONAL LICENSES, CERTIFICATION AND MEMBERSHIPS

- Nationally Certified Pharmacy Technician, PTCB, (Inactive)

THERESA DUBOIS

Pharmacy Business Analyst

SUMMARY OF EXPERIENCE

Theresa joined the Change Healthcare team in 2000 but has been working in the pharmaceutical and pharmacy industry for almost 30 years. She began her career as a pharmaceutical purchaser for a small chain drug store that consisted of 32 pharmacies for almost 10 years and then spent another six years as a pharmacy technician for Rite Aid pharmacy before coming to Change Healthcare. Her past experience included training staff at newly opened pharmacy locations on the drug dispensing systems.

When she joined Change Healthcare in 2000, she began as a pharmacy helpdesk technician, working with clients and callers to answer pharmacy and claims processing questions. A year later, she became the Pharmacy Helpdesk supervisor and Training Coordinator. She has been actively involved in setting up and training the staff for the new pharmacy helpdesk in Iowa and Wyoming.

Theresa has taken on another role at Change Healthcare as the Program Integrity Supervisor and SMAC Program Pricing Manager since 2010. She has been actively involved in implementing the SMAC programs in ten states and is currently responsible for maintaining and reviewing all SMAC pricing, as well as creating the greatest savings possible for our State clients. In Maine, she has been involved in SMAC work for more than 10 years, having served as the Pharmacy Helpdesk Supervisor, with daily exposure to resolution of issues regarding payment, pricing, and POS concerns. In addition, she has been involved in SMAC issues for Wyoming Medicaid for the last six years and more recently has been involved in pricing issues and SMAC setting for Illinois, New Jersey, Minnesota, and North Dakota. Previously, Theresa worked with the West Virginia SMAC program, achieving millions of dollars in savings, and in 2015, she began overseeing the Vermont program as well. Her daily immersion in SMAC and other Medicaid pricing issues in multiple states makes her the ideal person for her current role.

EMPLOYMENT

2010 – Present Program Integrity Supervisor/SMAC Programs Pricing Manager
Change Healthcare, Augusta, Maine

State Maximum Allowable Cost (SMAC) Experience
Actively involved in implementing and ongoing operations of the SMAC programs for: Illinois, Maine, Minnesota, New Jersey, North Dakota, Ohio, South Dakota, Utah and Wyoming, and Vermont.

- Provide SMAC pricing development and timely resolution of disputes;
- Responsible for new brand and generic drug pricing evaluations;
- Provide calculation and tracking of new generic pricing (weekly, monthly);
- Oversee rebasing of established generic prices (weekly, monthly, quarterly);
- Worked with Wyoming through re-implementation of the SMAC program and have accomplished one of the most robust SMAC programs in the country, achieving recognition from CMS for the program savings through aggressive pricing formulas and inclusion criteria;

- Through the initial implementation of a new client's SMAC program, have evaluated just 135 drugs out of approximately 3,000 drugs so far and are projecting to save the State approximately $9 million per year based on initial evaluations; and
- Previously provided operations and support for the West Virginia SMAC program, which saved the State an average of $4 million per month during the contract period.

Preferred Drug List (PDL) Experience

- Provide comparisons of generic and brand net prices for PDL status determinations
- Create financial modeling of brand and generic drugs, with and without supplemental rebates, federal rebates, and SMAC pricing; and
- Partner to coordinate and create the P&T financial costs sheets for Iowa, Georgia, Maine, and Mississippi.

Multi-State Pool Support Experience

- Work with account managers when the clients have special reporting requests;
- Provide various financial modeling based on client's needs; and
- Partner to pull together information and create the multi-state pool financial cost sheets for nine State clients;

Program Integrity Experience

Responsible for reviewing /correcting pharmacy provider compliance with State and Federal payment policies and guidelines, identifying/preventing fraud for State of Maine;

- Provide quality assurance reporting;
- Responsible for billing review practices;
- Provide case Development through desk reviews and evaluation, including utilizing reporting and algorithms to flag potential recoveries; and
- Initiate and document recovery activities.

2000 – 2010 Pharmacy Helpdesk Coordinator/Member Services

Change Healthcare, Augusta, Maine

- Responds to calls from Pharmacists and Technicians
- Supervises Helpdesk Technicians and the entire customer service process for all plans
- Responsible for all quality control issues relevant to accounts and customer service relations
- Maintains documentation for training
- Oversees staff training to ensure all staff members are up-to-date on current processes
- Out-of-state staff training on new POS and Prior Authorization Programs:
  - Iowa
  - Wyoming

1994 – 2000 Pharmacy Technician

Rite Aid Pharmacy, Skowhegan, Maine

- Assisted with prescriptions by counting pills
- Measured medications
- Labeled products
- Verified prescriptions from doctors
- Maintained patient records
- Tracked insurance information
- Assisted patients with insurance forms

1985 – 1994 Pharmaceutical Buyer/Pharmacy Operations
Laverdiere's Super Drug Maine Office, Winslow, Maine

- Ordered drugs for all Laverdiere's Pharmacies.
- Completed payroll for all Pharmacy employees
- Completed daily office paperwork
- Education

PROFESSIONAL LICENSES, CERTIFICATIONS AND MEMBERSHIPS

National Certified Pharmacy Technician (through PTCB) – currently in process

ATTACHMENT 2: IMPLEMENTATION PLAN

ID	Task Name	Duration	Start
0	**WV SMAC PDL Program Review Project Plan**	**42 days**	**Thu 2/28/19**
1	**Milestones**	**41 days**	**Thu 2/28/19**
2	M: Critical Milestone 1: Contract Award	0 days	Thu 2/28/19
3	M: Critical Milestone 2: Contract Activities Completed	0 days	Fri 3/8/19
4	M: Critical Milestone 3: Project Initiation and Planning Completed	0 days	Mon 3/18/19
5	M: Critical Milestone 4: PDL Review Complete	0 days	Tue 4/9/19
6	M: Critical Milestone 5: Weekly Drug File Process Complete	0 days	Tue 4/9/19
7	M: Critical Milestone 6: PPL Review Complete	0 days	Tue 4/9/19
8	M: Critical Milestone 7: SMAC Review Complete	0 days	Tue 4/2/19
9	M: Critical Milestone 8: P&T Review Complete	0 days	Thu 4/25/19
10	M: Critical Milestone 9: Reporting Review Complete	0 days	Tue 4/23/19
11	M: Critical Milestone 10: Supplemental Rebate Review Complete	0 days	Fri 4/26/19
12	**Contract Activities**	**8 days**	**Thu 2/28/19**
13	M: Contract Award	1 day	Thu 2/28/19
14	Approval to Start Program Review from Client	1 day	Fri 3/1/19
15	Contract pre-terms agreed upon	5 days	Mon 3/4/19
16	Final Contract Executed	1 day	Mon 3/11/19
17	Confirm vendor registration status	5 days	Fri 3/1/19
18	Confirm proof of coverage of liability insurance for loss, damage, or injury	5 days	Mon 3/4/19
19	Confirm good standing with the State Agency of Employment Programs	5 days	Mon 3/4/19
20	Provide proof of licensure as requested	5 days	Mon 3/4/19
21	M: Contract Activities Completed	0 days	Fri 3/8/19
22	**Project Initiation and Planning**	**11 days**	**Mon 3/4/19**
23	**Project Kick-Off**	**5 days**	**Mon 3/4/19**
24	Prepare meeting materials including project plan, communication	3 days	Mon 3/4/19
25	Conduct a kick-off meeting	2 days	Thu 3/7/19
26	M: Project Kick-Off Complete	0 days	Fri 3/8/19
27	**Work Plan**	**11 days**	**Mon 3/4/19**

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ID	Task Name	Duration	Start
28	Create Initial Work Plan	2 days	Mon 3/4/19
29	State Review	5 days	Wed 3/6/19
30	Revise and Resubmit	2 days	Wed 3/13/19
31	State Review and Approve Baseline Work Plan	2 days	Fri 3/15/19
32	M: Baseline Work Plan Complete	0 days	Mon 3/18/19
33	**Project Tracking Logs (RAID)**	**2 days**	**Mon 3/4/19**
34	Establish Risk Log	2 days	Mon 3/4/19
35	Establish Action Item Log	2 days	Mon 3/4/19
36	Establish Issue Log	2 days	Mon 3/4/19
37	Establish Decision Log	2 days	Mon 3/4/19
38	M: Project Tracking Logs Set Up Complete	0 days	Tue 3/5/19
39	**Establish Weekly Status Meetings**	**2 days**	**Mon 3/4/19**
40	Schedule Weekly Status Meetings	2 days	Mon 3/4/19
41	M: Establish weekly status meetings complete	0 days	Tue 3/5/19
42	M: Project Initiation and Planning Complete	0 days	Mon 3/18/19
43	**WV PDL/PPL/SMAC Program Review**	**35 days**	**Mon 3/11/19**
44	Submit weekly implementation status reports (recurring throughout Implementation Phase)	5 days	Mon 3/11/19
45	**Preferred Drug List (PDL)**	**22 days**	**Mon 3/11/19**
46	Meet with fiscal agent to review file requirements for PDL	1 day	Mon 3/11/19
47	Review formatting, maintenance needs, file formats, and schedule for all PDL documents, including those publicly posted on website	4 days	Tue 3/12/19
48	Submit PDL for approval	1 day	Mon 3/18/19
49	State approves PDL	5 days	Tue 3/19/19
50	State/fiscal agent approves updated file feed/layout	5 days	Tue 3/26/19
51	Review newsletter layout and initial content	5 days	Tue 4/2/19
52	State approves newsletter	1 day	Tue 4/9/19
53	M: PDL Review Complete	0 days	Tue 4/9/19
54	**Weekly Drug File Process**	**22 days**	**Mon 3/11/19**
55	Meet with fiscal agent to review requirements for Weekly Drug File Process	1 day	Mon 3/11/19

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ID	Task Name	Duration	Start
56	Review formatting, maintenance needs, file formats, and schedule for all Weekly Drug File Process documents, including those publicly posted on website	4 days	Tue 3/12/19
57	Submit Weekly Drug File Process for approval	1 day	Mon 3/18/19
58	State approves Weekly Drug File Process	5 days	Tue 3/19/19
59	State/fiscal agent approves updated file feed/layout	5 days	Tue 3/26/19
60	Review newsletter layout and initial content	5 days	Tue 4/2/19
61	State approves newsletter	1 day	Tue 4/9/19
62	M: Weekly Drug File Process Review Complete	0 days	Tue 4/9/19
63	**Preferred Product List (PPL)**	**22 days**	**Mon 3/11/19**
64	Meet with fiscal agent to review requirements for PPL	1 day	Mon 3/11/19
65	Review formatting, maintenance needs, file formats, and schedule for all PPL documents, including those publicly posted on website	4 days	Tue 3/12/19
66	Submit PPL for approval	1 day	Mon 3/18/19
67	State approves PPL	5 days	Tue 3/19/19
68	State/fiscal agent approves updated file feed/layout	5 days	Tue 3/26/19
69	Review newsletter layout and initial content	5 days	Tue 4/2/19
70	State approves newsletter	1 day	Tue 4/9/19
71	M: PPL Review Complete	0 days	Tue 4/9/19
72	**State Maximum Allowable Cost (SMAC) Program**	**17 days**	**Mon 3/11/19**
73	Meet with fiscal agent to review file requirements for SMAC	1 day	Mon 3/11/19
74	Review formatting, maintenance needs, file formats, and schedule for all SMAC documents, including those publicly posted on website	3 days	Tue 3/12/19
75	Review current Help Desk operations	3 days	Fri 3/15/19
76	Submit SMAC Program for approval	2 days	Wed 3/20/19
77	State/vendor approves updated file feed/layout	5 days	Fri 3/22/19
78	Documentation and system review finalized	2 days	Fri 3/29/19
79	State approves final documentation/layouts	1 day	Tue 4/2/19
80	M: SMAC Review Complete	0 days	Tue 4/2/19
81	**Pharmaceutical & Therapeutics Committee**	**17 days**	**Wed 4/3/19**
82	Review therapeutic class review/monograph/new drug review templates	5 days	Wed 4/3/19
83	State approves P&T templates	5 days	Wed 4/10/19

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ID	Task Name	Duration	Start
84	Plan P&T meeting	2 days	Wed 4/17/19
85	Provide financial information for the P & T Committee for each therapeutic class at least annually	1 day	Fri 4/19/19
86	Provide financial information for the P & T Committee for each new drugs as they are reviewed by the P & T Committee at least quarterly	1 day	Mon 4/22/19
87	Confirm no additional monograph updates are needed	1 day	Tue 4/23/19
88	Review new drugs or drug formulations using a schedule agreed to by the Vendor and BMS, at a minimum quarterly.	2 days	Wed 4/24/19
89	M: P&T Review Complete	0 days	Thu 4/25/19
90	**Supplemental Rebate Program**	**18 days**	**Wed 4/3/19**
91	Review SR/OBRA rebate collection with the State and fiscal agent	5 days	Wed 4/3/19
92	Review formatting, SR agreements, maintenance needs, file formats, and schedule for all SR documents, including those publicly posted on website	4 days	Wed 4/10/19
93	GHS review of layout & signoff	2 days	Tue 4/16/19
94	Documentation and system review finalized	1 day	Thu 4/18/19
95	Submit Supplemental Rebate Program for Approval	1 day	Fri 4/19/19
96	State and Fiscal Agent approves final documentation and/or file layouts	5 days	Mon 4/22/19
97	M: Supplemental Rebate Review Complete	0 days	Fri 4/26/19
98	**Reporting**	**15 days**	**Wed 4/3/19**
99	Review current reports	9 days	Wed 4/3/19
100	Submit Report Package for Approval	1 day	Tue 4/16/19
101	State approves reports	5 days	Wed 4/17/19
102	M: Reporting Review Complete	0 days	Tue 4/23/19

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