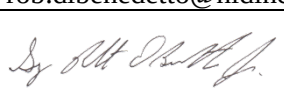
Response to Request for Quote for Automated Prior Authorization Services

(RFQ MED 12003)

Copy

Submitted to the State of West Virginia, Department of Health and Human Resources, Office of Purchasing

November 4, 2011

Name of Vendor:	Health Information Designs, Inc.
Business Address:	391 Industry Drive, Auburn, AL 36832
Telephone Number:	334-466-3086
Fax Number:	334-502-6589
Authorized Contact Person:	G. Robert DiBenedetto, Jr.
Title:	President & CEO
Email Address:	rob.dibenedetto@hidinc.com
Signed:	
Date:	November 4, 2011

391 Industry Drive
Auburn, Alabama 36832

November 2, 2011

Donna D. Smith, Senior Buyer
WV Department of Health and Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

Dear Ms. Smith:

Health Information Designs, Inc. (HID) is pleased to provide the following proposal in response to *Request for Quote MED 12003 for Automated Prior Authorization Services* for the West Virginia Department of Health and Human Resources, Bureau of Medical Services.

HID's proposal includes the following requirements:

- A completed and signed Attachment A, Cost Sheet, as specified by RFQ Section 3.3.
- A completed and signed Attachment B, Special Terms and Conditions, as specified by RFQ Section 3.3.
- A completed and signed Purchasing Affidavit, as specified by RFQ Section 3.5.
- Signed RFQ Addenda, as specified by RFQ Section 1.5.
- Responses to Mandatory Requirements as specified by RFQ Section 2.3.

HID has read and will comply with all contract terms and conditions of the RFQ. HID is fully able to supply the products and services that meet or exceed the requirements of this RFQ as evidenced by the details of HID's RFQ response.

We appreciate the opportunity to respond to this RFQ and look forward to the opportunity to demonstrate our ability to continue to provide automated prior authorization services to the Bureau. HID is proud of our strong, successful relationship with BMS as the current provider of these services and looks forward to continuing our partnership as the best candidate for this RFQ.

If you need any further information in support of our proposal, please feel free to contact me.

Sincerely,

G. Robert DiBenedetto, Jr., MBA
President & CEO

Contents

Cost Sheet

Introduction

HID provides a signed and completed *RFQ Attachment A - Cost Sheet*, on the following page.

West Virginia Department of Health and Human Resources
The Bureau for Medical Services
BMS Request for Quotation MED12003

Attachment A: Cost Sheet

Cost information below as detailed in the RFQ and submitted.

Cost Proposal Format/Bid Sheet

	Year 1	Year 2 Optional Renewal	Year 3 Optional Renewal
Start Up Cost			
Yearly Operating Cost	$193,004.75	$194,078.72	$197,960.29
Total Yearly Cost	$193,004.75	$194,078.72	$197,960.29
Grand Total for Three (3) Year Contract Period			$585,043.76

Vendor will invoice all costs in arrears in twelve (12) equal monthly installments.

The cost proposal will be evaluated based on the total three (3) year period grand total amount.

Optional Services:

Optional Services as specified in Section 2.3.7 shall be bid as an all-inclusive hourly rate and shall require Bureau approval of a Statement of Work and submission of a related Cost Estimate.

Hourly Rate: Year 1	$85.00
Hourly Rate: Option Year 1	$85.00
Hourly Rate: Option Year 2	$85.00

Health Information Designs, Inc.
(Company)
G. Robert DiBenedetto, Jr., Pres. & CEO/
(Representative Name, Title)
334-466-3028/888-419-1312
(Contact Phone/Fax Number)
11/2/11
(Date)

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Special Terms and Conditions

Introduction

HID provides a signed and completed *RFQ Attachment B – Special Terms and Conditions*. HID acknowledges the requirements of the RFQ and will meet or exceed each of the specifications as outlined in *Appendix 1 – Response to Mandatory Requirements*.

West Virginia Department of Health and Human Resources
The Bureau for Medical Services
BMS Request for Quotation MED12003

Attachment B: Special Terms and Conditions

If a vendor's Quotation includes proprietary language, an electronic copy omitting any proprietary language for publishing to the DHHR web-site should be submitted.

Agree that BMS retains ownership of all data, procedures, programs, work papers and all materials gathered or developed under the contract with West Virginia.

Vendor Debrief: As the evaluation and award process has been described and documented, unsuccessful vendors have the opportunity to request a Debrief. That Debrief will be conducted at BMS facilities, privately, with the requesting vendor, the buyer and appropriate members of the evaluation committee. The vendor's proposal will be discussed, and the evaluation committee scoring and contract award will be explained. This will help vendors understand the process, be more competitive by improving their proposals, and will increase their potential for winning bids.

I certify that I have acknowledged the additional contract provisions contained in Attachment B and that the Quotation meets or exceeds all additional requirements as listed.

Health Information Designs, Inc.
(Company)
G. Robert DiBenedetto, Jr., Pres. & CEO/
(Representative Name, Title)
334-466-3028/888-419-1312
(Contact Phone/Fax Number)
11/2/11
(Date)

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Appendices

Overview

The table below lists each appendix provided with HID's response to *RFQ MED 12003 for Automated Prior Authorization Services.*

No.	Contents
1	Signed Purchasing Affidavit
2	Signed RFQ Addenda
3	Response to RFQ Section 2.3, Mandatory Requirements
4	Sample Reports
5	Resumes

Appendix 1 - Purchasing Affidavit

Introduction

HID provides a signed and completed *Purchasing Affidavit* on the following page.

RFQ No. MED12003

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate.

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.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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.

Under penalty of law for false swearing (***West Virginia Code*** §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: G. Robert DiBenedetto, Jr./Health Information Designs, Inc.

Authorized Signature: G. Robert DiBenedetto, Jr. Date: 10/19/11

State of Alabama

County of Lee, to-wit:

Taken, subscribed, and sworn to before me this 19th day of October, 2011.

My Commission expires May 14, 2013

AFFIX SEAL HERE

NOTARY PUBLIC Brenda Pullinslett

Purchasing Affidavit (Revised 12/15/09)

Appendix 2 – Signed RFQ Addenda

Introduction

HID provides signed RFQ Addenda on the following pages.

Request for Quotation

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

RFQ NUMBER	PAGE
MED12003	1

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

VENDOR	

SHIP TO	
	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 11/4/2011 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

ADDENDUM NO. 1

1. TO ANSWER VENDORS QUESTIONS (ATTACHED).

2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR PROPOSAL.

REQUISITION NO.: MED12003

ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S"

NO. 1 X
NO. 2 _____
NO. 3 _____
NO. 4 _____
NO. 5 _____

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF PROPOSAL.

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
D. [illegible] Jr.	334-466-3086	11/2/2011
TITLE President and CEO	FEIN 59-1676558	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED "VENDOR"

GENERAL TERMS & CONDITIONS
PURCHASE ORDER/CONTRACT

1. ACCEPTANCE: Seller shall be bound by this order and its terms and conditions upon receipt of this order.

2. APPLICABLE LAW: The laws of the State of West Virginia and the BMS Purchasing Manual shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.

3. NON-FUNDING: All services performed or goods delivered under BMS Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, the Purchase Order/Contract becomes void and of no effect after June 30.

4. COMPLIANCE: Seller shall comply with all federal, state and local laws, regulations and ordinance including, but not limited to, the prevailing wage rates of the WV Division of Labor.

5. MODIFICATIONS: This writing is the parties' final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.

6. ASSIGNMENT: Neither this Order or any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.

7. WARRANTY: The Seller expressly warrants that the goods and/or services covered by this order will: (a) conform to the specifications, drawings, samples or other description furnished or specified by the BUYER; (b) be merchantable and fit for the purpose intended; and/or (c) be free from defect in material and workmanship.

8. CANCELLATION: The director of the DHHR Office of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.

9. SHIPPING, BILLING & PRICES: Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in the Order.

10. LATE PAYMENTS: Payment may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the ***West Virginia Code***.

11. TAXES: The State of West Virginia is exempt from the federal and state taxes and will not pay or reimburse such taxes.

12. RENEWAL: Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon contract null and void, and terminate such contract without further order.

13. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.

14. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement provided that the Agency meets the definition of a Cover Entity (45 CFR § 160.103) and will be disclosing Protected Health Information (45 CFR § 160.103) to the vendor.

15. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.

16. LICENSING: Vendors much be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Officer, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor much provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

Request for Quotation

State of West Virginia
Department of Health & Human Resources
Office of Purchasing
One Davis Square, Suite 100
Charleston, WV 25301

RFQ NUMBER	PAGE
MED12003	2

ADDRESS CORRESPONDENCE TO ATTENTION OF
DONNA D. SMITH
304-957-0218

VENDOR	

SHIP TO	
	BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND

BID OPENING DATE: 11/04/11 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
	VENDOR MUST CLEARLY 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.					

D. Rt OB
SIGNATURE

Health Information Designs
COMPANY

November 2, 2011
DATE

END OF ADDENDUM NO. 1

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
D. Rt OB	334-466-3086	11/2/2011

TITLE	FEIN	
President and CEO	59-1676558	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFP, INSERT NAME AND ADDRESS IN SAPCE ABOVE LABELED "VENDOR"

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PURCHASE ORDER/CONTRACT

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15. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedure, and rules.

16. LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirement by any state or local agency of West Virginia, including but not limited to, the West Virginia Secretary of State's Office, the West Virginia Insurance Commission, or any other state agency or political subdivision. Furthermore, the vendor much provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

West Virginia Department of Health and Human Resources
The Bureau for Medical Services
BMS Request For Quotation MED12003

1. Page 4 (Section 2.3.3) What is the expected time frame of implementing criteria changes?	Changes must be implemented within five (5) business days, per 2.3.3.4.
2. What connectivity requirements are anticipated for the future with the Health Insurance Exchange and the All Claims Payor Database?	None.
3. What connectivity, information exchange, and reporting requirements are there for interfacing with the WVHIN?	None.
4. 2.3.2.5 Have the ability to hold once-in-a-lifetime medical procedure codes (hysterectomy, organ transplants, etc.) for criteria searches. Will the State please confirm that the RFQ is for Pharmacy Prior Authorization only and does not include medical prior authorizations?	This RFQ is only for pharmacy prior authorization requests; however, some medical procedure codes may have a bearing on approval of the pharmacy PA.
5. 2.3.5.4 Monthly savings report generated by reduced administrative costs for routine prior authorizations each month. Will the State please confirm that the monthly cost savings report will provide information based upon data from the automated PA system and not from the PA helpdesk (as it is a separate function)?	Data should be based only on the automated prior authorization system.
6. 3.3 Quotation Format Is the vendor to provide any other information than the items listed in Section 3.3?	The respondent must address all items listed in Section 3.3 and each mandatory requirement at the line item level.
7. RFP Ref 1.1 Page 1 "The automated prior authorization process will eliminate the need for calls to the help desk for routine prior authorizations, allow help desk staff to devote more time and clinical expertise to prior authorization requests requiring clinical judgment..." How many pharmacy prior authorizations are currently processed per month? What percent are automated under the current automated PA system and what percent are manually processed in the call center?	For the month of September 2011, 19,402 automated PA requests were processed with an approval of 4.87%. Requests for drugs in sixty-eight (68) therapeutic classes are processed in the Auto PA system. All automated denials are accompanied by a message to call the prior authorization help desk for manual review. Information is not available regarding the number of PA's manually processed.

Page **1** of **3**

West Virginia Department of Health and Human Resources
The Bureau for Medical Services
BMS Request For Quotation MED12003

8. RFP Ref 2.3.3.5 Page 4 Provide all necessary hardware, software, and dedicated clinical and technical staff, to support the day-to-day operation of the system. Is the vendor responsible for generating and mailing prior authorization denial letters? If yes, please provide the current monthly average of denial letters issued and mailed.	No, the Vendor will not be responsible for generating denial letters.
9. RFP Ref 2.3.2.3 Page 4 This requirement mandates vendors to have the capability of working with the MMIS system, directly or with file extracts, without significantly affecting its performance by increasing the time required for claims adjudication or causing timeouts. At a minimum, all respondents must maintain or improve current performance levels. To ensure compliance with this requirement, please provide the current average response time, as well as the maximum amount of time allowed before a time out.	The average response time is under 500 milliseconds per transaction. The maximum response time allowed is 500 milliseconds per transaction. If the transaction cannot be processed within that time, a message should be sent to the pharmacy that the automatic prior authorization process failed and a call to the Help Desk is required.
10. RFP Ref 2.3.7 Page 5 Optional Services – The vendor shall provide additional services to comply with externally driven changes to BMS programs and requirements, including any state of federal laws, rules and regulations. Services provided by the vendor could include, but not be limited to assistance with policy development, impact analysis, requirements definition and testing activities that require substantial subject matter expertise derived from experience in other states, other healthcare organizations or participation in federal activities. Provide implementation support as requested. Please clarify the intent of this requirement. Does this requirement refer to additional services that will occur during the contract to support changes in state and federal law? Is BMS looking for a response for how the vendor is positioned to support the changes?	Yes, this requirement does refer to additional services that may be required because of changes in Federal or State requirements regarding the provision of pharmacy services. It also refers to the provision of assistance to the Bureau in identification of drugs suitable for automated prior authorization, provision of PA criteria and implementation of PA criteria that has been identified through the Vendor's experience in working with other states or organizations. BMS is looking for acknowledgement from the Vendor that they are willing to provide additional services as necessary.

West Virginia Department of Health and Human Resources
The Bureau for Medical Services
BMS Request For Quotation MED12003

11. Attachment A Cost Sheet Page 13 Optional Services – Optional Services as specified in section 2.3.7 shall be bid as an all-inclusive hourly rate and shall require Bureau approval of a Statement of Work and submission of a related Cost Estimate. Please clarify the instructions for submitting a cost proposal that contains optional services. As referenced in requirement 2.3.7, BMS expects the need for optional services beyond the scope outlined in the RFQ. When required, will BMS use the contract change process noted in RFQ requirement 5.7, as well as the hourly rate submitted on the vendor's cost sheet to determine the total charge for the optional services? If not, please clarify how vendors should cost optional services in their cost proposal.	Yes, BMS will use the contract change process noted in the RFQ and, the Vendor's quoted hourly rate for determining the total charge for optional services.
12. Attachment A Cost Sheet Page 13 "Optional Services as specified in Section 2.3.7 shall be bid as an all-inclusive hourly rate and shall require Bureau approval of a Statement of Work and submission of a related Cost Estimate" Please confirm that travel costs should be excluded from the hourly rates.	The hourly rate will need to be inclusive of all anticipated training, travel and related expenses, including supplies.

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Appendix 3 – Mandatory Requirements

Introduction

HID provides the following responses to *RFQ MED 12003, Section 2.3, Mandatory Requirements*.

HID's Approach to Automated Prior Authorization Services

Implementing and operating a successful PA program can be a daunting task. A project of this importance and magnitude requires detailed planning, clinical and technical knowledge, proven experience, and quality management control. Integral to these requirements is a thorough understanding of the environment for which the program is developed.

Prior authorization programs manage costs proactively by requiring prescribers to obtain approval before prescribing a drug that is not on the preferred drug list (PDL). However, a common concern is that PA processing can be time-consuming for both prescribers and patients, as well as costly from an operational standpoint when only manual processes are in place. HID's comprehensive PA solution provides a fully automated solution for PA processing that streamlines PA workflow for patients, prescribers, and pharmacy benefits managers— promising increased efficiencies and decreased costs while still providing the option of manual requests. Additionally, automated PA processing allows for decreased call center telephone traffic and uniformity and consistency in PA determinations.

HID recognizes that the most effective means for controlling costs also produce the most desirable healthcare outcomes for recipients. In other words, a healthier population is the very best means for controlling costs effectively. Toward that end, pharmacy benefit managers are compelled to streamline the administration of their programs so that they may tailor services to meet the specific needs of enrolled populations and provide enhanced coordination of care. This provides beneficiaries with increased opportunities and incentives to maintain and improve their health. The implementation of an integrated prior authorization program enables prescribers and dispensers to work as partners in encouraging patient wellness and prevention. Providing a link between the prescriber and dispenser is one of the most effective means for improving the overall health of patients and effectively controlling the growth of prescription drug program costs.

HID has unsurpassed experience in delivering comprehensive prior authorization (PA) solutions to state Medicaid programs that:

- Meet program objectives for healthcare improvement and expense control
- Are implemented on time and are on or under budget
- Provide high levels of customer service – to state agency staff, prescribers, dispensers, and recipients

RxPert – HID's Automated Prior Authorization System

HID's automated PA system, RxPert, performs online PA processing with point-of-sale (POS) data capture and clinical edit screening. Its innovative design provides processing and speed advantages over other automated PA systems.

RxPert checks claims received at the point of sale against its database of patient information, which includes pharmacy, medical and diagnosis data. If the required criteria for approval are met, RxPert immediately issues the PA approval to the POS claims processing vendor, which passes it on to the pharmacist. If the criteria are not met or if there are other reasons the PA cannot be approved, RxPert indicates that a manual PA is needed. The provider can submit a PA request for further clinical evaluation using an online form, via fax, or over the phone.

RxPert's internal logic and technical design are the reasons it can adjudicate claims so quickly. HID constructed the RxPert database using methods that optimize PA processing. RxPert loads only data relevant to the PA process and organizes and indexes the data so that information specific to any particular PA request can be located very rapidly.

- RxPert is a powerful, user-friendly automated prior authorization system that efficiently processes PA requests. The effective interface that RxPert offers to BMS allows the claims processor, the dispenser, the prescriber, and state agency staff to conduct their activities more efficiently and with greater ease. In addition, patients receive the medicines they need more quickly and reliably, and with less "hassle."
-

The Benefits of RxPert

HID designed RxPert using methods that optimize PA processing. This includes integrating directly with the POS and legacy systems to provide a database with all related claims data as well as therapeutic criteria. RxPert's architecture also provides improved efficiencies and uniformity in PA request adjudication. By utilizing this database design approach, RxPert drastically decreases the time call center representatives spend looking up information in other systems, speaking with prescribers directly regarding requests, and making PA determinations.

RxPert also allows the benefit of rapid criteria modifications based on changes to the PDL or other clinical criteria. Because of HID's nimble nature, changes can be deployed to production quickly and because the system adjudicates PA requests electronically, as soon as the change is made within the system, it becomes immediately active in the system. Changes to the criteria, including the addition of new criteria, can be made swiftly, and allow the client to achieve timely program efficiencies and modifications. Program expansion through criteria development can include a focus on step therapy, dose optimization, and therapy duplication. The implementation of RxPert has also allowed HID's clients to realize increased compliance to the PDL within their prescriber communities, due to the increased efficiencies inherent in the automated system.

HID has also witnessed an increase in goodwill between our clients and their prescriber and recipient communities after the implementation of RxPert. Much of this increased goodwill can be attributed to the decrease or removal of the administrative burden previously in place, including:

- Time spent by the prescriber on the phone with the manual PA call center while waiting for PA determination and PA number to include on the prescription
- Time spent by the patient waiting at each step in the process
- Time needed for the call center representative to answer calls per PA request
- Time needed for call center representative to enter each PA requests into the database
- Time needed for call center representative to review claims information and patient history data
- Time needed for call center representative to manually create, print, and mail or fax denial letters to providers/patients
- Cost to the client associated with staffing for manual processing of requests, including data entry personnel, pharmacy technicians, and pharmacists
- Cost to prescribers and dispensers associated with time lost to manual process

Summary

Our extensive experience in successfully implementing, operating and managing State Medicaid Automated Prior Authorization Programs, coupled with HID's dedication to BMS and quality management focus, assures our clients of a first-class AutoPA program.

Attachment B

2.3.1 Must comply with requirements listed n Attachment B.

HID has read and will comply with the requirements of *RFQ MED12003, Attachment B – Special Terms and Conditions*. HID provides a completed and signed copy of Attachment B on page 3 of this quotation.

Technical Requirements

2.3.2.1 Have the ability to query Medicaid claims data, including, but not limited to, diagnoses codes, procedure codes and pharmacy claims data extracted from the existing MMIS and MCO encounter data files to determine if pre-established criteria, e.g. rules for approval based on evidence based guidelines, criteria developed by the West Virginia Medicaid Drug Utilization Review Board, and recommendations of the Bureau for the prior authorization of drugs has been met. The Vendor must have a portfolio of suggested clinical prior authorization criteria and integrate criteria requested by the Bureau.

HID meets this requirement. RxPert automated prior authorization system has the ability to query Medicaid claims data, including, but not limited to, diagnosis codes, procedure codes, pharmacy claims data extracted from the MMIS and MCO encounter data files to determine if pre-established criteria have been met.

Adjudication

RxPert mines a large database of patient information including pharmacy, medical, and lab work claims. Prior authorization criteria, created from client-approved guidelines that determine whether a patient should receive a particular medication, are used by RxPert to check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. During an online PA transaction, if the required criteria for approval have been met, RxPert immediately issues the approval to the pharmacist. The time for this process averages less than one half second per transaction. Through the power and speed of RxPert, prescribers are spared the time consuming burden of manually faxing requests and patients have little to no wait time before they can receive their medication.

At the heart of RxPert is a sophisticated relational database. This database contains all the information RxPert needs to conduct its operations. Included in the database are tables of the transactions, the preferred drug list, and lists of various codes. Because the database is relational, all this information is linked. Consequently, HID is able to generate reports based on any element in the database. If the information is in the database, HID and RxPert can report on it. RxPert maintains all transactions in the database.

RxPert provides consistent, uniform determinations regardless of the data submission method selected by the provider. RxPert automatically sends approval and denial determinations, including comments and additional information, into the MMIS subsystem.

Criteria

HID's clinical professionals—pharmacists, physicians, and nurses—know the industry, our products, and our clients. Our 150 professionals have a combined total of over 550 years of in-the-field pharmacy experience, providing the strong clinical foundation on which we build our systems and services. When a client chooses HID, a partnership begins with a team of clinical experts who are focused on solving the client’s unique challenges and optimizing the client’s outcomes.

HID has leveraged the pharmacy experience of our clinicians to build and sustain its solutions, including criteria development and clinical reviews. HID's staff have extensive experience in clinical criteria development, working with Medicaid agencies and their respective P&T Committees, and recommending new and modified criteria to meet the ever-changing needs of the client and trends of their beneficiary population. HID's clinical criteria team works closely with our Medicaid clients to develop multi-step, complex criteria for PA programs. HID will provide BMS with clinical support and expertise in collaboration with State staff and consultants to develop new PA criteria or modify existing criteria.

HID will provide Ms. Pam DeRuiter, RPh, Clinical Pharmacist and Criteria Manager, to lead in the development of new criteria and modification of existing criteria, as requested. Ms. DeRuiter will provide support to include assessment of projected therapeutic benefit, impact to client, and costs/savings impact. HID's Clinical Criteria Manager, Pam DeRuiter, RPh, builds the clients' criteria into RxPert so that all requests are adjudicated identically. She will work with BMS to define the algorithms for each of BMS' criteria.

Criteria Portfolio

HID's experience with criteria algorithm development covers hundreds of drugs and drug classes. As the current prior authorization vendor for BMS, HID has built, designed, modified, and maintained criteria for BMS since 2008. HID's criteria portfolio is vast and includes more than 3,700 total criteria, 370 drug groups and 415 criteria sets.

Criteria are regularly updated based on review of professional literature, trade journals, and information supplied by First DataBank in their National Drug Data File Plus™ (NDDF Plus) monthly update. Additional compendia include:

1. McEvoy, GK, (ed). *AHFS Drug Information 2011*. Bethesda, MD. American Society of Health-System Pharmacists, Inc., 2011.
2. *Facts and Comparisons,* St. Louis, MO: Wolters Kluwer Health, Inc., 2011.
3. *DRUGDEX* ® - Drug Evaluations, Micromedex 2.0 Healthcare Series, Greenwood Village CO: 2011.
4. Hansten PD, Horn JR, eds. *Hansten & Horn's Drug Interactions Analysis and Management.* 6th ed. St. Louis, MO: Lippincott Williams & Wilkins. 2011.
5. DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells, BG, Posey LM, eds. *Pharmacotherapy. A Pathophysiologic Approach*. 7th ed. New York, NY: McGraw-Hill Medical, 2008.
6. Abramowicz M. *The Medical Letter on Drugs and Therapeutics*. New Rochelle, NY: The Medical Letter, Inc. (Published biweekly).
7. *Electronic Orange Book (FDA Approved Drug Products with Therapeutic Equivalence Evaluations).* Food and Drug Administration Center for Drug Evaluation and Research (Updated daily).

8. *Clinical Pharmacology (online),* Tampa, FL. 2011 Elsevier/Gold Standard.

Additional details regarding HID's criteria portfolio are provided in response to requirement 2.3.3.2.

Testing Criteria Prior to Deployment

The RxPert production environment is unique in that it can host inactive rules for testing. For example, a specific rule can be loaded into RxPert and specifically marked to not process online. This means that claims will still run against the rule, but, transmissions regarding approval or denial based on this rule will not be sent. Users can view the activity of this rule, check for intended results, and edit the rule to active and begin processing online as needed. Users can see whether a rule is active or inactive by opening the PA Drug List. The following screens illustrate how a user can access and edit the process online functionality of a rule.

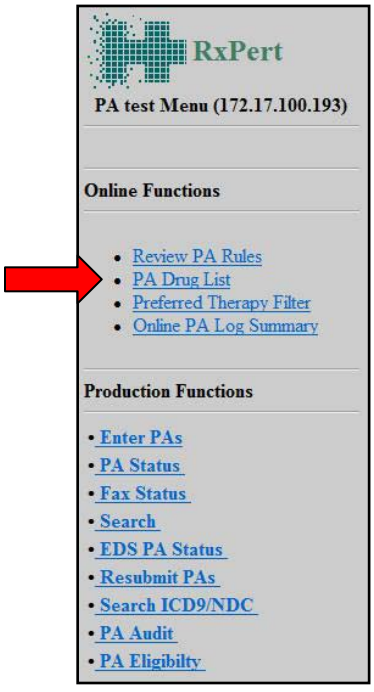
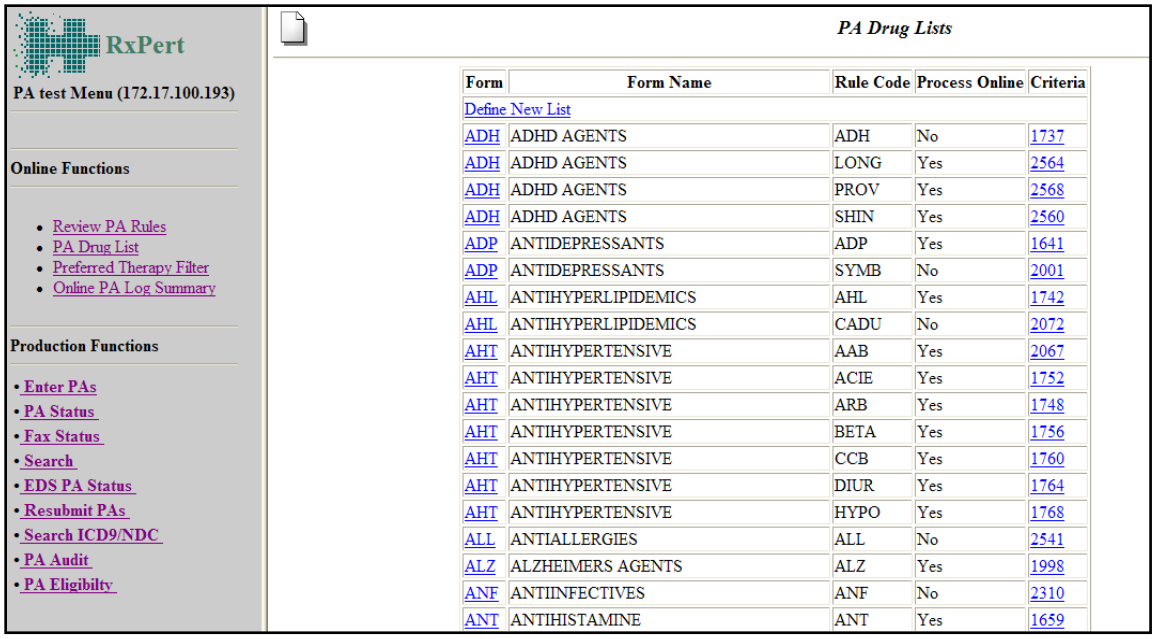


Figure 1

Clicking PA Drug List on the RxPert menu displays the list shown in the following figure:



Form	Form Name	Rule Code	Process Online	Criteria
ADH	ADHD AGENTS	ADH	No	1737
ADH	ADHD AGENTS	LONG	Yes	2564
ADH	ADHD AGENTS	PROV	Yes	2568
ADH	ADHD AGENTS	SHIN	Yes	2560
ADP	ANTIDEPRESSANTS	ADP	Yes	1641
ADP	ANTIDEPRESSANTS	SYMB	No	2001
AHL	ANTIHYPERLIPIDEMICS	AHL	Yes	1742
AHL	ANTIHYPERLIPIDEMICS	CADU	No	2072
AHT	ANTIHYPERTENSIVE	AAB	Yes	2067
AHT	ANTIHYPERTENSIVE	ACIE	Yes	1752
AHT	ANTIHYPERTENSIVE	ARB	Yes	1748
AHT	ANTIHYPERTENSIVE	BETA	Yes	1756
AHT	ANTIHYPERTENSIVE	CCB	Yes	1760
AHT	ANTIHYPERTENSIVE	DIUR	Yes	1764
AHT	ANTIHYPERTENSIVE	HYPO	Yes	1768
ALL	ANTIALLERGIES	ALL	No	2541
ALZ	ALZHEIMERS AGENTS	ALZ	Yes	1998
ANF	ANTIINFECTIVES	ANF	No	2310
ANT	ANTIHISTAMINE	ANT	Yes	1659

Figure 2

If the user clicks a link in the Form column, RxPert displays a Drug List Update dialog box:

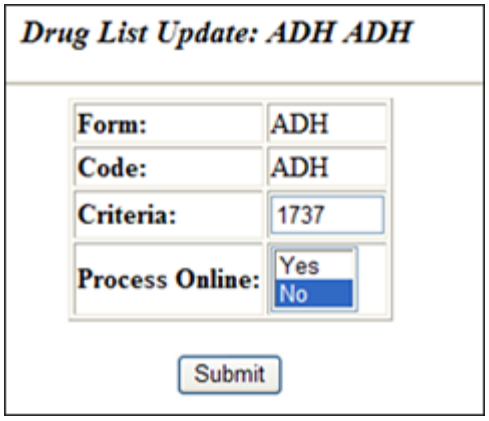


Figure 3

Criteria Modification

RxPert is a browser-based application that allows approved administrative users to access the system using their Internet browser. The user can make certain modifications to RxPert in a real-time basis, such as changing certain criteria. However, other criteria, which determine whether a drug may be automatically approved, must be established in advance by BMS. Any changes that cannot be made on a real-time basis can be made quickly and easily, as needed. The following series of screens show how the user can make these edits. HID strongly encourages BMS staff to review prospective new rules and edits with a clinician prior to deploying them.

First, the user selects Review PA Rules from the Online Functions menu.

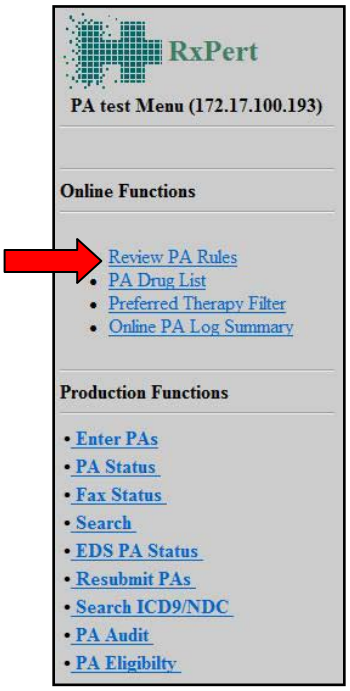


Figure 4

A report similar to the one shown below will be displayed:

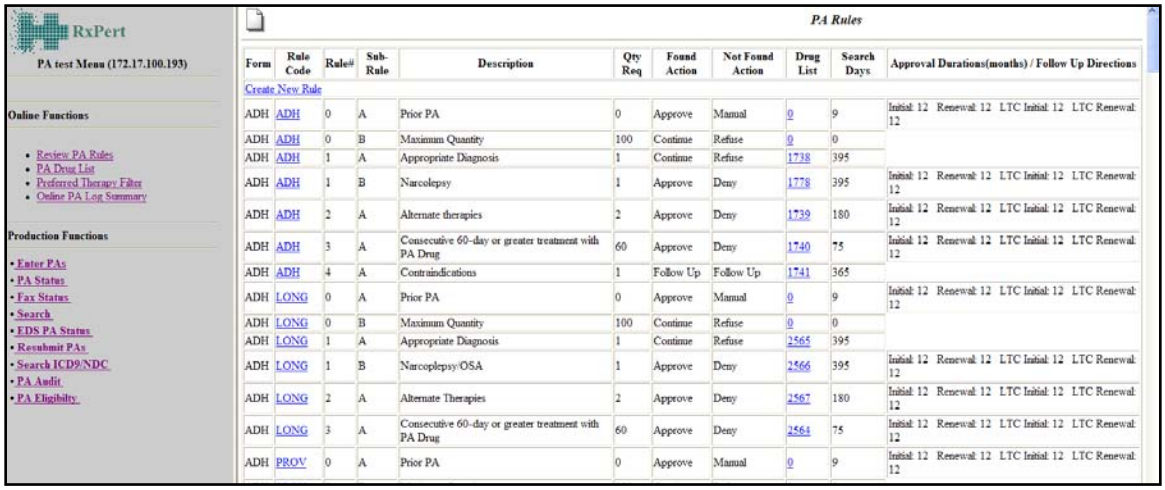


Figure 5

It is important to note that the user is able to deploy changes to RxPert rules as soon as the rules for one form type are established. This will allow BMS to benefit immediately from establishing rules for its most commonly-used classes of medication while criteria for lesser-used rules are still being developed. One can see in Figure 5 that certain data are highlighted in blue. These data values are hyperlinks which, when clicked, take the user to another dialog box. For example, the links in the Rule Code column take the user

to the details of the rule. To illustrate, clicking the rule code "ADH" in the third row of Figure 5 would display the dialog box shown in the following figure.

The following table describes the contents of the window shown in Figures 6 and 7:

Column	Description
Form	Indicates the form name. Note: The criteria for approval are developed for each class on what is known as a "form." The form name corresponds to the drug class, which is consistent with the AHFS system. Since criteria differ for each class, there are variations in how many rule codes exist for each form type.
Rule Code	Provides the general heading of the rule in that row.
Rule# and Sub Rule	Further defines the specific rule's name.
Description	Provides the rule's description.
Qty Req	Indicates the maximum quantity RxPert will allow for the prescription; it can also indicate a requirement for a specific diagnosis.
Found Action	Describes the action RxPert will take for this rule if what is listed in the description is met. RxPert can "approve" the PA request or "continue" looking for the next applicable rule.
Not Found Action	Describes the action RxPert will take if the criteria for this rule are not met. Several actions are possible for this column.
Drug List	Describes the set of diagnoses applicable to this rule.
Search Days	Indicates how far back in time RxPert will search for a requirement of the rule, which is reported in the description.
Approval Duration (months) / Follow Up Directions	Indicates how many months the approval is active and shows any notes the user added to the rule.

Table 1

On the following screen, the user can change the details of the rule, if desired.

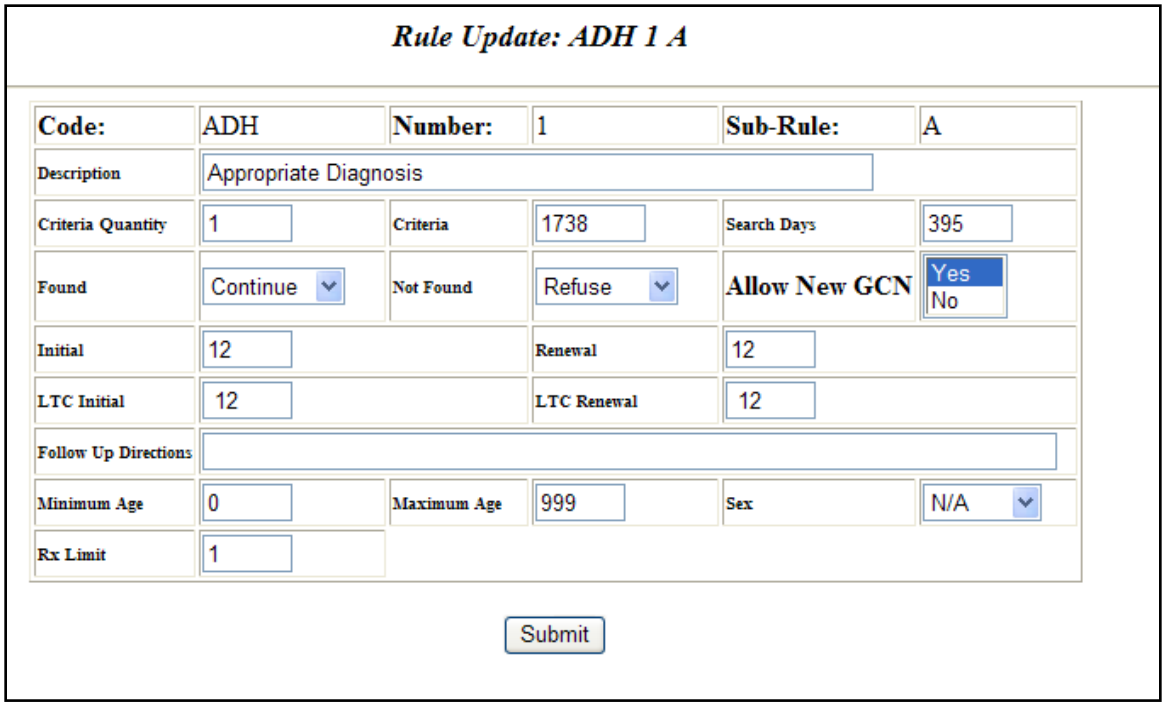


Figure 6

The rule shown in Figure 6 above deals with drugs in the ADH AFHS category, and the name is ADH, Number 1, Sub-Rule A. The description is "Appropriate Diagnosis," which means that in order for a PA request for a drug in the ADH category to be approved, a certain diagnosis must be inferred by or found in the database. The "Criteria Quantity" of "1" means that only one diagnosis must be found. The "Criteria" lists "1738," which is the table of acceptable diagnoses. The "Search Days" indicates the number of days RxPert will go back in time to look for an acceptable diagnosis.

In this rule, the "Found" action choice tells RxPert what to do if an appropriate diagnosis is located, as shown in the following figure.

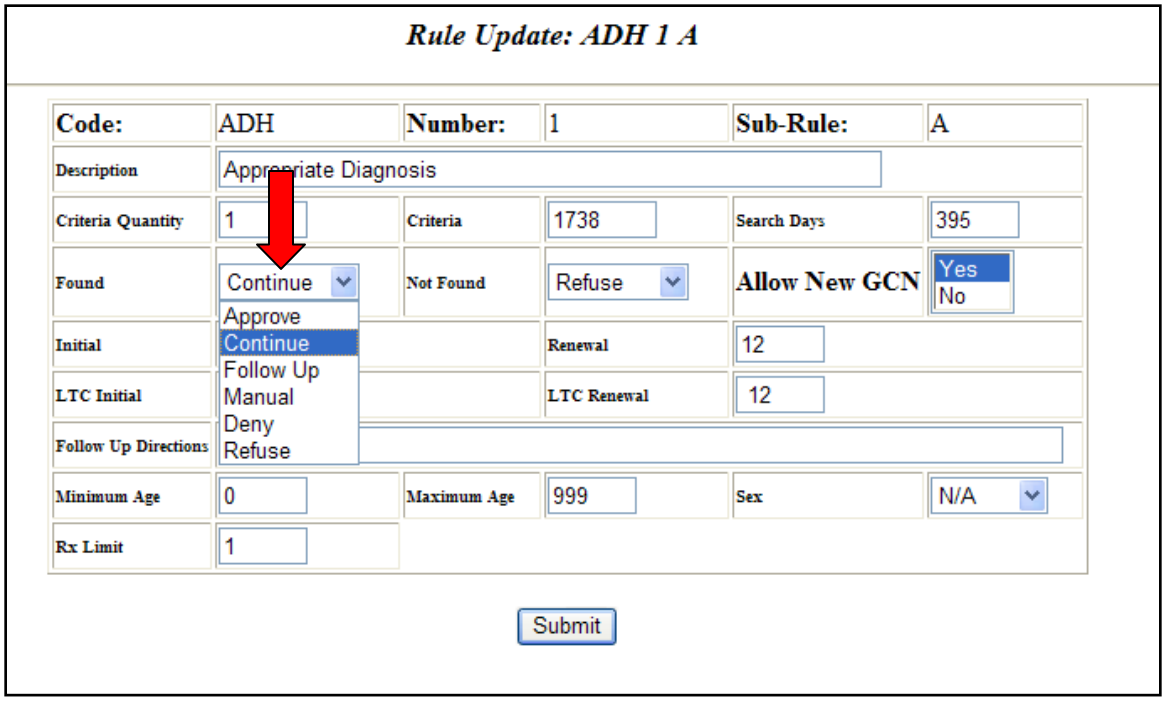


Figure 7

If the condition of the rule is true, the user can direct RxPert to perform one of the "Found" actions displayed in the following table:

User Choice	Action
Approve	RxPert will approve the PA request and issue a PA number to the MMIS provider. In this rule, the condition is true if an appropriate diagnosis is found.
Continue	RxPert will continue processing to the next rule.
Follow Up	RxPert requires staff intervention for the PA request.
Manual	The PA cannot be automatically evaluated, and a "paper" request must be submitted.
Deny	RxPert denies the condition of the rule and allows other rules of the form to approve the request.
Refuse	RxPert denies the claim and reports this action to the MMIS provider, no matter what the following rules might allow.

Table 2

The same options are available for the "Not Found" entry.

The "Allow New GCN" is a function unique to RxPert. A generic code number (GCN) is a number assigned by First DataBank to each strength, formulation, and route of administration of a drug entity. Hydrochlorothiazide 25 mg tablets, oral, for example, has its own unique GCN. One drug entity may have multiple GCNs, depending on the product's available strengths such as 50 mg, 100 mg, etc., forms such as, tablet, capsule, liquid, etc., and routes of administration such as oral, transdermal, injectable, etc.).

HID added the “Allow New GCN” feature specifically for rules RxPert received from Medicaid agencies relating to the use of Viagra. In most cases, RxPert will approve a PA for an alternate GCN associated with the rule when an open PA exists. This allows for slight changes in treatment, such as a dosage change. Therefore, the selection in this field is typically “Yes.” However, with the drugs indicated for treatment of erectile dysfunction, HID client Medicaid agencies did not want to leave a loophole to allow patients to recieve more than the approved allotment by switching GCN. “Allow New GCN” refers to "new for this recipient" and would be an alternate GCN from a previously-approved PA for the recipient.

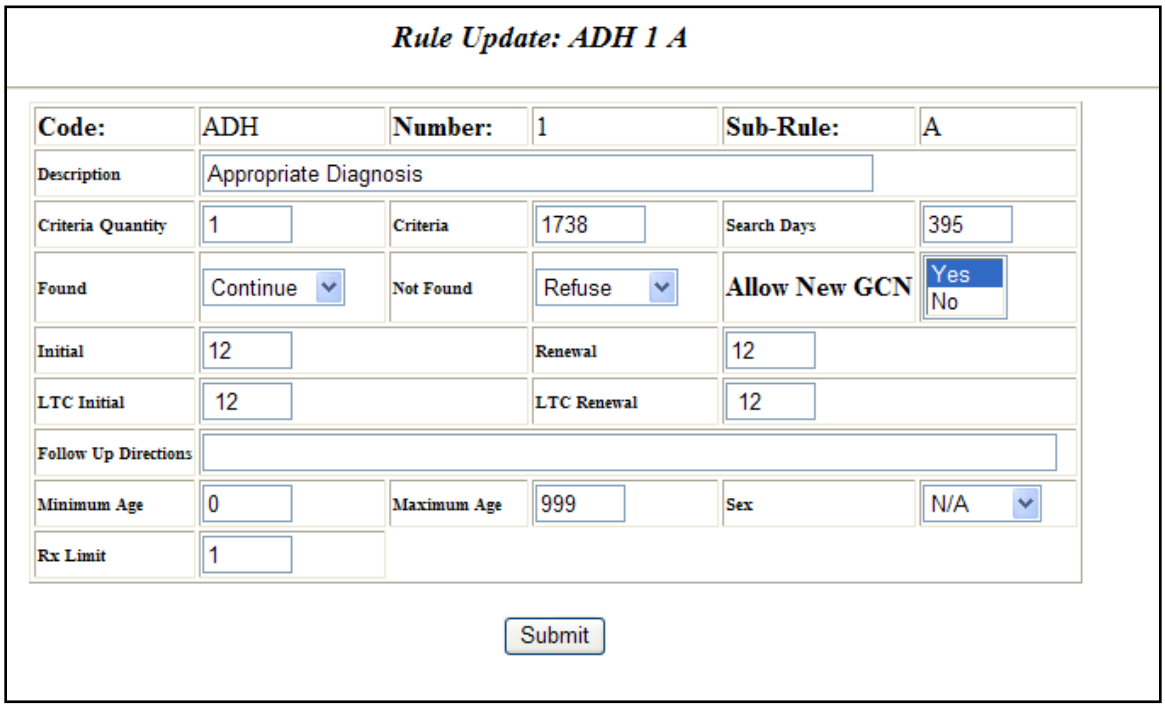


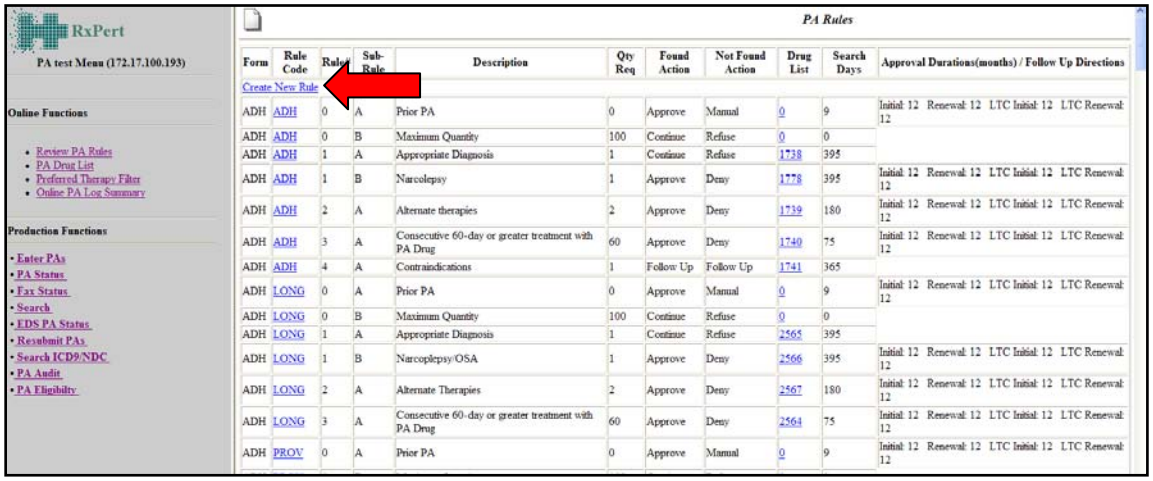
Figure 8

The following notes describe additional fields on the window:

- Initial refers to the number of months the initial PA can remain in effect.
- LTC Initial refers to Long Term Care, describing patients residing in long-term care facilities such as nursing homes.
- Renewal refers to the number of months for which a renewed PA authorization is active.
- Months is the normal unit for this field. However, if the user enters a value greater than 100, RxPert assumes the user means “days.” If a value greater than 100 is entered, RxPert will subtract 100 and convert the resulting value to days. Therefore, if the user enters 120, RxPert will assume the renewal is good for only 20 days.
- Follow Up Directions is used to store a note within the rule.
- Minimum Age, Maximum Age, Sex, and Rx Limit are self-explanatory.

The user must click Submit to save changes if the rule was edited, or click the browser's back button to exit without saving any changes.

Approved staff users can create new rules by clicking Create New Rule, as shown in the following figure.



Form	Rule Code	Rule#	Sub-Rule	Description	Qty Req	Found Action	Not Found Action	Drug List	Search Days	Approval Durations(months) / Follow Up Directions
ADH	ADH	0	A	Prior PA	0	Approve	Manual	0	9	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	0	B	Maximum Quantity	100	Continue	Refuse	0	0	
ADH	ADH	1	A	Appropriate Diagnosis	1	Continue	Refuse	1738	395	
ADH	ADH	1	B	Narcolepsy	1	Approve	Deny	1778	395	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	2	A	Alternate therapies	2	Approve	Deny	1739	180	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	3	A	Consecutive 60-day or greater treatment with PA Drug	60	Approve	Deny	1740	75	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	4	A	Contraindications	1	Follow Up	Follow Up	1741	365	
ADH	LONG	0	A	Prior PA	0	Approve	Manual	0	9	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	LONG	0	B	Maximum Quantity	100	Continue	Refuse	0	0	
ADH	LONG	1	A	Appropriate Diagnosis	1	Continue	Refuse	2565	395	
ADH	LONG	1	B	Narcoplepsy/OSA	1	Approve	Deny	2566	395	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	LONG	2	A	Alternate Therapies	2	Approve	Deny	2567	180	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	LONG	3	A	Consecutive 60-day or greater treatment with PA Drug	60	Approve	Deny	2564	75	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	PROV	0	A	Prior PA	0	Approve	Manual	0	9	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12

Figure 9

The Create New Rule window, shown in the following figure, looks very similar to the Rule Update dialog box and contains the same information:

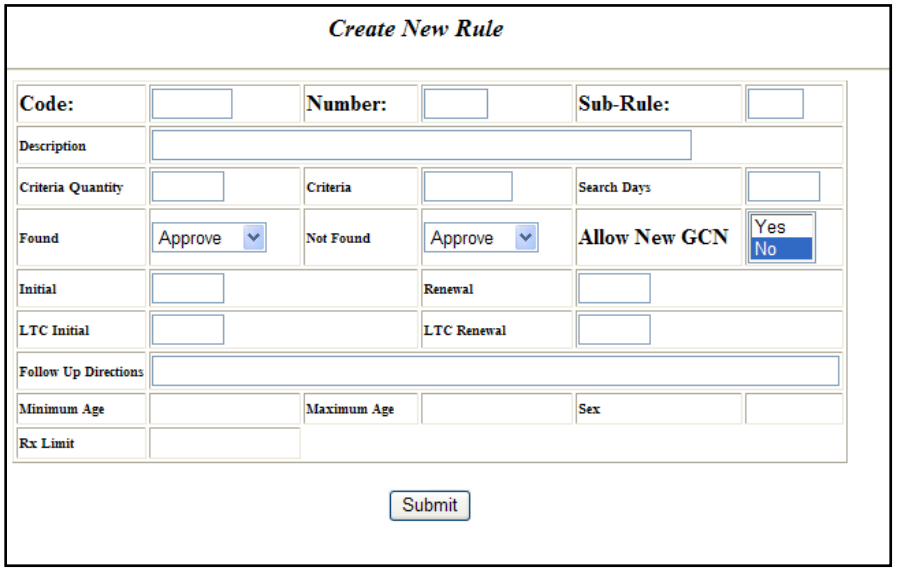
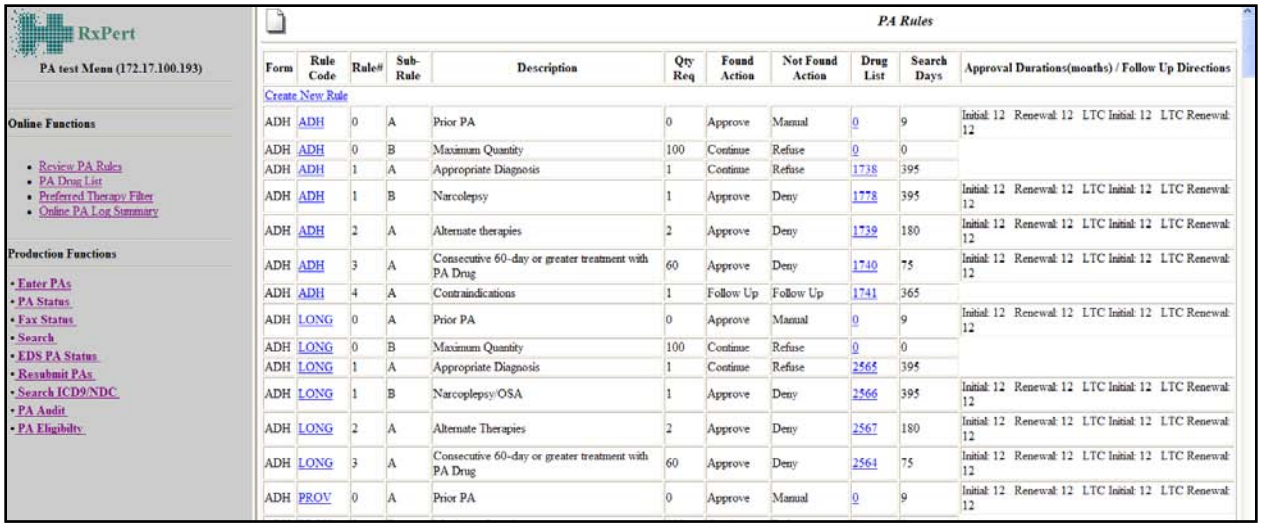


Figure 10

The Drug List column on the PA Rules page (Figure 8) lists the ICD-9 codes for the drug code in this rule.



PA Rules

Form	Rule Code	Rule#	Sub-Rule	Description	Qty Req	Found Action	Not Found Action	Drug List	Search Days	Approval Durations(months) / Follow Up Directions
Create New Rule										
ADH	ADH	0	A	Prior PA	0	Approve	Manual	0	9	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	0	B	Maximum Quantity	100	Continue	Refuse	0	0	
ADH	ADH	1	A	Appropriate Diagnosis	1	Continue	Refuse	1738	395	
ADH	ADH	1	B	Narcolepsy	1	Approve	Deny	1778	395	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	2	A	Alternate therapies	2	Approve	Deny	1739	180	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	3	A	Consecutive 60-day or greater treatment with PA Drug	60	Approve	Deny	1740	75	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	ADH	4	A	Contraindications	1	Follow Up	Follow Up	1741	365	
ADH	LONG	0	A	Prior PA	0	Approve	Manual	0	9	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	LONG	0	B	Maximum Quantity	100	Continue	Refuse	0	0	
ADH	LONG	1	A	Appropriate Diagnosis	1	Continue	Refuse	2565	395	
ADH	LONG	1	B	Narcoplepsy/OSA	1	Approve	Deny	2566	395	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	LONG	2	A	Alternate Therapies	2	Approve	Deny	2567	180	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	LONG	3	A	Consecutive 60-day or greater treatment with PA Drug	60	Approve	Deny	2564	75	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12
ADH	PROV	0	A	Prior PA	0	Approve	Manual	0	9	Initial: 12 Renewal: 12 LTC Initial: 12 LTC Renewal: 12

Figure 11

For example, if a user clicks the “1738” link in the Drug List column, RxPert displays the applicable ICD-9 codes, as shown in the following figure:

ICD9's For Criteria list 1738b

Selected ICD9	Full ICD9	ICD9 Description
314	314	HYPERKINETIC SYNDROME OF CHILDHOOD
	3140	ATTENTION DEFICIT DIS CHILDHOOD
	31400	ATTENTION DEFICIT DIS WO HYPERACTV
	31401	ATTENTION DEFICIT DIS W HYPERACT
	3141	HYPERKINESIS W DEVELOPMENTAL DELAY
	3142	HYPERKINETIC CONDUCT DISORDER
	3148	OTHER MANIFESTATIONS HYPERKINETIC
	3149	UNS HYPERKINETIC SYNDROME
32723	32723	OBSTRUCTIVE SLEEP APNEA
347	347	CATAPLEXY AND NARCOLEPSY
	3470	NARCOLEPSY
	34700	NARCOLEPSY WO CATAPLEXY
	34701	NARCOLEPSY W CATAPLEXY
	3471	NARCOLEPSY IN OTHER CONDITIONS
	34710	NARCOLEPSY OT COND WO CATAPLEXY
	34711	NARCOLEPSY OT COND W CATAPLEXY

Figure 12

The list represents the diagnoses that RxPert requires to approve the applicable PA request.

2.3.2.2 Have the capability of sending the claims processor a National Council Prescription Drug Program (NCPDP) standard formatted transaction compliant with current standards (available at http://www.ncpdp.org/pdf/Standards_Matrix.pdf) to indicate that the claims should be paid when the criteria has been met and an electronic message to call the Prior Authorization Help Desk when they have not.

HID meets this requirement. RxPert automatically sends the claims processor using National Council Prescription Drug Program (NCPDP) standard formatted transactions using current standards, including approval notifications to indicate that the claims should be paid and criteria has been met and notifications that criteria have not been met and contact should be made with the PA help desk.

When the pharmacist initiates a claim for payment for a drug prescription, the claim goes to the POS vendor. Then the POS vendor routes the claim to the claims processor. If the drug is one that requires a prior authorization before payment can be made, the claims processor sends the claim to HID's RxPert system. When RxPert receives the claim, it matches the drug against the approved clinical algorithm and the RxPert database. For example, if payment for a Proton Pump Inhibitor (PPI) prescription can be approved only for ulcer treatment, RxPert will look for a diagnosis of ulcer disease. If RxPert finds such a diagnosis, it automatically approves the PA request and returns a PA number to the claims processor. If the diagnosis is not found, criteria are not met and RxPert automatically returns a denial notification and denial code to the POS.

All transactions are completed using standard NCPDP formats. Adjudication results are returned to the POS in less than 500 milliseconds (half a second) on average.

The figure on the below illustrates the claims process as it occurs for BMS.

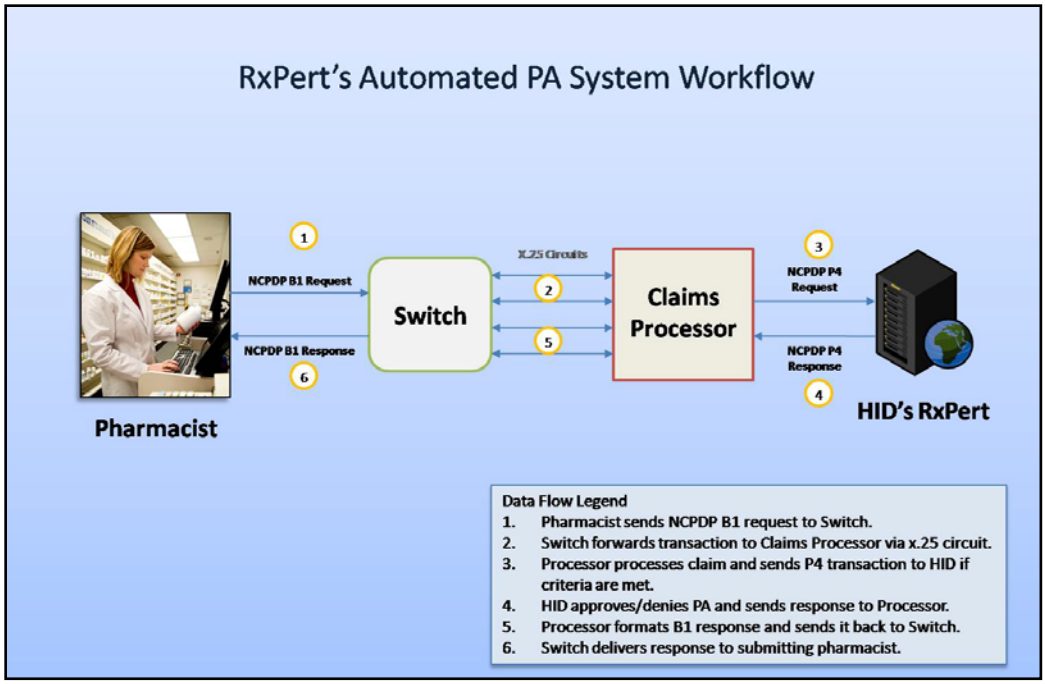


Figure 13

2.3.2.3 Have the capability of working with the MMIS system, directly or with file extracts, without significantly affecting its performance by increasing the time required for claims adjudication or causing timeouts.

HID meets this requirement. HID is capable of integrating with the Department's MMIS system and currently integrates with 17 MMIS systems from a variety of vendors including:

- Blue Cross/Blue Shield of Alabama
- Computer Services Corporation (CSC)
- First Health Services
- Hewlett-Packard (HP) Enterprise Services, previously Electronic Data Systems (EDS)
- Molina Healthcare, previously Unisys
- State-Built Systems
- SXC Healthcare Solutions
- Tmesys
- Xerox, previously Affiliated Computer Services (ACS)

2.3.2.4 Have the ability to search at least twenty four (24) months of fee-for service medical claims, MCO encounter data and pharmacy claims for the total Medicaid population.

HID meets this requirement. RxPert is scalable to fit the needs of each client. HID currently provides the ability to search at least twenty four (24) months of fee-for-service medical claims, MCO encounter data and pharmacy claims for the total Medicaid populations, as long as this data is made available to HID. As the current vendor, HID provides twenty four (24) months of claims history review, receiving the data feeds daily from Molina, the MMIS vendor.

2.3.2.5 Have the ability to hold once-in-a lifetime medical procedure codes (hysterectomy, organ transplants, etc.) for criteria searches.

HID meets this requirement. RxPert is designed to keep all once-in-a lifetime medical procedure codes for criteria searches, including hysterectomy, organ transplant, appendectomy, and all other codes included in the American Medical Association's Current Procedural Terminology: CPT, Professional Edition.

2.3.2.7 Have a secure web-based interface that meets all Health Insurance Portability and Accountability Act (HIPAA) privacy regulations and allows the Bureau's prior authorization help desk staff to access criteria and view the steps performed in the automated prior authorization process

HID meets these requirements.

HIPAA-Compliance

HID has been handling confidential information such as personal income tax data, financial data, and Protected Health Information (PHI) for many years. Because we process health information, HID must be and is HIPAA-compliant. This compliance requires strict security measures for our computer systems, physical plant, and personnel. HID closely monitors our computing practices and physical security to ensure compliance is maintained consistently and continuously.

HID meets the following safeguards to ensure HIPAA-compliance:

- ***Administrative safeguards***, including security management processes, risk analysis in accordance with NIST guidelines, regular reviews of audit logs, access reports, responsibility assignments, security awareness training, contingency plans, security incident tracking, workforce security policies, including authorization and supervision of employees who may have access to electronic protected health information (EPHI)
- ***Physical safeguards***, including facility access controls, disaster recovery controls, workstation safeguards, and device and media controls
- ***Technical safeguards***, including access controls, user identity tracking, session termination for inactivity, encryption/decryption mechanisms, audit controls, authentication devices, and transmission security protocols
- ***Organizational safeguards***, including business associate contracts and agreements, appropriate policies and procedures as specified by §164.306(b)(2)(i), (ii), (iii), and (iv), and all appropriate system, procedural, and project documentation

Help Desk Access

HID currently provides WV PA Help Desk Staff with direct access to RxPert. Each staff member is assigned a unique username and password and can securely login to the system to view criteria, PA history, and view the details of any automated PA adjudication. Help desk users have restricted, read-only access to the system. Users can search by PA number or by beneficiary.

Users can access information regarding a specific PA by using the Online PA Log Summary function, as shown on the following page.

Figure 14

Clicking Online PA Log Summary on the RxPert menu displays the window shown in the following figure:

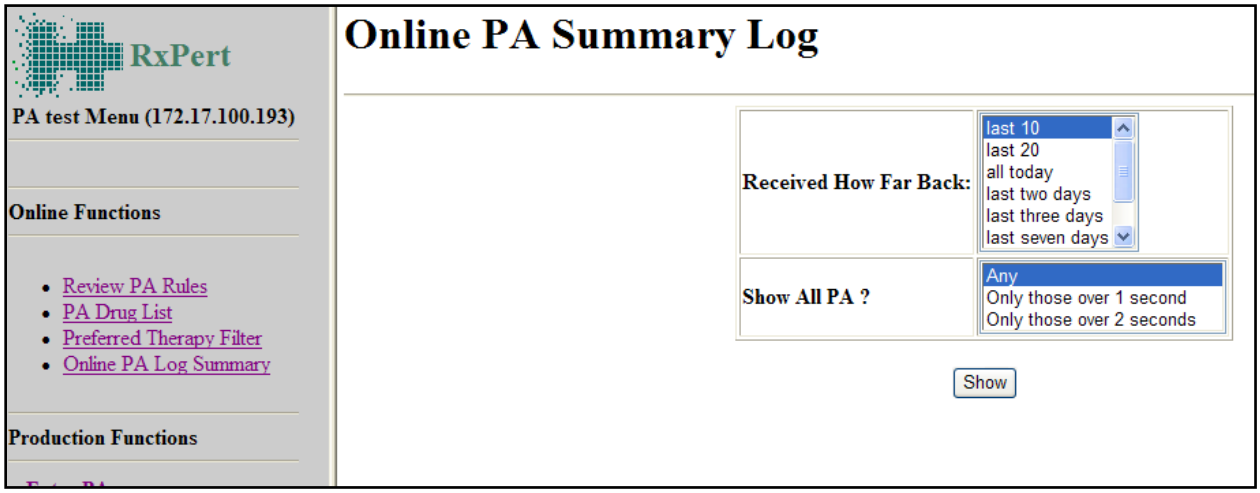
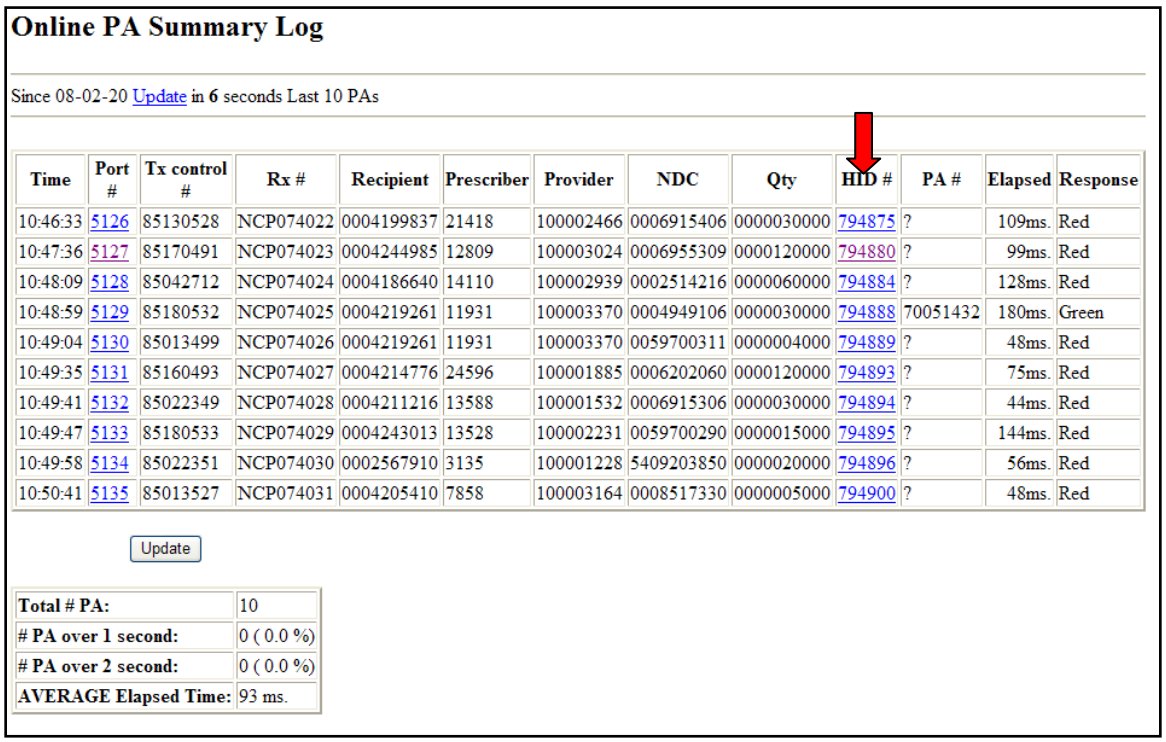


Figure 15

The selection criteria allow the user to filter PA logs by a date range and the length of time the request took to process.

For example, if the user selects the last 10 and Any sort options, the window displays the online log shown in the following figure:



Online PA Summary Log

Since 08-02-20 Update in **6** seconds Last 10 PAs

Time	Port #	Tx control #	Rx #	Recipient	Prescriber	Provider	NDC	Qty	HID #	PA #	Elapsed	Response
10:46:33	5126	85130528	NCP074022	0004199837	21418	100002466	0006915406	0000030000	794875	?	109ms.	Red
10:47:36	5127	85170491	NCP074023	0004244985	12809	100003024	0006955309	0000120000	794880	?	99ms.	Red
10:48:09	5128	85042712	NCP074024	0004186640	14110	100002939	0002514216	0000060000	794884	?	128ms.	Red
10:48:59	5129	85180532	NCP074025	0004219261	11931	100003370	0004949106	0000030000	794888	70051432	180ms.	Green
10:49:04	5130	85013499	NCP074026	0004219261	11931	100003370	0059700311	0000004000	794889	?	48ms.	Red
10:49:35	5131	85160493	NCP074027	0004214776	24596	100001885	0006202060	0000120000	794893	?	75ms.	Red
10:49:41	5132	85022349	NCP074028	0004211216	13588	100001532	0006915306	0000030000	794894	?	44ms.	Red
10:49:47	5133	85180533	NCP074029	0004243013	13528	100002231	0059700290	0000015000	794895	?	144ms.	Red
10:49:58	5134	85022351	NCP074030	0002567910	3135	100001228	5409203850	0000020000	794896	?	56ms.	Red
10:50:41	5135	85013527	NCP074031	0004205410	7858	100003164	0008517330	0000005000	794900	?	48ms.	Red

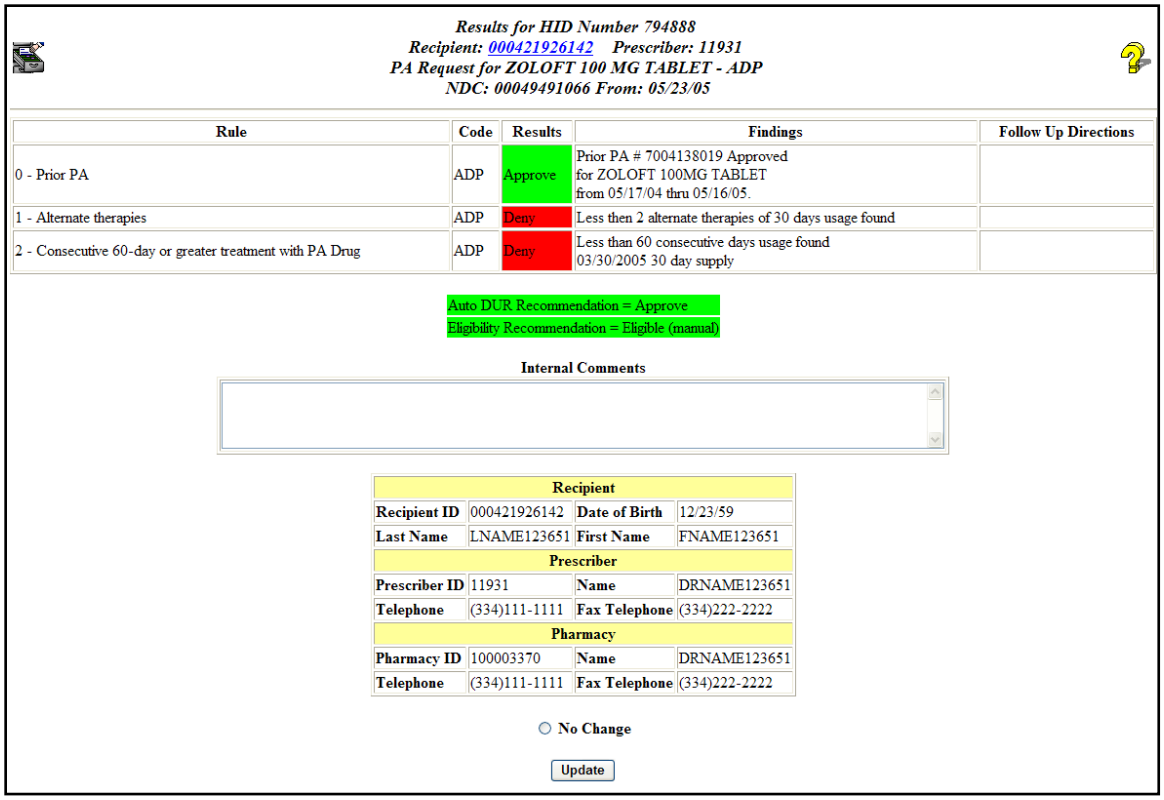
Update

Total # PA:	10
# PA over 1 second:	0 (0.0 %)
# PA over 2 second:	0 (0.0 %)
AVERAGE Elapsed Time:	93 ms.

Figure 16

The data displayed in the log is generally self-explanatory.

Drilling down on HID # displays details about the PA request, as shown in the following figure:



Results for HID Number 794888
Recipient: 000421926142 Prescriber: 11931
PA Request for ZOLOFT 100 MG TABLET - ADP
NDC: 00049491066 From: 05/23/05

Rule	Code	Results	Findings	Follow Up Directions
0 - Prior PA	ADP	Approve	Prior PA # 7004138019 Approved for ZOLOFT 100MG TABLET from 05/17/04 thru 05/16/05.	
1 - Alternate therapies	ADP	Deny	Less then 2 alternate therapies of 30 days usage found	
2 - Consecutive 60-day or greater treatment with PA Drug	ADP	Deny	Less than 60 consecutive days usage found 03/30/2005 30 day supply	

Auto DUR Recommendation = Approve
Eligibility Recommendation = Eligible (manual)

Internal Comments

Recipient			
Recipient ID	000421926142	**Date of Birth**	12/23/59
Last Name	LNAME123651	**First Name**	FNAME123651
Prescriber			
Prescriber ID	11931	**Name**	DRNAME123651
Telephone	(334)111-1111	**Fax Telephone**	(334)222-2222
Pharmacy			
Pharmacy ID	100003370	**Name**	DRNAME123651
Telephone	(334)111-1111	**Fax Telephone**	(334)222-2222

○ **No Change**

Update

Figure 17

Additionally, users can search by a variety of other data fields as well, for example, recipient ID which results a particular beneficiary's PA history within RxPert. Because HID receives a manual PA history file from BMS each week, the recipient history feature in RxPert displays both automated and manual PA determinations. The following screen shows a patient's PA history, the results of a search by recipient ID.

RECIPIENT PA'S
ENTERED ID: WXMBR0000332259 ORIG ID: WXMBR0000332259
10/28/10 TO 10/28/11

PA NUM	HID NUM	PA STATUS	DATE ENTERED	FORM TYPE	DRUG NAME	FROM	THRU	PRESC NUM	PROV NUM	VIEW LTRS	AUTO	TEST STATUS
?	2108386 Audit	Deny	10/27/11	UNK	ADDERALL XR 10 MG CAPSULE	10/26/11	?	1063486942	1144323890	no	Result	no
?	2108380 Audit	Deny	10/27/11	UNK	DEXTROAMP-AMPHET ER 10 MG CAP	10/26/11	?	1063486942	1144323890	no	Result	no
?	2108374 Audit	Deny	10/27/11	UNK	ADDERALL XR 10 MG CAPSULE	10/26/11	?	1063486942	1144323890	no	Result	no
?	2106818 Audit	Deny	10/26/11	UNK	DEXTROAMP-AMPHET ER 10 MG CAP	10/26/11	?	1063486942	1144323890	no	Result	no
?	2106812 Audit	Deny	10/26/11	UNK	DEXTROAMP-AMPHET ER 10 MG CAP	10/26/11	?	1063486942	1144323890	no	Result	no
?	2106790 Audit	Deny	10/26/11	UNK	DEXTROAMP-AMPHET ER 10 MG CAP	10/26/11	?	1063486942	1144323890	no	Result	no
WXRFM0001371595	2068487 Audit	Approve	10/02/11	UNK	ADDERALL XR 5 MG CAPSULE	10/02/11	03/29/12	1598739476	WXPRZ0000015512	no	Result	no
?	2043223 Audit	Deny	10/02/11	UNK	ADDERALL XR 5 MG CAPSULE	10/02/11	?	1598739476	1144323890	no	Result	no
?	2043221 Audit	Deny	10/02/11	UNK	ADDERALL XR 5 MG CAPSULE	10/02/11	?	1598739476	1144323890	no	Result	no
?	2043208 Audit	Deny	10/02/11	UNK	ADDERALL XR 5 MG CAPSULE	10/02/11	?	1598739476	1144323890	no	Result	no
?	2043206	Deny	10/02/11	UNK	ADDERALL XR 5 MG	10/02/11	?	1598739476	1144323890	no	Result	no

Figure 18

Users can also search for PAs by:

- Date entered
- Drug name
- Form type
- HID number
- PA number (assigned by the MMIS)
- Recipient ID
- Prescriber ID
- Dispenser ID
- Request Type
- Form/Request Type
- Form/Criteria Type

2.3.2.8 Have the ability to process prior authorization requests based on the generic sequence designation, National Drug Code (NDC), or segment of the NDC of the drugs to be prior authorized.

HID meets this requirement. RxPert is designed to process PA requests based on any one of a number of medication identifiers, including generic sequence designation, National Drug Code (NDC), or a segment of the NDC of the drugs to be prior authorized. RxPert is currently configured to process PA requests using NDC for BMS.

2.3.2.9 Assign a staff member to work with BMS on criteria changes and to make the changes within three (3) business days of the Bureau's request.

HID meets these requirements. HID bring extensive expertise and knowledge to the project in the form of criteria development. HID currently provides and, if selected, will continue to provide clinical support and expertise for the development of new PA criteria or modification of existing criteria in consultation with BMS. HID's Clinical Criteria Manager, Ms. Pam DeRuiter, RPh, leads the Criteria Development Team which includes doctors of pharmacy and registered pharmacists who work together to monitor current compendia and industry literature to ensure that HID's clients have the most up-to-date information when discussing new and existing criteria. Ms. DeRuiter will be directly responsible for all modifications to criteria or edits for the WV BMS PA program and will work with the account manager to provide support to include assessment of projected therapeutic benefit, impact to client, and costs/savings impact. Her significant expertise, gained from years of working with Medicaid preferred drug lists and the related PA criteria, will be a valuable asset for BMS. Criteria changes will be made within three (3) business days of the Bureau's request.

Vendor Requirements

2.3.3.1Software capable of pulling data files from an ftp or other secure site designated by the Bureau's MMIS vendor at a minimum of once weekly on a schedule agreed upon by the Bureau, MMIS Vendor and the Automated Prior Authorization system Vendor.

HID meets this requirement. HID currently pulls data files from the BMS SFTP server to RxPert, using a secure connection, on a weekly basis. If selected, HID will continue to pull data files using this same schedule or another schedule agreed upon by BMS, the MMIS Vendor, and HID.

2.3.3.2 A portfolio of suggested drugs for prior authorization with appropriate prior authorization criteria and ongoing suggestions for drug categories that could be prior authorized automatically, based on utilization, the Preferred Drug List and the cost of the drugs to BMS.

HID meets this requirement. HID has leveraged the pharmacy experience of our clinicians to build and sustain its solutions, including criteria development and clinical reviews. HID's staff have extensive experience in clinical criteria development, working with Medicaid agencies and their respective P&T Committees, and recommending new and modified criteria to meet the ever-changing needs of the client and trends of their beneficiary population. HID's clinical criteria team works closely with our Medicaid clients to develop multi-step, complex criteria for PA programs. HID will provide BMS with clinical support and expertise in collaboration with State staff and consultants to develop new PA criteria or modify existing criteria.

HID's experience with criteria algorithm development covers hundreds of drugs and drug classes. As the current prior authorization vendor for BMS, HID has built, designed, modified, and maintained criteria for BMS since 2008. HID's criteria portfolio is vast and includes more than 3,700 total criteria, 370 drug groups and 415 criteria sets. The following list includes all drug classes currently in use for at least one of HID's PA clients:

- Acne Agents, Topical
- Alzheimer's Agents
- Analgesics, Narcotic--Long Acting
- Analgesics, Narcotic--Short Acting
- Analgesics, Topical
- Androgenic Agents (Topical)
- Angiotensin Modulators
  - ACE Inhibitors
  - ACE Inhibitors/Diuretic Combinations
  - Angiotensin II Receptor Blockers (ARBs)
  - ARB/Diuretic Combinations
  - Direct Renin Inhibitors
  - Direct Renin Inhibitors/Diuretic Combinations
- Angiotensin Modulator/Calcium Channel Blocker Combinations
- Antibiotics, Vaginal
- Anticoagulants, Injectable
- Antidepressants, Other
- Antidepressants, SSRIs
- Antiemetics (Oral)
  - Cannabinoids
  - Serotonin Receptor Antagonists

  - Substance P Antagonists
- Antifungals, Oral
- Antifungals, Topical
  - Antifungals
  - Antifungal/Steroid Combinations
- Antihistamines, Minimally Sedating
  - Antihistamines
  - Antihistamine/Decongestant Combinations
- Antimigraine Agents, Triptans
- Antiparasitics, Topical
- Antiparkinson's Agents (Oral)
  - Anticholinergics
  - COMT Inhibitors
  - Dopamine Agonists
  - MAO-B Inhibitors
  - Others
- Antipsychotics, Atypical (Oral)
  - Atypical Antipsychotics
  - Atypical Antipsychotic/SSRI Combinations
- Antivirals, Antiherpetic (Oral)
- Atopic Dermatitis
- Beta Blockers (Oral)
  - Beta Blockers
  - Beta- and Alpha- Blockers
- Bladder Relaxant Preparations
- Bone Resorption Suppression and Related Agents
  - Bisphosphonates
  - Other Bone Resorption Suppression and Related Agents
- BPH Agents
  - Alpha Blockers
  - 5-Alpha-Reductase (5AR) Inhibitors
- Bronchodilators, Anticholinergic
  - Anticholinergics
  - Anticholinergic-Beta Agonist Combinations
- Bronchodilators, Beta Agonist
  - Inhalers, Short-Acting
  - Inhalers, Long-Acting

  - Inhalation Solution
  - Oral
- Calcium Channel Blockers (Oral)
  - Short-Acting
  - Long-Acting
- Cephalosporins and Related Antibiotics (Oral)
  - Beta Lactam/Beta-Lactamase Inhibitor Combinations
  - Cephalosporins - First Generation
  - Cephalosporins - Second Generation
  - Cephalosporins - Third Generation
- Cough and Cold Agents
  - Non-Antitussive
  - With Narcotic Antitussive
  - With Non-Narcotic Antitussive
- Cytokine and Cam Antagonists
- Erythropoiesis Stimulating Proteins
- Fluroquinolones, Oral
- Glucocorticoids, Inhaled
  - Glucocorticoids
  - Glucocorticoid/Bronchodilator Combinations
- Growth Hormone
- Hepatitis C Agents
- Hypoglycemics, Incretin Mimetics/Enhancers
  - Amylin Analogs
  - Incretin Enhancers
  - Incretin Mimetics
- Hypoglycemics, Insulin Analogs
- Hypoglycemics, Meglitinides
- Hypoglycemics, TZD
  - Thiazolinediones
  - TZD Combinations
- Impetigo Agents, Topical
- Intranasal Rhinitis Agents
  - Glucocorticoids
  - Others
- Leukotriene Modifiers
- Lipotropics, Other

  - Bile Acid Sequestrants
  - Cholesterol Absorption Inhibitors
  - Omega-3 Fatty Acids
  - Niacin
- Lipotropics, Statins
  - Statins
  - Statin Combinations
- Macrolides/Ketolides (Oral)
  - Ketolides
  - Macrolides
- NSAIDs
  - Nonspecific
  - NSAID/GI Protectant Combinations
  - COAutomated-II Selective
- Ophthalmics, Antibiotic--Steriod Combinations
- Ophthalmics For Allergic Conjunctivitis
- Ophthalmic Quinolones/Macrolides
  - Quinolones
  - Macrolides
- Ophthalmics, Glaucoma Agents
  - Sympathomimetics
  - Beta Blockers
  - Carbonic Anhydrase Inhibitors
  - Prostaglandin Analogs
  - Combination Agents
- Ophthalmics NSAIDs
- Otic Fluoroquinolones
- PAH Agents, Oral
- Pancreatic Enzymes
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Proton Pump Inhibitors
- Sedative Hypnotics
  - Benzodiazepines
  - Others
- Skeletal Muscle Relaxants
- Steroids, Topical

  - Low Potency
  - Medium Potency
  - High Potency
  - Very High Potency
- Stimulants and Related Agents
  - Stimulants
  - Non-Stimulants
- Ulcerative Colitis
  - Oral
  - Rectal
- Skin & Mucous Membrane
  - Diaper Rash
- Erectile Dysfunction
- 1st Generation Antihistamines
- BotoAutomated
- H-2 Receptor Antagonist
- Immunosuppressants
- Colony Stimulating Factors
- Hormone Replacement Therapy
- Immunomodulators, Topical
- Addiction Therapy (Suboxone)
- Ophthalmics, Glaucoma
  - Alpha Adrenergic
- Anticonvulsants
  - Adjuvants
  - Barbiturates
  - Benzodiazepines
  - Hydantoins
  - Succinimides
- Diuretics
- Hypotensive Agents, Miscellaneous
- Hormone Therapy- Topical
- Second Generation Retinoids
- Wound Healing Agents - Topical
- Skin & Mucous Membrane Agents
  - Rexinoids
  - Enzyme Preps

  - Destructive Agents
  - Antivirals
  - Misc. Local Anti-Infectives
  - Antipruritics & Anesthetics
  - Astringents
  - Keratolytics
  - Keratoplastics
  - Misc. SMM Agents
- Cardiotonics
- Antiarrhythmics
- Ophthalmics, Vasoconstrictors EENT
- Xanax XR
- Anti-Influenza
- Somatostatin Analog
- Parathyroid Hormone
- Genital Wart Agents
- Antihistamines, Intransal
- Detoxification Agents, Relistor
- Antineoplastic MTOR Inhibitor
- Synagis
- Nutritional Products
- Xenical
- Xolair
- Sustained-Release Opiates
- Biological Injectables

2.3.3.3 Automated prior authorization services must be operational twenty four (24) hours a day seven (7) days a week, including holidays, in order to operate in conjunction with the MMIS system.

HID meets this requirement. HID considers the PA system a mission-critical system. Consequently, the system is available “24x7,” including holidays, in order to operate in conjunction with the MMIS system. Redundant computer and networking systems ensure that the applications remain online in the event an equipment failure occurs.

In addition, HID conducts appropriate business continuity operations. These consist of daily, weekly, and monthly backups and regular testing of all operational procedures. However, the primary task of keeping the systems available “around the clock” requires that all mission-critical systems be online. HID ensures this through constant surveillance and duplicated systems.

2.3.3.4 Technical assistance to insure that the application is fully integrated and operates effectively and efficiently and clinical and technical staff to implement changes to prior authorization criteria within five (5) business days.

HID meets this requirement. As the current vendor, RxPert is already fully-integrated with the MMIS system. HID's technical staff ensure that RxPert operates effectively and efficiently throughout the contract, including during system modifications, while HID's clinical staff propose new criteria and modifications to current criteria on a routine basis in order to support BMS in meeting the Agency's goals. Changes to prior authorization criteria will be implemented within five (5) business days.

Implementation Clinical Support

HID has leveraged the pharmacy experience of our clinicians to build and sustain its solutions, including criteria development and clinical reviews. HID's staff have extensive experience in clinical criteria development, working with Medicaid agencies and their respective P&T Committees, and recommending new and modified criteria to meet the ever-changing needs of the client and trends of their beneficiary population. HID's clinical criteria team works closely with our clients to develop multi-step, complex criteria for PA programs.

HID's Clinical Criteria Manager, Ms. Pam DeRuiter, RPh, leads the Criteria Development Team made up of doctors of pharmacy and registered pharmacists with a wide array of expertise in prior authorization criteria. Together, the team develops new criteria and works with our technical staff to modify existing criteria, provide assessment of projected therapeutic benefit, impact to client, and costs/savings impact. HID builds the clients' criteria into RxPert so that all requests are adjudicated identically and work closely with our clients to define the algorithms for each new PA criteria.

Implementation Technical Support

HID's team of technical experts will be responsible for all system maintenance and modifications. This includes making changes (enhancements) to the application requested by DOH.

HID performs regular monitoring and maintenance for all our clients, including routine backup and recovery activity, data archiving and removal, and other system upgrades, improvements, and error corrections to ensure that RxSentry continues to meet our clients' needs and standards.

HID's technical team is strong in all facets of developing, implementing, and operating healthcare analytics systems such as RxSentry. HID will provide a team of technical experts to support the DOH in the following areas: database design and programming, database analysis, analysis and reporting, system integration, first-tier technical support, second-tier technical support, technical writing, and technical training. In addition, HID will provide PMP experts on-site for the initial design meeting and acceptance testing activities.

2.3.3.5 All necessary hardware, software, and dedicated clinical and technical staff, to support the day-to-day operation of the system.

HID meets these requirements. HID will continue to provide all hardware and software necessary to operate RxPert throughout the contract period, as well as, clinical and technical support staff to ensure successful day-to-day operation.

Operational Clinical Support

HID's clinical professionals—pharmacists, physicians, and nurses—know the industry, our products, and our clients. Our extensive in-the-field pharmacy experience provides the strong clinical foundation on which we build our systems and services. When a client chooses HID, a partnership begins with a team of clinical experts who are focused on solving the client's unique challenges and optimizing the client's outcomes. HID's clinical staff will continue to support BMS in the day-to-day operations including criteria suggestions, development, maintenance, modification, and more. Approximately 40% of HID's staff are clinical professional with a combined total of over 550 years of in-field pharmacy experience.

Our clinical team has a wide-variety of knowledge and expertise, including specialties and research in the following areas:

- Antibiotic agents
- Anti-infective agents
- Antipsychotic agents
- Asthma management
- Cardiovascular agents
- Designer drugs
- Diabetes management
- Drug development
- Gastrointestinal medicine
- Growth hormone agents
- Home health care
- Human immunodeficiency virus (HIV) agents
- Hypertension management
- Long-term care
- Narcotic agents
- Obstetric medicine
- Opioid agents
- Pain management
- Pediatric surgery
- Pediatric medicine
- Suboxone/Subutex management

Operational Technical Support

HID prides itself on the technical support we provide to our customers. HID's systems implementation team and operational support staff are highly skilled and experienced in fully integrating RxPert with POS systems and maintaining the application throughout the life of the contract.

The HID systems team members will ensure that RxPert operates effectively and efficiently and will be available to answer questions and offer technical support as needed. This support will include assistance with installation, issue resolution and training BMS staff on reporting functionality of the RxPert application, including the read-only interface for viewing PA adjudication details. HID will provide a toll free technical support line for any technical issues.

Implementation

2.3.4.1 Provide a system implementation team including, at a minimum, a project manager, system's analyst and database coordinator to coordinate development and implementation activities with BMS.

As the current provider of BMS's automated prior authorization system, implementation activities for the WV Auto PA project will be minimal. HID's current project manager for the BMS contract, Dr. Susan Fillippeli, will work closely with BMS to incorporate a new PA report to provide the savings generated by reduced administrative costs.

HID proposes the following named key staff for professional and technical operations and support of this project:

Role	Staff Member
Corporate Oversight	Rob DiBenedetto, MBA – President and CEO
Contract Compliance	Susan Cotten, MBA, CMQ/OE – Director of Business Development and Contract Compliance
Project/Account Manager	Susan Fillippeli, PhD, PMP – Project/Account Manager
System Analyst	April Harper – Senior Programmer and Analysis and Reporting Manager
Database Coordinator	Clif Fisher – Information Systems Manager
Criteria Manager	Pam DeRuiter, RPh – Clinical Pharmacist/Clinical Criteria Manager
Clinical Support	Steve Espy, RPh – Clinical Pharmacist/Director of DUR
Clinical Support	Joe Paradis, PharmD – Clinical Pharmacist/Account Manager
Technical Writer	Connie Lewis, MBA – Director of Technical Writing

HID provides professional summaries for the project team below. All team members have significant experience working with BMS and will continue to provide exceptional support for the duration of the contract.

- **Rob DiBenedetto, MBA – Chief Executive Officer**, will provide overall supervision and leadership for the project team. Mr. DiBenedetto's responsibilities include supervising day-to-day operations as well as long-term research and development activities. Mr. DiBenedetto will provide corporate management and support for the CWP project for the duration of the contract.
- **Susan Cotten, MBA, ASQ-CMQ/OE – Director of Business Development/Contract Compliance**, is responsible for ensuring all client deliverables are met for every HID contract. Ms. Cotten brings more than ten years of quality management and compliance experience to her work at HID. Ms. Cotten works closely with developers to ensure that project management and software development processes are in place and follow best practice guidelines. Ms. Cotten is directly involved with contractual compliance and deliverable tracking for all current contracts. Ms. Cotten will work directly with the Project Manager and IT team to ensure that all contractual deliverables are met for the duration of the contract.
- **Susan Fillippeli, PhD, PMP – Project/Account Manager**, brings a broad array of experience in product business logic and project and account management to Health Information Designs. With a Ph.D. in Communication she has held faculty positions at the University of Alabama in Huntsville, The University of Puget Sound, and most recently, Auburn University. Dr. Fillippeli has five (5) years of experience in Medicaid and State health program and policy supervisory positions and five (5) years of experience configuring new products and software applications. She has served as Project and Project Manager and overseen the deployments of RxExplorer RDUR (Pennsylvania), RxPert AutoPA (West Virginia), Clinical Web Portal and ePrescribing (West Virginia), Cost of Dispensing Survey (Alabama) and RxSentry Prescription Drug Monitoring Program (Oregon), as well as coordinating new project developments for one of our clients in the private sector. Through her experience, she is able to stay informed on the current standards and trends in the healthcare industry, specifically regarding Medicaid programs. She will help to supervise the product business logic and BMS policies to ensure compliance throughout the life of the contract.
- **April Harper – Senior Programmer/Analysis and Reporting Manager (System Analyst)**, manages over 100 databases containing approximately five (5) billion claims. In her multi-faceted position, Ms. Harper plays a pivotal role in developing and implementing HID's healthcare analytics systems. She designs the structure of each new database, loads the initial data, and creates the corresponding maintenance schedules and procedures. She then manages an experienced technical team responsible for executing data loads, performing maintenance and optimization, and troubleshooting customer issues. Ms. Harper developed the Clinical Web Portal and ePrescribing tools. Ms. Harper will support the WV CWP project for the duration of the contract.

- **Clif Fisher – Information Systems Manager (Database Coordinator)**, is responsible for the day-to-day management of data coordination with fiscal agents and the state Medicaid and public health programs for which HID conducts pharmacy benefit management and disease management services. A significant part of this responsibility involves keeping the various network servers, hardware and software, and telecommunications systems needed for file transfer up and running and operating efficiently. Coupled with this operational responsibility, Mr. Fisher also performs ongoing technical support – assisting customers with data questions and technical issues and coordinating with other HID technical and development resources as necessary. Mr. Fisher will support the WV CWP project for the duration of the contract.
- **Pam DeRuiter, RPh - Clinical Pharmacist & Criteria Manager,** develops the criteria used for HID's manual and electronic prior authorization (PA) programs. The PA criteria, which are created from client-approved guidelines that determine whether a patient should receive a particular medication, are used to check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. Ms. DeRuiter continually updates the DUR and PA criteria based on her review of professional literature, trade journals, and information supplied by First DataBank in their National Drug Data File (NDDF) Plus™ monthly update. She also customizes the DUR and PA criteria based on input from the state boards and Pharmacy and Therapeutics (P&T) committees. Ms. DeRuiter also develops Drug Utilization Review (DUR) criteria for Medicaid boards in 17 states as well as for several private clients. The criteria she creates for drugs currently on the market and new drugs are presented to each DUR board, which determines the final criteria for the state.
- **Steve Espy, RPh – Director of Drug Utilization Review/Clinical Pharmacist (Clinical Support)**, is an integral clinical resource at HID. His background provides valuable insight into the challenges that pharmacists face on a daily basis—from clinical decision-making, to supervisory responsibilities, to fiscal management. As Director of Drug Utilization Review at HID, Mr. Espy plays a vital role in RDUR and Prior Authorization operations. He serves on the criteria development team, providing valuable insight and clinical expertise. Mr. Espy also serves as the primary instructor for RDUR and PA processes and software. In this capacity, he travels extensively to client locations to provide training, provides internal training to HID employees, and contributes content to the development of user documentation.
- **Joe Paradis, PharmD – Clinical Pharmacist/Account Manager (Clinical Support)**, brings 25 years of varied experience to his position as Clinical Pharmacist/Account Manager. In his role, Dr. Paradis coordinates the retrospective drug utilization review (RDUR) programs for the Maryland and Rhode Island Medicaid accounts and provides clinical support to our criteria development team and other account managers. This involves developing criteria, evaluating pharmacy and medical claims data, reviewing recipient profiles, performing interventions, evaluating outcomes, and producing reports and analyses. In addition, due to strong relationships with Medicaid clients who appreciate his wealth of experience, Dr. Paradis often provides additional consulting on clinical or pharmacy-related issues that fall outside the drug utilization review arena. With a background that spans the

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

- **Connie Lewis, MBA – Director of Technical Writing**, has 21 years of experience in various aspects of the Information Technology field. She has extensive experience designing, writing, and publishing both online and hardcopy user documentation for commercial software projects and for training purposes. Ms. Lewis is committed to developing clear, usable, and user-friendly documentation and serves as a user advocate in each project she undertakes. Ms. Lewis has led the design and development of all documentation for the PMP team. She continues to oversee the customization of these documents for each client as well as the maintenance of these documents throughout the contract-life. Ms. Lewis has overseen documentation development and maintenance for more than 18 implementation projects, including the WV CWP (MediWeb) and ePrescribing (WVeScript). Ms. Lewis will provide support of all documentation development during the implementation phase of the contract and will be responsible for any and all updates to product documentation and communications for the WV PA project for the duration of the contract.

Additional information on staff experience and expertise is provided in Appendix 6, *Resumes*.

2.3.4.2 Begin detailed planning for conversion activities and data interfaces within one (1) month of the start of the contract.

As the current vendor for the BMS's automated prior authorization solution, HID's service to BMS will continue without interruption in processing. Data interfaces are in place and monitored as part of our daily operational scope. BMS will enjoy a seamless contractual transition without additional implementation costs or increased resource demands on BMS staff.

2.3.4.3 Conduct and conclude all data interfaces at least forty eight (48) hours prior to the system installation.

Because HID is the current vendor for the BMS' Automated Prior Authorization solution, all data interfaces have been fully tested and are operational. HID is currently working with the Bureau's MMIS vendor on the testing and implementation of the ASC X12 and NCPDP D.0 standard for message transmission. The new standards will be fully tested and operational at least forty eight (48) hours prior to their installation into production. During the life of the contract, any changes and/or enhancements to data interfaces will be completed and fully tested at least forty eight (48) hours prior to installation into production.

2.3.4.4 Plan for and provide all hardware and software necessary for implementation.

HID currently provides and hosts all hardware and software for the RxPert Automated Prior Authorization solution. HID will continue to provide all necessary hardware and software for the duration of the contract.

HID will continue to utilize AtlantaNAP, a co-location company in Atlanta, Georgia to host the data center and data center services for the BMS Auto PA solution. HID and AtlantaNAP services are compliant with NIST and HIPAA-related security guidelines. AtlantaNAP has Statement of Auditing Standard No. 70 (SAS 70) Type II certification, which confirms that AtlantaNAP delivers fully secure and reliable, high quality operating standards in its data center operations. HID's IT staff directly manage all activities related to the data center for both corporate and operational oversight responsibilities.

HID's co-location partner, AtlantaNAP provides state-of-the-art physical security for the data center. AtlantaNAP is one of the leading data center operators in the southeastern United States, with over 12 years of experience in Web hosting. It is currently home to the only live, paper-less hospital (Piedmont Healthcare) that is hosted off-site in a commercial facility.

The AtlantaNAP facility is staffed 24/7, and all hardware, software, and networks are monitored accordingly. HID staff receive 24/7 notifications should a system issue arise. HID remote resolution procedures are implemented for all issues with data center personnel available for additional support. Access to data center areas within the facility include key card readers and an additional level of security that is authenticated with biometric hand scanners. Data center controls within the data center include locked secure cabinets/cages and additional video surveillance. All items entering or leaving the facility are logged by onsite security personnel. AtlantaNAP security personnel are armed, with the majority being off duty police officers with arrest powers.

2.3.4.5 Provide system modifications, training materials and documentation at least two (2) weeks prior to system testing and implementation

HID believes that strong, detailed system and user documentation is critical. To that end, HID provides each client with a customized training to assist all types of users in creating accounts and performing other activities and tasks as delegated by their assigned user role. HID's technical writing team continually updates system documentation to reflect all modifications, updates, and enhancements to the system. HID will ensure that system modifications, training materials, and documentation are provided to BMS at least two (2) weeks prior to system testing and implementation.

All documentation is designed, developed, and maintained by HID's expert technical writing team, led by Connie Lewis, MBA, HID's Director of Technical Writing. Ms. Lewis has 21 years of experience in various aspects of the Information Technology field. She has extensive experience designing, writing, and publishing both online and hardcopy user documentation for commercial software projects and for training purposes. Ms. Lewis is committed to developing clear, usable, and user-friendly documentation and

serves as a user advocate in each project she undertakes. Ms. Lewis has led the design and development of all documentation for the RxPert prior authorization solution. She continues to oversee the customization of these documents for each client as well as the maintenance of these documents throughout the contract-life.

Updates to all documentation will be generated each time a significant change has been made within RxSentry. The following is an outline of the steps HID will follow to update documentation:

- The development team will notify the technical writing team of the approved system change
- The technical writing team will prepare procedural information about the new or updated functionality and submit it for review and approval by the development team
- The new information will be submitted to BMS for approval
- All affected document(s) will be updated

2.3.4.6 Provide a timeline within ten (10) days of the contract award detailing plans for testing and implementation of the system.

HID provides the timeline below to outline the daily, weekly, monthly, quarterly, and annual tasks required for the operation of the RxPert Automated Prior Authorization Solution.

Task	Resource
Implementation Tasks	
Define criteria for savings report	Project Manager, Criteria Manager, System Analyst, BMS Staff
Receive approval of savings report methodology	Project Manager
Build savings report within the system	System Analyst
Test savings report functionality	System Analyst, IT Support Team
Go Live	ALL
Daily Operational Tasks	
Maintain Criteria Library ▪ Monitor FDA and drug manufacturer communications for new drug information, black box warnings and other information required to maintain the HID Criteria Library	Criteria Manager
Monitor RxPert Systems ▪ Monitor System Status ▪ Respond to system issues as they arise	Information Systems Manager, Database Administrator
Weekly Operational Tasks	
Pull claims data from the WV MMIS Vendor	Information Systems Manager,

	Database Administrator
Process claims data	Information Systems Manager, Database Administrator
Load claims data into the RxPert database	Information Systems Manager, Database Administrator
Monthly Operational Tasks	
Monthly Reports to include: ▪ Number of PA requests by therapeutic class, processed each month. ▪ Number of routine PA requests, by therapeutic class, processed each month. ▪ Number of PA requests denied, by therapeutic class, and routed to the help desk for manual PA, each month. ▪ Savings generated by reduced administrative costs for routine PA each month. ▪ Percentage of approved requests and denied requests, by therapeutic class, each month. ▪ A tracking report logging the amount of time required for processing automated requests each month.	Account Manager, Database Administrator
Quarterly Operational Tasks	
Update WV Automatic PA criteria as specified by BMS	Account Manager, Criteria Manager, Database Administrator
Yearly Operational Tasks	
Annual reports as required for CMS reporting.	Account Manager, Database Administrator
Other Operational Tasks - As Needed	
Documentation Updates	Account Manager, Database Administrator, Technical Writer
System upgrades to meet new HIPAA or technical standards (e.g. 5010, NCPDP D.0)	Account Manager, Information Systems Manager, Database Administrator
Documentation updates including: ▪ Disaster planning and recovery ▪ Privacy and security measures ▪ Work Plans for system enhancements or changes	Account Manager, Information Systems Manager, Database Administrator, Technical Writer

Reporting Requirements

The Vendor shall provide monthly reports within ten (10) business days of the month's end that contain, at a minimum, the following elements:

2.3.5.1 The number of prior authorization requests by therapeutic drug class, processed each month.

2.3.5.2 The number of routine prior authorizations, by therapeutic class processed each month.

2.3.5.3 The number of prior authorization requests denied, by therapeutic class, and routed to the help desk for manual prior authorizations each month.

2.3.5.4 Savings generated by reduced administrative costs for routine prior authorizations each month.

2.3.5.5 The percentage of approved requests and denied requests, by therapeutic drug class, each month.

2.3.5.6 A tracking report logging the amount of time required for processing automated requests each month.

HID meets this requirement. HID will provide the following monthly reports within ten (10) business days of the month's end that include the following information, at a minimum:

- The number of prior authorization requests by therapeutic drug class, processed each month
- The number of routine prior authorizations, by therapeutic class processed each month
- The number of prior authorization requests denied, by therapeutic class, and routed to the help desk for manual prior authorizations each month
- Savings generated by reduced administrative costs for routine prior authorizations each month, if appropriate data is available to HID from the MMIS vendor and BMS
- The percentage of approved requests and denied requests, by therapeutic drug class, each month.
- A tracking report logging the amount of time required for processing automated requests each month

In addition the monthly report HID currently submits to BMS, RxPert also provides quick and easy reporting functionality for BMS above and beyond the requirements of this RFQ. RxPert includes a series of pre-designed, standard reports that are easily accessed by authorized BMS users under the Reports menu option. Our standard prior authorization reports include:

- By Form Type for Specified Time
- By Data Entry for Specified Time
- By Drug Name for Specified Time
- By Reviewer for Specified Time

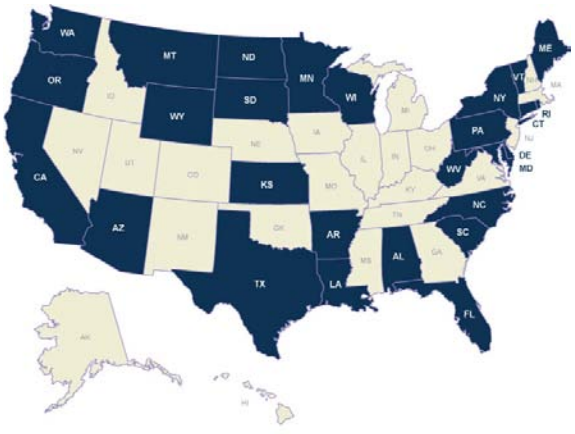
- By Initiation Type by Form Type for Specified Time
- By Request Type by Form Type for Specified Time
- Electronic PAs by Form Type Non-Duplicate
- By Criteria Number by Form Type for Specified Time
- For Denials by Drug Name for Specified Time
- By User for Specified Time
- By Test PAs for Specified Time

HID will provide ad-hoc reports for BMS, as needed. Sample reports are included as Appendix 5.

Experience

2.3.6.1 Provide information regarding the size and location of the company and the experience, capabilities, and resources of the company that qualify and enable them to provide prior authorization services.

For more than 30 years, HID has combined clinical and information technology expertise to recognize health care challenges and develop solutions to help health care organizations successfully meet them. The success in doing this is proven through renewed contracts with our current clients and the continued ability to successfully compete in the marketplace to add new clients. With a reputation for putting clients first and a history of continuous growth, HID sets the standard for client satisfaction and value-added partnerships.



HID was founded in 1976 to help health care organizations improve member health while reducing operating costs. HID's combination of clinical, professional, and information technology expertise has helped the company become a leader in health care analytics and pharmacy support services; providing clinical data management, analysis, and development and management of secure databases to public and private sector clients in 27 states, including 17 Medicaid agencies, 14 departments of health and boards of pharmacy, and multiple private pharmacy benefits management organizations.

We currently provide PA services, manual and/or automated, for Medicaid agencies in seven (7) states – Alabama, California, Minnesota, North Dakota, South Dakota, Texas, and West Virginia and are currently implementing RxPert for the State of New York. HID has gained exceptional experience and demonstrated superior development and implementation capabilities related to an automated PA system.

- We have been in the business of providing pharmacy support services and information technology solutions to state agencies for over 35 years.
- We have provided prior authorization services to state Medicaid programs since 1995—as one of the earliest providers of such services.
- We have satisfied requirements for state Medicaid and private industry clients—for prior authorization as well as an extensive range of other pharmacy support services—which provide us with repeat business and readily serve as positive references for the work that we do.
- We have an exceptional staff of approximately 150 professionals with appropriate certifications in their fields of expertise, including RPh, CPhT, RN and BSN and with terminal degrees in their professional areas, including PhD, PharmD, MD, MBA, and others.

Our PA system and services include:

- Assessment of current PA criteria for effectiveness and cost efficiency as well as analysis to determine the need for PA for additional drugs. (HID's *Therapeutic Library*, our criteria portfolio consisting of continually-updated, detailed clinical reviews for over 3,778 total criteria made up for 370 drug groups and 415 criteria sets, is built and maintained by the criteria development team.)
- Development of appropriate and clinically based PA criteria for drugs, including the translation of prior authorization criteria into an automated system that adjudicates the PA request and transmits a determination in an approved NCPDP 5.1 format to the fiscal agent.
- Integration of an automated PA system with Point of Sale pharmacy claims processing systems.
- Interfaces with additional claims processing systems in order to send messages to pharmacy providers that non-approved requests require a call to a prior authorization help desk.
- Development of reports as requested by the client.

HID's Partnership with WV BMS

HID has served West Virginia Department of Human Services, Bureau of Medical Services for 4 years. HID is proud of the strong partnership with the agency and hold firm the commitment to support BMS in the achievement of its mission and goals. HID currently provides the following services to BMS:

- Automated Prior Authorization
- P&T Committee Support
- Clinical Web Portal
- ePrescribing

Automated Prior Authorization

HID's RxPert® automated prior authorization (PA) processing system evaluates and processes PA requests at the point of sale. The automated processing provides rapid and efficient processing of prescription drug claims and shortened turnaround time for members, as well as reducing the number of calls to the PA Help Desk for routine PA requests.

RxPert's database stores recipient information, including pharmacy, medical, and lab work claims. When a prescription is entered at the point of sale, the prescription is compared against criteria created from client-approved guidelines that check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. If the required criteria for approval are met, RxPert immediately issues approval to the pharmacist. If the criteria are not met, the claim is rejected and the pharmacist is notified that the provider must submit a manual PA request. The WV BMS manual PA help desk can view adjudication results and details using RxPert's HIPAA-secure and user-friendly interface.

P&T Committee Support

HID dispensers assist the P&T Committee in identifying drug classes that provide the greatest cost savings without negative impacts on member quality of care or outcomes. As a result of the extensive clinical expertise, exhaustive reviews of prior and current drug utilization, and national experience in this area, HID is poised to provide pertinent, up to the minute recommendations.

Clinical Web Portal

HID designed and implemented the MediWeb Clinical Web Portal for the West Virginia Bureau for Medical Services. This allows prescribers and dispensers to view, using a standard Web browser, 24 months of pharmacy claims, diagnosis claims, or procedure claims history. Prescribers and dispensers who have been approved for access to the MediWeb Clinical Web Portal may also submit prior authorization requests via the PAXpress feature.

ePrescribing

HID worked with BMS to successfully expand the MediWeb Portal to include an ePrescribing component. This feature uses input screens to securely capture prescription information and electronic signatures and transmit that information directly to the pharmacy selected by the member or through an interface with third-party e-prescribing networks (e.g. RxHub and similar networks).

2.3.6.2 Provide at least three (3) references, not including West Virginia, from clients who have experience with the Vendor's prior authorization application.

HID is committed to providing systems and services to public and private clients and helping our clients provide improved health care in a cost-effective manner. HID provides reference information for three current clients on the following pages:

Alabama Medicaid Agency

The components of HID's contract with the Alabama Medicaid Agency are described in the table below.

Alabama Medicaid Agency Solutions	
Solution	**Description**
RetroDUR Clinical Criteria Processing, Intervention Management, and Data Analysis and Decision Support	HID's RxExplorer system comprises two main components: a clinical criteria processing and intervention management engine (DURBase) and a pharmacy data analysis and decision support (DADS) tool. HID's clinical staff work with the Alabama Medicaid Agency to determine and define which clinical interventions should take place. This information serves as the basis for the therapeutic criteria, which are loaded into RxExplorer's DURBase application, the engine that drives the RetroDUR process. DURBase runs claims against the therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, overutilization, underutilization, disease states, and cost savings. Upon completion, DURBase produces a full Initial Criteria Exception Report (ICER) that identifies potential drug-related problems in the cycle and the number of occurrences of each problem, subdivided into risk categories (high, medium, low). The ICER is reviewed by HID's clinical staff, who propose which criteria exceptions should be examined in more depth. The chosen therapeutic criteria exceptions are then processed and member profiles are created. DURBase is also used to conduct monthly reviews of the claims submitted to HID to update each member's drug history. The information from the selected member profiles is used to create educational intervention packets and the packets are sent to the prescribers for each member. Cost effectiveness of each intervention is calculated, and along with prescriber feedback, is provided to the State. The DADS component of RxExplorer is a user-friendly, browser-based data mining tool that combines quick and easy access to standard reports as well as robust ad hoc reporting tools. Using this, the Agency user can perform a host of analytic tasks; for example, the user can readily view graphical representations of drug utilization trends.
Profile Review (ProfileXpress)	HID's clinical staff review member profiles for those members who have been selected as high-risk using ProfileXpress, HID's electronic profile review system. Upon review of demographic, diagnostic, pharmacy and medical claims data, the profile reviewer can choose to send an educational mailing to the provider or recommend the member for the state lock-in program, when appropriate. HID reviews approximately 300 profiles each month for the Alabama Medicaid Agency.

Alabama Medicaid Agency Solutions	
Solution	**Description**
Academic Detailing and Educational Interventions	HID performs educational intervention by educating Alabama Medicaid providers on the proper administration of medications in accordance with evidence based rules. One of the largest intervention projects that HID has performed for the Alabama Medicaid Agency dealt with asthma. Members were chosen based on pre-defined criteria such as over-utilization of beta agonists or recent asthma related emergency room visits. Once selected, the recipient's drug history profile and diagnosis data were reviewed by a clinical pharmacist. Those members who appeared to be at risk for developing negative outcomes associated with asthma and who had no other chronic lung condition noted on their history were flagged and their provider was sent an interventional letter, a 12-month drug history member profile, and educational materials related to asthma. The total cost savings to the Agency was substantial.
DUR/RDUR Board Support	HID understands that DUR Board meetings are critical to an effective DUR program and that many of the administrative activities of the Board often rely on a high-level clinical understanding. HID coordinates DUR Board Meetings to update therapeutic criteria, provider education, and interventions for retrospective and prospective DUR. In providing support to the Alabama Medicaid DUR Board, HID offers valuable expertise, a firm understanding of related services, and clinical objectivity.
Provider Newsletters	HID offers additional provider education through the production of a quarterly newsletter, which is posted on the Web site HID maintains for the Alabama Medicaid Agency and sent to all major provider associations through the Agency's listserv. The newsletter provides information about any changes taking place within the Medicaid program, PDL updates, general clinical information, and any information regarding criteria changes and/or clarifications.
On-Site Clinical Pharmacist	HID assigns a clinical pharmacist to work full time on-site at the Alabama Medicaid Agency office. This pharmacist possesses superior clinical competence, demonstrated proficiency in drug therapy management, has at a minimum two years experience in outmember/community pharmacy, is licensed in the State of Alabama, holds a current preceptor license, and is in good standing with the Alabama Board of Pharmacy. The clinical pharmacist's work schedule is determined by the Alabama Medicaid Agency Director of Pharmacy, based on how she can best serve the Agency; however, the majority of her time is normally spent providing clinical support to the Agency's Pharmacy Program staff.
Quarterly/Annual Reports and CMS Report Preparation	In order to assess the productivity of the Medicaid program, HID provides the Alabama Medicaid Agency with quarterly and annual reports that include valuable summary information such as current Board activity and statistical analysis of cost savings, trends in usage, and intervention review. These reports often highlight the changes that could be made to improve quality of care and cost effectiveness. HID also supports the Agency in their preparation of the annual CMS Report.

Alabama Medicaid Agency Solutions	
Solution	**Description**
Automated Prior Authorization and Electronic Prior Authorization	HID's RxPert automated prior authorization (PA) processing system evaluates and processes PA requests at the point of sale. The automated processing provides rapid and efficient processing of prescription drug claims and shortened turnaround time for members, as well as reducing the number of calls to the PA Help Desk for routine PA requests. RxPert's database stores recipient information, including pharmacy, medical, and lab work claims. When a prescription is entered at the point of sale, the prescription is compared against criteria created from client-approved guidelines that check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. If the required criteria for approval are met, RxPert immediately issues approval to the pharmacist. If the criteria are not met, the claim is rejected and the pharmacist is notified that the provider must submit a manual PA request. HID's PAXpress application allows providers to securely submit PA requests using their PC's browser and an Internet connection. The electronic submission saves providers time. Instead of having to complete paper forms and fax them to the PA Help Desk, they can complete the forms online and send them directly.
PA Help Desk	Providers may submit requests to the PA Help Desk electronically using PAXpress or by fax, e-mail, U.S. mail, or over the telephone. PA Help Desk staff adjudicate the PA requests according to the criteria approved by the Alabama Medicaid Agency. HID's PA Help Desk functions are conducted in a paperless environment. Paperless processing significantly decreases turnaround time, enhancing the quality of member care as well as providing a more effective and efficient solution for HID's clients. In addition, this "EcoGreen" approach provides a more sensitive approach to the environment. All PA transactions managed through RxPert, as well as those managed through HID's PA Help Desk staff, are posted in the PA database. HID and authorized Agency staff can access this data securely using an Internet browser to determine the status of any PA request.

Contact Information for Alabama Medicaid Agency

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Texas Health and Human Services Commission

The components of HID's contract with the Texas Health and Human Services Commission are described in the following table.

Texas Health and Human Services Commission Solutions	
Solution	**Description**
Automated Prior Authorization	HID's RxPert automated prior authorization (PA) processing system evaluates and processes PA requests at the point of sale. The automated processing provides rapid and efficient processing of prescription drug claims and shortened turnaround time for members, as well as reducing the number of calls to the PA Help Desk for routine PA requests. RxPert's database stores recipient information, including pharmacy, medical, and lab work claims. When a prescription is entered at the point of sale, the prescription is compared against criteria created from client-approved guidelines that check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. If the required criteria for approval are met, RxPert immediately issues approval to the pharmacist. If the criteria are not met, the claim is rejected and the pharmacist is notified that the provider must submit a manual PA request.
Electronic Prior Authorization	HID's PAXpress application allows providers to securely submit PA requests using their PC's browser and an Internet connection. The electronic submission saves providers time. Instead of having to complete paper forms and fax them to the PA Help Desk, they can complete the forms online and send them directly.
PA Help Desk	Providers may submit requests to the PA Help Desk electronically using PAXpress or by fax, e-mail, U.S. mail, or over the telephone. PA Help Desk staff adjudicate the PA requests according to the criteria approved by the Texas Health and Human Services Commission. HID's PA Help Desk functions are conducted in a paperless environment. Paperless processing significantly decreases turnaround time, enhancing the quality of member care as well as providing a more effective and efficient solution for HID's clients. In addition, this "EcoGreen" approach provides a more sensitive approach to the environment. All PA transactions managed through RxPert, as well as those managed through HID's PA Help Desk staff, are posted in the PA database. HID and authorized Agency staff can access this data securely using an Internet browser to determine the status of any PA request.

Contact Information for Texas Health and Human Services Commission

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South Dakota Department of Social Services

The components of HID's contract with the South Dakota Department of Social Services are described in the following table.

South Dakota Department of Human Services Solutions	
Solution	**Description**
RetroDUR Clinical Criteria Processing, Intervention Management, and Data Analysis and Decision Support	HID's RxExplorer system comprises two main components: a clinical criteria processing and intervention management engine (DURBase) and a pharmacy data analysis and decision support (DADS) tool. HID's clinical staff work with the South Dakota Department of Social Services to determine and define which clinical interventions should take place. This information serves as the basis for the therapeutic criteria, which are loaded into RxExplorer's DURBase application, the engine that drives the RetroDUR process. DURBase runs claims against the therapeutic criteria to examine the data for drug-drug interactions, drug-disease contraindication and precautions, overutilization, underutilization, disease states, and cost savings. Upon completion, DURBase produces a full Initial Criteria Exception Report (ICER) that identifies potential drug-related problems in the cycle and the number of occurrences of each problem, subdivided into risk categories (high, medium, low). The ICER is reviewed by HID's clinical staff, who propose which criteria exceptions should be examined in more depth. The chosen therapeutic criteria exceptions are then processed and member profiles are created. DURBase is also used to conduct monthly reviews of the claims submitted to HID to update each member's drug history. The information from the selected member profiles is used to create educational intervention packets and the packets are sent to the prescribers for each member. Cost effectiveness of each intervention is calculated, and along with prescriber feedback, is provided to the Department. The DADS component of RxExplorer is a user-friendly, browser-based data mining tool that combines quick and easy access to standard reports as well as robust ad hoc reporting tools. Using this, the Department user can perform a host of analytic tasks; for example, the user can readily view graphical representations of drug utilization trends.
Profile Review	HID's clinical staff review member profiles for those members who have been selected as high-risk. Upon review of demographic, diagnostic, pharmacy and medical claims data, the profile reviewer can choose to send an educational mailing to the provider or recommend the member for the state lock-in program, when appropriate.

South Dakota Department of Human Services Solutions	
Solution	**Description**
Academic Detailing and Educational Interventions	HID performs educational intervention by educating South Dakota Medicaid providers on the proper administration of medications in accordance with evidence based rules.
DUR/RDUR Board Support	HID understands that DUR Board meetings are critical to an effective DUR program and that many of the administrative activities of the Board often rely on a high-level clinical understanding. HID coordinates DUR Board Meetings to update therapeutic criteria, provider education, and interventions for retrospective and prospective DUR. In providing support to the South Dakota Medicaid DUR Board, HID offers valuable expertise, a firm understanding of related services, and clinical objectivity.
Provider Newsletters	HID offers additional provider education through the production of a quarterly newsletter, which is distributed to all South Dakota Medicaid providers. This newsletter includes information about recent Medicaid updates and general clinical information of value to providers.
Quarterly/Annual Reports and CMS Report Preparation	In order to assess the productivity of the Medicaid program, HID provides South Dakota Department of Human Services with quarterly and annual reports that include valuable summary information such as current Board activity and statistical analysis of cost savings, trends in usage, and intervention review. These reports often highlight the changes that could be made to improve quality of care and cost effectiveness. HID also supports the Department in their preparation of the annual CMS Report.
Automated Prior Authorization	HID's RxPert automated prior authorization (PA) processing system evaluates and processes PA requests at the point of sale. The automated processing provides rapid and efficient processing of prescription drug claims and shortened turnaround time for members, as well as reducing the number of calls to the PA Help Desk for routine PA requests. RxPert's database stores recipient information, including pharmacy, medical, and lab work claims. When a prescription is entered at the point of sale, the prescription is compared against criteria created from client-approved guidelines that check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. If the required criteria for approval are met, RxPert immediately issues approval to the pharmacist. If the criteria are not met, the claim is rejected and the pharmacist is notified that the provider must submit a manual PA request.

South Dakota Department of Human Services Solutions	
Solution	**Description**
PA Help Desk	Providers may submit requests to the PA Help Desk electronically using PAXpress or by fax, e-mail, U.S. mail, or over the telephone. PA Help Desk staff adjudicate the PA requests according to the criteria approved by the Department. HID's PA Help Desk functions are conducted in a paperless environment. Paperless processing significantly decreases turnaround time, enhancing the quality of member care as well as providing a more effective and efficient solution for HID's clients. In addition, this "EcoGreen" approach provides a more sensitive approach to the environment. All PA transactions managed through RxPert, as well as those managed through HID's PA Help Desk staff, are posted in the PA database. HID and authorized Department staff can access this data securely using an Internet browser to determine the status of any PA request.
P&T Committee Support	HID understands that Pharmacy and Therapeutics Committee meetings are critical to an effective PA program and that many of the administrative activities of the Committee often rely on a high-level clinical understanding. HID coordinates P&T Committee Meetings to update therapeutic criteria and discuss trends and changes in the industry. In providing support to the South Dakota Medicaid P&T Committee, HID offers valuable expertise, a firm understanding of related services, and clinical objectivity.
Drug Lookup	HID created and maintains a Web portal that allows prescribers and dispensers to look up information about prescription drug coverage for the South Dakota Medicaid program Searches can be conducted using NDC, NDC/date, drug name and drug name/date. Prescribers and dispensers can then determine coverage status, pricing (EAC/MAC), prior authorization status, copay, and quantity limits. This has reduced the numbers of calls into the Department regarding reimbursement and coverage questions and improved adherence to South Dakota's PDL.

Contact Information for South Dakota Department of Social Services

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Optional Services

The Vendor shall provide additional services to comply with externally driven changes to BMS programs and requirements, including any state of federal laws, rules and regulations. Services provided by the Vendor could include, but not be limited to assistance with policy development, impact analysis, requirements definition and testing activities that require substantial subject matter expertise derived from experience in other states, other healthcare organizations or participation in federal activities. Provide implementation support as requested.

HID understands that the needs and goals of Medicaid agencies, including BMS, are contingent upon federal and state laws, rules and regulations. We also know that Medicaid agencies must be able to react well to changes in requirements and shifts in the industry. As a mid-size company staffed with a high percentage of functional experts, HID is a nimble organization that can react rapidly and deploy new or modified solutions efficiently. We are proud of our ability to provide steady and consistent support to our clients, even when changes are mandated.

HID will provide additional services to comply with any externally driven changes to BMS programs and requirements, including state or federal laws, rules, and regulations. HID will provide assistance in the following areas:

- Assistance with policy development
- Impact analysis
- Requirements definition
- Testing activities
- Subject matter expertise
- Participation in federal activities
- Implementation support, as requested

Additionally, in an effort to support BMS in continuing to provide clinically sound and fiscally responsible programming, HID recommends the following optional services enhancements to the current automated prior authorization services as a method to test potential cost savings and increase system usability:

- Pilot project to study the potential cost savings of activating additional criteria
- Additional webinar training for State staff

Monthly reports show that the approval rate for automated PA requests is significantly low, averaging around 4%. This low rate of approvals is due to the fact that a significant portion of BMS criteria in RxPert have been created, but have never been activated. Thus, all claims for those drugs and/or drug classes are automatically denied. Denied claims may then be submitted to the WV PA Help Desk for manual review. Manual review of PA claims is both time consuming and costly. To meet this challenge, HID proposes a pilot project for BMS to test the potential for costs savings that may be generated by activating a greater portion of BMS's current criteria.

To prepare for the project, HID will work with BMS to determine an expanded set of criteria that meets BMS goals for both healthcare outcomes for clients and the most current FDA recommendations. Then, these rules will be loaded into the RxPert production environment and specifically marked to not process online. Claims will still run against the inactive rules, but transmissions regarding approval or denial based on this rule will not be sent to the MMIS. After 120 days, HID will provide BMS with an estimated outcomes report, financial and non-financial, to document the potential effects of activating the test criteria set. By allowing RxPert to adjudicate a segment of drug and/or drug class claims behind the scenes, BMS may be able to identify significant, potential savings through reduced administrative costs and reduced time required by the manual PA review process.

HID also recommends additional webinar training for BMS staff on the functionality of RxPert, including criteria management and report tools. RxPert includes a wide variety of capabilities to increase the effectiveness of the Agency's workflow, provide BMS with the ability to view important program information at any time, and review PA statuses in real-time. HID's clinical and technical team will host the webinars to demonstrate the ease of use for these functions and the significant outcomes BMS staff can gain from utilizing these capabilities.

Appendix 4 – Sample Reports

Introduction

HID provides sample RxPert reports on the following pages.

West Virginia
Bureau of Medical Services
Automated Prior Authorization Approvals
09/01/2011-09/30/2011

Form Type	Form Type Description /Sub Group	Number Of Approvals	Approval Reason
ACE	ACE Inhibitors		
ACE	RAMI	1	Prior PA
ACP	Acne Products		
ACP	RET7	2	Prior PA
ACV	Anticonvulsants		
ACV	HYDN	2	Prior PA
ACV	HYDN	3	Alternate Therapy Preferred Hydantoin
ADP	Antidepressants		
ADP	ADPN	10	Alternate Therapy SSRI Therapy
ADP	ADPP	24	Prior PA
ADP	SAVE	5	Prior PA
ADP	SAVE	9	DX - Fibromyalgia
ADP	SAVE	19	Preferred Fibromyalgia Agent
ADP	SSRI	3	Prior PA
ADP	SSRI	1	Alternate Therapy Preferred SSRI
ADP	VENL	2	SSRI Therapy
AFG	Antifungals		
AFG	AFGS	1	Alternate Therapy Preferred Antifungal Shampoos
AHC	Antihistamines - Min Sedating Combos		
AHC	ALLD	1	Prior PA
AHS	Antihistamines - Min Sedating Single Ent		
AHS	ALSP	1	Prior PA
AHS	CXTP	2	Prior PA
AHS	FEXP	7	Prior PA
AII	Antiinfluenza Agents - Oral		
AII	AMAN	1	Prior PA
AII	AMAN	1	DX- Parkinsonism

ALP	Antihyperlipidemics		
ALP	LOVA	5	Prior PA
ALP	LOVA	8	Prior Nicotonic or Fibrate Therapy
ALP	LOVA	51	Nicotinic Acid or Fibrates Contraindications
AMO	Antiemetics - Oral		
AMO	MARC	2	Alternate Therapy Promethazine/Ondansetron
AMO	MARP	1	Prior PA
ANA	Analgesic		
ANA	NUCP	1	Prior PA
ANG	Antianginal Agent		
ANG	RANE	6	Adjuncts (CCB, BBs, Nitrates)
APS	Antipsychotics		
APS	SRQL	15	Appropriate Diagnosis Bipolar Disorder
APS	SRQL	2	Appropriate Diagnosis Schizophrenia
APS	SRQP	4	Prior PA
BCH	Bronchodilators		
BCH	ACCN	202	AccuNeb Age 0-5
BCH	ALBU	1	Prior PA
BCH	ALBU	7	Alternate Therapy Preferred Combivent
BCH	OTIS	19	Prior PA
BCH	OTIS	3	Alternate Therapy Preferred Inhalation Solu
BCH	SIHN	1	Alternate Therapy Preferred Maxair
BCH	SIHP	3	Prior PA
BCH	XOPD	4	Appropriate Diagnosis Cardiovascular Disease
BCH	XOPN	15	Prior PA
BCH	XOPN	7	Alternate Therapy Preferred Albuterol
BIS	Bisphosphonates		
BIS	BIS	5	Prior PA
BIS	BIS	4	Alternate Therapy Preferred Bisphosphonates
BIS	EVIP	3	Prior PA
BPH	BPH Agents		
BPH	RAPA	1	Alternate Therapy Preferred BPH Agents
CCB	CCBs - Oral		
CCB	NIFE	17	Appropriate Diagnosis Pregnancy

CRA	Cephalosporins and Related Antibiotics		
CRA	CRA	2	Prior PA
CTR	Contraceptives		
CTR	CTR	4	Prior PA
CTR	CTR	3	Preferred OC Agent
GLU	Glucocorticoids - Inhaled		
GLU	GLU	1	Prior PA
IME	Incretin Mimetics/Enhancers		
IME	JANM	18	Prior Preferred TZD, SFU or Met
IME	JANV	69	Prior Preferred TZD, SFU or Met
IME	ONGL	35	Prior Preferred TZD, SFU, or Met
IRA	Intranasal Rhinitis Agent		
IRA	INAN	16	Alternate Therapy Preferred Intranasal Corticosteroids
IRA	INAP	9	Prior PA
IRA	VERP	1	Prior PA
IRA	VERP	131	Age Check 0-11
LIP	Lipotropics		
LIP	FIBR	1	Alternate Therapy Preferred Fibric Acid Deriv
LIP	VYT	9	Prior PA
LIP	WELN	1	Prior PA
LIP	WELN	12	Alternate Therapy Statins
LIP	ZETI	7	Prior PA
LIP	ZETI	32	Alternate Therapy Statins
MAK	Marcolides/Ketolides - Oral		
MAK	MAC	5	Prior PA
MSA	Multiple Sclerosis Agents		
MSA	MSA	8	Prior PA
NSA	NSAIDS		
NSA	NSA	2	Prior PA

OIC	Opioid Induced Constipation		
OIC	RELP	1	Prior PA
PAI	Platelet Aggregation Inhibitors		
PAI	PAI	4	Alternate Therapy Preferred PAIs
PAR	Parathyroid Agents		
PAR	PAR	2	Alternate Therapy Preferred Parathyroid
PED	Pediculicides/Scabicides		
PED	PED	1	Prior PA
PPI	Proton Pump Inhibitors		
PPI	PPI	13	Prior PA
PPI	PPI	2	Alternate Therapy Preferred PPIs
RLA	Related Antibiotics (Oral)		
RLA	RLA	6	Alternate Therapy Preferred Related Antiobitics
SAN	NP Short-Acting Narcotics		
SAN	PZTP	1	Prior PA
SHY	Sedative Hypnotics		
SHY	SEDH	17	Prior PA
SMR	Skeletal Muscle Relaxants		
SMR	MURS	1	Prior PA
SMR	MUSR	3	Prior PA
TEK	Tekturna		
TEK	TEKN	1	Prior PA
TEK	TEKN	22	Alternate Therapy Preferred ACE ARB or Combo
TEK	VALT	2	Prior PA
TEK	VALT	8	Prior Tekturna Use
TPA	Topical Analgesics		
TPA	FLEP	1	Prior PA
TPA	LID	2	Prior PA
TPA	LID	1	Prior Oral PHN Agents
TRT	Triptans		
TRT	TRPP	5	Prior PA

TTR	Tetracyclines		
TTR	TTR	1	Prior PA
TZD	Hypoglycemics		
TZD	AVAP	1	Prior PA
TZD	AVAP	1	Preferred Piogllitazone
ULC	Ulcerative Colitis Agents		
ULC	UCOR	1	Prior PA

West Virginia Bureau fo Medical Services
Prior Authorization
Automated PAs Non-Duplicate By Date
09/01/11 TO 09/30/11
For Programs: ALL

FORM ID	FORM DESCRIPTION	# UNIQUE APPROVED	# UNIQUE DENIED	# UNIQUE INCOMPLETE	UNIQUE TOTAL	APPROVAL PERCENTAGE	TOTALS TRANS ACTIONS
AAI	Acne Anti-Infectives	0	23	0	23	0.00%	47
ABB	Alpha/Beta-Blockers (Oral)	0	5	0	5	0.00%	16
ACE	ACE Inhibitors	1	7	0	8	12.50%	9
ACP	Acne Products	2	575	0	577	0.30%	734
ACV	Anticonvulsants	5	255	0	260	1.90%	438
ADP	Antidepressants	73	1128	0	1201	6.10%	1891
AFG	Antifungals	1	68	0	69	1.40%	84
AFO	NP Antifungals Oral	0	235	0	235	0.00%	375
AHC	Antihistamines - Min Sedating Combos	1	53	0	54	1.90%	64
AHS	Antihistamines - Min Sedating Single Ent	10	342	0	352	2.80%	471
AII	Antiinfluenza Agents - Oral	2	13	0	15	13.30%	16
AKE	Acne Keratolytics	0	43	0	43	0.00%	54
ALP	Antihyperlipidemics	64	93	0	157	40.80%	208
ALZ	Alzheimer's Agents	0	328	0	328	0.00%	402
AMI	NP Amitiza	0	125	0	125	0.00%	149
AMO	Antiemetics - Oral	3	16	0	19	15.80%	26
ANA	Analgesic	1	229	0	230	0.40%	419
AND	NP Androgenic Agents	0	7	0	7	0.00%	10
ANG	Antianginal Agent	6	42	0	48	12.50%	73
APK	Antiparkinson's	0	26	0	26	0.00%	36
APS	Antipsychotics	21	1755	0	1776	1.20%	2571
ARB	Angiotensin Modulators	0	47	0	47	0.00%	65
AVR	Antivirals - Oral	0	21	0	21	0.00%	31
AVT	Antivirals-Topicals	0	168	0	168	0.00%	225
BAC	Vaginal Antibacterials	0	144	0	144	0.00%	201
BBO	Beta Blockers (Oral)	0	57	0	57	0.00%	95
BCH	Bronchodilators	262	549	0	811	32.30%	1275
BEZ	Benzodizaepines-Others	0	2	0	2	0.00%	3
BIS	Bisphosphonates	12	36	0	48	25.00%	66
BOR	Bone Resorption Agents	0	13	0	13	0.00%	14
BPH	BPH Agents	1	14	0	15	6.70%	32
BRA	Bladder Relaxant Agents	0	137	0	137	0.00%	178
CCB	CCBs - Oral	17	41	0	58	29.30%	96
CON	Contraceptives	0	126	0	126	0.00%	201

COX	COX-IIs	0	177	0	177	0.00%	235
CRA	Cephalosporins and Related Antibiotics	2	74	0	76	2.60%	111
CTR	Contraceptives	7	116	0	123	5.70%	210
DED	Declomycin and Demmeclocycline	0	2	0	2	0.00%	6
FLU	Fluoroquinolones - Oral	0	3	0	3	0.00%	7
GIA	NP Miscellaneous GI Agents	0	7	0	7	0.00%	11
GLA	Glaucoma Ophthalmic Agents	0	48	0	48	0.00%	70
GLU	Glucocorticoids - Inhaled	1	1228	0	1229	0.10%	1625
GWA	Genital Wart Agents	0	28	0	28	0.00%	33
HCA	NP Hep C Agents	0	88	0	88	0.00%	121
HYP	Antihypertensive	0	43	0	43	0.00%	67
IIV	Injectables and Ivs	0	997	0	997	0.00%	1489
IME	Incretin Mimetics/Enhancers	122	179	0	301	40.50%	404
IMI	Imiquimod-Generic	0	101	0	101	0.00%	270
IMP	Impetigo Agents	0	151	0	151	0.00%	195
INP	Insulin Pens	0	46	0	46	0.00%	81
INS	Insulins	0	32	0	32	0.00%	47
IRA	Intranasal Rhinitis Agent	157	402	0	559	28.10%	726
KIN	Kinase Inhibitors	0	3	0	3	0.00%	8
LAN	Long-Acting Narcotics	0	25	0	25	0.00%	38
LEU	Leukotriene Modifiers	0	12	0	12	0.00%	13
LIP	Lipotropics	62	1275	0	1337	4.60%	2109
MAK	Marcolides/Ketolides - Oral	5	193	0	198	2.50%	290
MEG	Meglitidindes	0	7	0	7	0.00%	10
MIC	NP Miscell Antibiotics	0	31	0	31	0.00%	53
MPS	NP Menopausal Agents	0	1	0	1	0.00%	2
MSA	Multiple Sclerosis Agents	8	24	0	32	25.00%	36
NAR	NP Narcotic Powders	0	2	0	2	0.00%	2
NSA	NSAIDS	2	272	0	274	0.70%	373
OAB	Ophthalmic Antibiotics	0	202	0	202	0.00%	259
OCT	Octreotide	0	5	0	5	0.00%	6
OIC	Opioid Induced Constipation	1	0	0	1	100.00%	1
ONS	Ophthalmic NSAIDS	0	49	0	49	0.00%	70
OPH	Ophthalmic	0	61	0	61	0.00%	82
OTI	Otic Fluoroquinolones	0	40	0	40	0.00%	64
PAH	NP PAH Oral/Inhalation Agents	0	4	0	4	0.00%	6
PAI	Platelet Aggregation Inhibitors	4	52	0	56	7.10%	82
PAN	Pancreatic Enzymes	0	4	0	4	0.00%	5
PAR	Parathyroid Agents	2	384	0	386	0.50%	531
PED	Pediculicides/Scabicides	1	63	0	64	1.60%	97
PHO	Phosphate Binders	0	48	0	48	0.00%	87
PPI	Proton Pump Inhibitors	15	2369	0	2384	0.60%	3357
PSO	Psoriatic Agents	0	15	0	15	0.00%	20
QUA	Qualaquin	0	1	0	1	0.00%	1
RLA	Related Antibiotics (Oral)	6	50	0	56	10.70%	82
SAN	NP Short-Acting Narcotics	1	126	0	127	0.80%	199
SHY	Sedative Hypnotics	17	301	0	318	5.30%	446
SMK	Smoking Cessation Products	0	957	0	957	0.00%	1418
SMM	NP SMM Topicals	0	270	0	270	0.00%	339
SMR	Skeletal Muscle Relaxants	4	9662	0	9666	0.00%	10893

STM	Stimulants and Related Agents	0	4127	0	4127	0.00%	4982
TEK	Tekturna	33	11	0	44	75.00%	50
TNS	NP Transdermal Hormones	0	2	0	2	0.00%	2
TPA	Topical Analgesics	4	401	0	405	1.00%	506
TPG	Topical Glucocorticoids	0	113	0	113	0.00%	146
TRT	Triptans	5	354	0	359	1.40%	535
TTR	Tetracyclines	1	62	0	63	1.60%	83
TZD	Hypoglycemics	2	142	0	144	1.40%	197
ULC	Ulcerative Colitis Agents	1	22	0	23	4.30%	34
UNK	Unknown	0	24407	0	24407	0.00%	31255
VTO	Vitamins - Oral	0	278	0	278	0.00%	387
XEN	NP Xenical	0	1	0	1	0.00%	1
XNX	Xanax XR - Clinical PA	0	8	0	8	0.00%	12
TOTALS		**945**	**56881**	**0**	**57826**	**1.60%**	**75452**

West Virginia
Bureau of Medical Services
Active Automated Prior Authorizations Non-Duplicate
09/01/2011-09/30/2011

Form Id	Form Description	Unique Approvals	Unique Denials	Unique Totals	Approval Percentage
AAI	Acne Anti-Infectives	0	23	23	0.00%
ABB	Alpha/Beta-Blockers (Oral)	0	5	5	0.00%
ACE	ACE Inhibitors	1	7	8	12.50%
ACP	Acne Products	2	575	577	0.35%
ACV	Anticonvulsants	5	12	17	29.41%
ADP	Antidepressants	73	1114	1187	6.15%
AFG	Antifungals	1	68	69	1.45%
AHC	Antihistamines - Min Sedating Combos	1	53	54	1.85%
AHS	Antihistamines - Min Sedating Single Ent	10	342	352	2.84%
AII	Antiinfluenza Agents - Oral	2	13	15	13.33%
AKE	Acne Keratolytics	0	43	43	0.00%
ALP	Antihyperlipidemics	64	93	157	40.76%
AMO	Antiemetics - Oral	3	16	19	15.79%
ANA	Analgesic	1	81	82	1.22%
ANG	Antianginal Agent	6	42	48	12.50%
APS	Antipsychotics	21	106	127	16.54%
ARB	Angiotensin Modulators	0	47	47	0.00%
AVT	Antivirals-Topicals	0	168	168	0.00%
BAC	Vaginal Antibacterials	0	45	45	0.00%
BBO	Beta Blockers (Oral)	0	49	49	0.00%
BCH	Bronchodilators	262	551	813	32.23%
BIS	Bisphosphonates	12	36	48	25.00%
BPH	BPH Agents	1	14	15	6.67%
BRA	Bladder Relaxant Agents	0	137	137	0.00%
CCB	CCBs - Oral	17	41	58	29.31%
CRA	Cephalosporins and Related Antibiotics	2	74	76	2.63%
CTR	Contraceptives	7	116	123	5.69%
DED	Declomycin and Demmeclocycline	0	2	2	0.00%
FLU	Fluoroquinolones - Oral	0	3	3	0.00%
GLU	Glucocorticoids - Inhaled	1	65	66	1.52%
GWA	Genital Wart Agents	0	28	28	0.00%
IME	Incretin Mimetics/Enhancers	122	120	242	50.41%
INS	Insulins	0	32	32	0.00%
IRA	Intranasal Rhinitis Agent	157	402	559	28.09%
KIN	Kinase Inhibitors	0	3	3	0.00%
LAN	Long-Acting Narcotics	0	23	23	0.00%
LEU	Leukotriene Modifiers	0	3	3	0.00%
LIP	Lipotropics	62	202	264	23.48%
MAK	Marcolides/Ketolides - Oral	5	193	198	2.53%
MEG	Meglitidindes	0	7	7	0.00%
MSA	Multiple Sclerosis Agents	8	24	32	25.00%
NSA	NSAIDS	2	272	274	0.73%
OAB	Ophthalmic Antibiotics	0	202	202	0.00%

OIC	Opioid Induced Constipation	1	0	1	100.00%
ONS	Ophthalmic NSAIDS	0	49	49	0.00%
OPH	Ophthalmic	0	34	34	0.00%
OTI	Otic Fluoroquinolones	0	40	40	0.00%
PAI	Platelet Aggregation Inhibitors	4	2	6	66.67%
PAN	Pancreatic Enzymes	0	4	4	0.00%
PAR	Parathyroid Agents	2	384	386	0.52%
PED	Pediculicides/Scabicides	1	63	64	1.56%
PPI	Proton Pump Inhibitors	15	1365	1380	1.09%
PSO	Psoriatic Agents	0	15	15	0.00%
QUA	Qualaquin	0	1	1	0.00%
RLA	Related Antibiotics (Oral)	6	50	56	10.71%
SAN	NP Short-Acting Narcotics	1	126	127	0.79%
SHY	Sedative Hypnotics	17	301	318	5.35%
SMR	Skeletal Muscle Relaxants	4	9662	9666	0.04%
TEK	Tekturna	33	11	44	75.00%
TPA	Topical Analgesics	4	401	405	0.99%
TPG	Topical Glucocorticoids	0	113	113	0.00%
TRT	Triptans	5	312	317	1.58%
TTR	Tetracyclines	1	62	63	1.59%
TZD	Hypoglycemics	2	5	7	28.57%
ULC	Ulcerative Colitis Agents	1	20	21	4.76%
XNX	Xanax XR - Clinical PA	0	8	8	0.00%
TOTALS		**945**	**18457**	**19402**	**4.87%**

Appendix 5 – Resumes

Introduction

HID provides resumes of named key staff on the following pages.

Guy Robert DiBenedetto, Jr., MBA

President and CEO

Professional Summary

As President and Chief Executive Officer (CEO) of HID, Rob DiBenedetto manages approximately 150 employees providing health analytics systems and services to Medicaid and public health programs in 27 states. Mr. DiBenedetto's responsibilities include supervising day-to-day operations as well as long-term research and development activities.

Mr. DiBenedetto manages each new project with a keen eye toward satisfying the customer's expectations. This involves understanding the customer's business domain and procedures as well as the technical and product requirements. With complex projects, this also involves managing large teams of clinical professionals, technical specialists, subcontractors, and customer liaisons using the PMBOK® Guide methodology and best practices. Although some of the projects he oversees are extremely large in scope, Mr. DiBenedetto deals with each new implementation – whether large or small – with the same attention to detail and focus on meeting and exceeding the customer's expectations.

Mr. DiBenedetto has supervised the implementation of a wide variety of systems and programs for the 27 state Medicaid and public health programs that HID serves, including prescription drug monitoring, data analytics and business intelligence, retrospective drug utilization review, prior authorization, lock-in, preferred drug lists, controlled substance reporting, and disease management. Mr. DiBenedetto takes a hands-on approach to project management. Rather than delegating the management of tasks and issues, Mr. DiBenedetto remains involved until he knows that tasks are completed or issues have reached resolution. As CEO, he also oversees each program's continuing operation and supervises the account managers who work directly with the programs.

With more than 14 years managing systems development and implementation and a business education focused in marketing and finance, Mr. DiBenedetto is well equipped to deal with the myriad of activities involved in operations and project management. In his tenure at HID, he has gained extensive insight into the challenges facing state agencies and the needs of health care providers and beneficiaries, as well as specific experience guiding the analysis, programming, and operational activities necessary to provide systems and programs that serve these groups.

Significant Facts

- Rob DiBenedetto's latest effort was the successful implementation of a large-scale health analytics and reporting system. The project, which he managed using the PMBOK methodology, covered 25 man-years.
- In the last five years, Health Information Designs, Inc. has grown at an average rate of 25 percent per year. Mr. DiBenedetto's careful supervision of company operations has been especially significant during this rapid growth period.

HEALTH INFORMATION DESIGNS

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
PRESIDENT AND CHIEF EXECUTIVE OFFICER, 2010–PRESENT
CHIEF OPERATING OFFICER, 1997-2010

- Oversees all staff and operations
- Determines and implements organizational policies and procedures
- Provides pricing and staffing information for proposals
- Manages new projects from the proposal stage, through implementation, to production
- Regularly communicates with customers to determine status and resolve issues
- Directly supervises all HID account managers
- Works closely with the HID CEO on operational issues and strategic direction
- Sponsors ongoing education of HID clinical and technical professionals
- Attends national and regional industry meetings to determine strategic landscape, customer challenges, and industry developments
- Researches opportunities for new system or service offerings, and improvements to existing systems or services

PFIZER INC., NEW YORK, NY
DIRECTOR OF ACCOUNTS, SOUTHERN UNITED STATES, 1995-1997

- Analyzed opportunities to position product brands
- Analyzed market space for new opportunities
- Supervised account managers in field
- Worked with account managers to build name recognition for branded products

Education/Certifications

MBA, Finance, 1995, University of Alabama, Tuscaloosa, AL

BS, Marketing, 1991, Auburn University, Auburn, AL

References

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Susan Cotten, MBA, ASQ-CMQ/OE

Director of Business Development/ Contract Compliance

Professional Summary

Susan Cotten brings ten years of quality management and compliance experience to her work at Health Information Designs. At HID, Ms. Cotten works closely with developers to ensure that project management and software development processes are in place and follow best practice guidelines. Ms. Cotten also serves as a contract auditor. In this capacity, she has developed and maintained a process to ensure compliance with the terms and conditions of HID contracts.

After receiving her MBA in 1997, Ms. Cotten started her career in logistics at Allyn International Services, Inc. Working for Allyn's client General Electric (GE) Energy Services, Ms. Cotten managed a team of logistics specialists with responsibility for managing transportation and shipment schedules and ensuring that deliveries were completed on time. From this position, Ms. Cotten rapidly progressed to manager of Allyn's domestic logistics operations, and then to manager of Allyn's European Pole operations. Promoted again in 2003, Ms. Cotten assumed responsibility for all of Allyn's international logistics operations for GE Energy, managing operations in Europe, Asia, South America, and Africa.

Ms. Cotten is an expert in process development. With ultimate responsibility for ensuring that measurables were met, one of Ms. Cotten's primary responsibilities was to create and document organizational processes and train her team on these processes. She was also responsible for developing processes for new international offices, which had to mirror the operations performed in the United States, yet take into account differences such as cultural practices, taxes, and costs.

With a total commitment to excellence and process compliance, Ms. Cotten has ensured on-time deliveries, service quality and significant cost savings for her clients.

Key Competencies

- Quality Assurance experience to include seven years managing operational workflows utilizing Six Sigma methodology.
- Extensive experience in defining critical to quality processes, measuring to goal, analyzing proper fit, and controlling improvements in high volume processing environments.
- Significant client service background to include metric and report creation, cost containment, efficiency/productivity analysis, and continuous improvement protocols.
- Key responsibilities in financial audits, productivity improvements, and overall contract compliance.

HEALTH INFORMATION DESIGNS

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
DIRECTOR OF BUSINESS DEVELOPMENT/CONTRACT COMPLIANCE, 2010–PRESENT
CONTRACT PROPOSAL SPECIALIST/CONTRACT COMPLIANCE, 2009-2010

- Develop Internal pricing models
- Develop internal quality control methodologies
- Create and manage internal process mapping protocols
- Manage all new proposal development
- Manage all business development activities
- Create and implement tracking of quality performance measurables per contract
- Monitor cost savings reporting

INDEPENDENT CONTRACTOR, AUBURN, ALABAMA
BUSINESS DEVELOPMENT MANAGER, 2005–2007

- Managed business development for Southeast U.S.
- Provided Logistics, Supply Chain, Tax Management, Customs Compliance, and Quality & Process reengineering services for multiple clients
- Led marketing and implementation strategies for regional area

ALLYN INTERNATIONAL SERVICES, INC., FORT MYERS, FL
OPERATIONS MANAGER, 2003–2005

- Managed in house team of 50+ specialists to include oversight for global call center and 4000 US domestic and international freight movements per month.
- Responsible for global client satisfaction and fulfillment of logistics CTQ's for customer jobsite and plant production schedules.
- Key tasks involved cost savings analysis, monitoring data for goal benchmarks, meeting all quality assurance measurable, project management responsibilities for global sourcing group, and creation of savings/ on-time metrics for multiple clients
- Software development project team for in house logistics management application
- Participation in global sourcing and contract negotiations
- Contract sourcing responsibility to include cost saving reporting, metric creation, and performance of all contract quality measurables.

INTERNATIONAL TEAM MANAGER, 2001–2003

- Assisted in establishment of European, South American and Asian logistics offices to include staffing, training, and process management.
- Responsible for all inbound US freight moves for GE Energy, GE Energy Products Europe, GE Energy Services, and GE Infrastructure.
- Created and monitored Customs Compliance metrics for all international freight moves to include on time delivery, cost savings, liquidated damage tracking, and vendor compliance.
- Key client contact for GE Logistics Center of Excellence.
- Contract sourcing responsibility to include cost saving reporting, metric creation, and performance of all contract quality measurables.

EUROPEAN POLE MANAGER, 2000–2001

- Set up responsibilities for European headquarter office in Prague, Czech Republic to include training and process management.
- Creation of all logistics tracking report specifications for Oracle based software.
- Responsible for all inbound freight to US from Europe.
- Contract sourcing responsibility to include cost saving reporting, metric creation, and performance of all contract quality measurables.

LOGISTICS SPECIALIST/TEAM LEADER, 1998–2000

- Provided logistics consulting/supply chain management services for GE Energy Services US.
- Developed and implemented standardized operational processes for global offices in Europe, Asia, and South America
- Performed key responsibilities to include financial and operational analysis, fulfillment of client Critical-to-Quality elements, and high level issue resolution.
- Contract sourcing responsibility to include cost saving reporting, metric creation, and performance of all contract quality measurables.

Technical Competencies

- MS Office Suite 2000-2007, including Microsoft Project

Education/Certifications

- MBA, International Business and Marketing , 1997, University of South Florida
- BA, International Studies and Governmental Affairs, 1993, University of South Florida
- Certified Manager of Quality/Organizational Excellence (CMQ/OE), American Society for Quality, 2011

Professional Affiliations

- Member, American Society for Quality (ASQ), 2010

References

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Lawrence Casola
Senior Contracts Analyst
DHL Express, USA
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larry.casola@gmail.com

Susan Fillippeli, PhD, PMP

Project Manager

Professional Summary

Susan Fillippeli brings a broad array of experience in product business logic and project and account management to Health Information Designs. With a Ph.D. in Communication she has held faculty positions at the University of Alabama in Huntsville, The University of Puget Sound, and most recently, Auburn University.

Dr. Fillippeli has five (5) years of experience in Medicaid and State health program and policy supervisory positions and five (5) years of experience configuring new products and software applications. She served as Project Manager for the Alabama Medicaid Cost of Dispensing Survey and was instrumental in the implementation of the survey and reporting. She has also served as Project and Account Manager and oversaw the deployments for HID's implementations for RxExplorer (RDUR-Pennsylvania), RxPert (Auto PA), Clinical Web Portal and ePrescribing (West Virginia), and RxSentry (PDMP-Oregon), as well as coordinating new project developments for one of our clients in the private sector, PMSI. Through her experience, she is able to stay informed on the current standards and trends in the healthcare industry, specifically regarding Medicaid programs. She will help to supervise the product business logic and DMS policies to ensure compliance throughout the life of the contract.

As the Communication Specialist for HDI Solutions, Inc. and Health Information Designs, Inc., Dr. Fillippeli is responsible for all of the internal and external communication functions for both companies. Her duties include the production of company newsletters, promotional and marketing materials, press releases, communication plans, web site content, as well as assisting in developing content for proposals and bids. Dr. Fillippeli first began working with HID and HDI as a consultant in 2003, but was brought aboard full time in February of 2006.

In 2004 Dr. Fillippeli was appointed by Governor Bob Riley to serve on the Alabama Women's Commission. Serving as Chairman of the 2005 "Women's Day at the Capitol," Dr. Fillippeli spearheaded an effort by the Commission to raise $10,000 to provide grant money for housing workshops that enabled low income women in underserved areas of Alabama to learn the skills and purchase materials to make critical repairs to their homes. Governor Riley reappointed Dr. Fillippeli to the Commission in 2008 and she was elected Chairman in January, 2009. Under her leadership, the Alabama Women's Commission is currently engaged in a campaign to raise awareness of and provide resource materials for women in Alabama suffering from post partum depression. This campaign is targeted toward providers, community resource organizations and women in Alabama with children under age one.

Significant Facts

- Dr. Fillippeli was certified as a Project Management Professional (PMP) by the Project Management Institute in February, 2010.
- Dr. Fillippeli has served as Project Manager for six (6) separate HID product solutions.
- Dr. Fillippeli serves as an adjunct faculty member of the Auburn University Department of Communication and Journalism.
- Dr. Fillippeli was appointed by Governor Bob Riley to the Alabama Women's Commission in 2004. Governor Riley reappointed her to this position in 2007. She was elected Chairman in January, 2009.

HEALTH INFORMATION DESIGNS

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
PROJECT MANAGER AND COMMUNICATION SPECIALIST, FEBRUARY 2006–PRESENT

- Serves as Project Manager for RxExplorer (Pennsylvania), RxPert (Auto PA), Clinical Web Portal, and ePrescribing implementations (West Virginia), Alabama Medicaid Cost of Dispensing Survey as well as coordinating new project development one of our clients in the private sector, PMSI. Specific duties include responsibility for all aspects of project management including initiation, planning, execution, monitoring and closing. As a Project/Account Manager, Dr. Fillippeli has developed a reputation for creating a strong communication rapport with clients and stakeholders that translates into the successful achievement of project objectives. In addition, Dr. Fillippeli is involved in the design and development of advertising and promotional materials, press releases, Web content, employee newsletter, production of training and user manuals for clients as well as working as part of proposal/bid writing team for HDI Solutions, Inc. and Health Information Designs, Inc.

AUBURN UNIVERSITY, AUBURN, ALABAMA
ADJUNCT INSTRUCTOR, 2003–PRESENT

- Courses taught: Political Communication, Communication Strategies in Social Movements, Special topics: Presidential Campaign Rhetoric (Senior-level courses)

PHRONESIS CONSULTING, AUBURN, ALABAMA
OWNER AND FOUNDER, 2001–PRESENT

- Consulting practice working with corporate clients and political candidates on designing and implementing effective communication strategies. Partial list of clients include HDI Solutions, Inc., Health Information Designs, Inc., Emergency Response Training Systems, Inc., Auburn University School of Pharmacy, Campaign for Alabama, Governor Bob Riley, Alabama Treasurer Kay Ivey, Judges Tommy Bryan and Terri Thomas, Alabama Court of Civil Appeals, Judge Pam Baschab, Alabama Court of Criminal Appeals, and Alabama House Minority Leader Mike Hubbard.

AUBURN UNIVERSITY, AUBURN, ALABAMA
ASSISTANT PROFESSOR, 1994–2001

- Courses taught: Advanced Public Speaking, Persuasion, Business and Professional Speaking, Speechwriting, Political Communication, Communication and Social Movements, Graduate level: Rhetorical Theory and Criticism, Qualitative Research methods.

THE UNIVERSITY OF PUGET SOUND, TACOMA, WASHINGTON
VISITING ASSISTANT PROFESSOR, 1993–1994

- Courses taught: Public Speaking, Business and Professional Speaking, Rhetorical Theory and Criticism, Media Criticism

THE UNIVERSITY OF ALABAMA AT HUNTSVILLE, HUNTSVILLE, ALABAMA
INSTRUCTOR/ASSISTANT PROFESSOR, 1990–1993

- Courses taught: Public Speaking, Rhetorical Theory and Criticism, Persuasion, Communication Theory

Susan Fillippeli, PhD, PMP

Project Manager

Education/Certifications

PhD, Communication Studies, 1993, University of Iowa, Iowa City, IA

MA, Communication Studies, 1985, University of Georgia, Athens, GA

BS, Communication Arts, 1980, Appalachian State University, Boone, NC

Technical Competencies

- Systems and Databases

  Microsoft Office, Microsoft Project, Microsoft SharePoint, HTML, Adobe Creative Suite

Community Leadership

Vice Chairman, Alabama Women's Commission. Appointed by Governor Bob Riley in 2003 and reappointed in 2007.

Chairman, Third Congressional District, Alabama Republican Party (third elected term). (member, ALGOP Steering Committee.)

References

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HEALTH INFORMATION DESIGNS

Pamela DeRuiter, RPh Clinical Pharmacist and Criteria Manager

Professional Summary

As Clinical Pharmacist and Criteria Manager for HID, Ms. DeRuiter develops Retrospective Drug Utilization Review (RDUR) criteria for Medicaid boards in 17 states, as well as several private clients. The criteria she creates for drugs currently on the market and new drugs are presented to each RDUR board, which determines the final criteria for the state. Ms. DeRuiter also develops the criteria used for HID's manual and electronic Prior Authorization (PA) and Disease State Management programs. The PA criteria, which are created from client-approved guidelines that determine whether a patient should receive a particular medication, are used to check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. The Disease State Management criteria, which are based on nationally-approved guidelines, are used to identify patients whose therapy falls outside the guidelines.

Ms. DeRuiter continually updates the RDUR, PA and Disease State Management criteria based on her review of professional literature, trade journals, and information supplied by First DataBank in their National Drug Data File Plus™ (NDDF Plus) monthly update. She also customizes the RDUR criteria based on input from the state boards and Pharmacy and Therapeutics (P&T) committees.

In addition to her roles as Clinical Pharmacist and Criteria Manager, Ms. DeRuiter also serves as HID's Clinical Monitor. Her work involves reviewing patient profiles – the patient-specific drug history reports produced monthly for the Lock-In program – to identify potential drug therapy problems. She also conducts quality control for each RDUR cycle by reviewing each case created to ensure that appropriate correspondence is sent to the physician and/or pharmacy. Ms. DeRuiter has also been an HID account manager for state Medicaid accounts.

Ms. DeRuiter has a strong interest in drug research, which she developed as a pharmacy student working on a drug problem project for Dr. C. R. Clark at Auburn University. After she displayed interest and aptitude, Dr. Clark employed Ms. DeRuiter as a researcher for the remainder of her time in pharmacy school. Her work entailed using reverse-phase liquid chromatography to differentiate between specific compounds in drugs of abuse, specifically Nexus and MDMA ("Ecstasy"). These analyses were conducted in order to more accurately distinguish between the regioisomers of certain "designer" drugs. The research findings can provide the evidence legal professionals need to show that a plaintiff had the intent to produce illegal drugs, even if the chemical results did not product illegal compounds. Ms. DeRuiter was also a co-author of three articles based on this research. Since then, working along with her husband, J. DeRuiter, R.Ph., Ms. DeRuiter has continued publishing for professional journals.

Ms. DeRuiter has also worked in an outpatient pharmacy setting for two years.

Significant Facts

- Ms. DeRuiter is the co-author of three articles based on her research using reverse-phase liquid chromatography to differentiate compounds in drugs of abuse.
- To date, Ms. DeRuiter (who writes under her maiden name, Pam L. Holston) is the co-author of ten articles dealing with new drugs or drug findings, which have appeared in *U.S. Pharmacist*. In addition, she has co-authored related pharmacy continuing education (CE) programs.

Pamela DeRuiter, RPh Clinical Pharmacist and Criteria Manager

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
CLINICAL PHARMACIST AND CRITERIA MANAGER, 2000–PRESENT

- Develops base criteria for new RDUR, PA, and Disease State Management clients
- Develops customized RDUR, PA, and Disease State Management criteria based on state Medicaid board and P&T committee preferences
- Reviews professional literature, trade journals and monthly First DataBank NDDF Plus update reports
- Updates and adjusts RDUR, PA, and Disease State criteria based on new information and findings, as well as state Medicaid board and P&T committee input
- Performs reviews of patient profiles and physician letters for Lock-In clients

CLINICAL MONITOR, 2000–PRESENT

- Performs patient profile reviews monthly for Lock-In clients
- Reviews letters to physicians informing of potential drug therapy problems

ACCOUNT MANAGER
RHODE ISLAND MEDICAID RDUR ACCOUNT, 2000–2002
KENTUCKY MEDICAID RDUR ACCOUNT, 2000–2004

- Prepared RDUR sections of meeting packets
- Reported on RDUR information at board meetings
- Provided monthly and quarterly statistical reports

WAL-MART PHARMACY, OPELIKA, AL
PHARMACIST, 1998–2000

- Prepared, compounded, and dispensed drugs
- Advised customers on drug use and interactions
- Maintained paperwork and documentation

CND ANALYTICS INC., OPELIKA, AL
RESEARCHER, 1996 –1997

- Performed drug research, including reverse-phase liquid chromatography, to differentiate between specific compound in drugs of abuse, specifically Nexus and MDMA (“Ecstasy”). These analyses were conducted in order to more accurately distinguish between the regioisomers of certain “designer” drugs.
- Documented research results in articles published in professional journals.

Education/Certifications

BS, Pharmacy , 1997, Auburn University, Auburn, AL

BA, Psychology, 1983, University of Alabama, Tuscaloosa, AL

Certified by the Professional Compounding Centers of America, Houston, Texas

Licenses

Licensed Registered Pharmacist, Alabama

Publications

DeRuiter, J., Holston, P., Noggle, F.T. and Clark, C.R. *Liquid chromatographic and mass spectral methods of identification for the regioisomeric dimethoxyamphetamines and brominated dimethoxyamphetamines*. Journal of Chromatographic Sciences, 1998, 36, 73-79.

Article summary: Methods for and results from reverse-phase liquid chromatography conducted on dimethoxyamphetamine compounds to differentiate between 4–bromo-2,5-dimethoxyamphetamine (DOB), a major designer drug of abuse (Nexus) and its other five regioisomers. Mass spectrometric analysis divided the six bromodimethoxyamphetamines into two groups and liquid chromatography was conducted to further differentiate the compounds.

DeRuiter, J., Holston, P., Noggle, F.T. and Clark, C.R. *Liquid chromatographic and mass spectral methods of identification for the regioisomeric 2,3- and 3,4-methylenedioxyphenalkylamines*. Journal of Chromatographic Sciences, 1998, 36, 131-138.

Article summary: Methods for and results from reverse-phase liquid chromatography conducted to differentiate between methylenedioxyphenakylamine compounds (MDMA – Ecstasy). Mass spectrometric analysis for the underivatized amines does not provide sufficient differentiation; therefore, liquid chromatography (using Hypersil–Elite C18 stationary phase & acidic hydroorganic mobile phase) was conducted to specifically identify each compound.

Clark C.R., Noggle, F.T., Holston, P.L. and DeRuiter, J. *Methods of differentiation for regioisomeric 2.3- and 3,4-methylenedioxyphenalkylamines by liquid chromatography and mass spectrometry.* Microgram, submitted.

Article summary: Methods for and results from reverse-phase liquid chromatography conducted to differentiate between methylenedioxyphenakylamine compounds (MDMA – Ecstasy). Different stationary phases and solvent compositions were used in order to provide several ways to identify the compounds.

DeRuiter, J. and Holston, P.L. "New Anti-Infective Drugs of 2005", U.S. Pharmacist. Health Systems Edition, October, HS-4-HS-17, 2005.

DeRuiter, J. and Holston, P.L. "New Drug Review", U.S. Pharmacist, October, 75-86, 2005.

(Also a CE program at www.uspharmacist.com.)

DeRuiter, J. and Holston, P.L. "Review of Select NMEs", U.S. Pharmacist, March, 2006, HS-5 - HS-24.

(Also a CE program at www.uspharmacist.com.)

DeRuiter, J. and Holston, P.L. "New Drug Review", U.S. Pharmacist, March, 2006, 1-11.

(Also a CE program at www.uspharmacist.com.)

DeRuiter, J., Holston P.L., DeRuiter, A.P. “New Drug Review”, U.S. Pharmacist. 2006 Oct; 31(10):117-125.

(Also a CE program at www.uspharmacist.com.)

DeRuiter, J., Holston P.L., DeRuiter, A.P. "Review of Select NMEs", U.S. Pharmacist. 2006, Oct(10): HS-3.

(Also a CE program at www.uspharmacist.com.)

DeRuiter, J., Holston, P.L., DeRuiter, A.P. "New Drug Review", U.S. Pharmacist, March, 2007, 110-119.

(Also at www.uspharmacist.com.)

DeRuiter, J., and Holston, P.L. "Review of Select NMEs", U.S. Pharmacist, March, 2007.

(Also at www.uspharmacist.com.)

DeRuiter, J., Holston, P.L., and DeRuiter, A.P. "New Drug Review." U.S. Pharmacist. 2007, 32: 10 (Oct); 26-38.

(Also at http://www.uspharmacist.com/index.asp?show=article&page=8_2128.htm.)

DeRuiter, J., Holston, P.L., DeRuiter, A.P. "Review of Select NMEs" U.S. Pharmacist. Health Systems Edition, 2007, Oct HS-3 - HS-13.

(Also at http://www.uspharmacist.com/index.asp?show=article&page=8_2138.htm.)

Professional Associations and Honors

Rho Chi, National Pharmacy Honorary
Psi Chi, National Psychology Honor Society
Phi Kappa Phi
Dean's List, University of Alabama; Auburn University

References

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Arkansas Dept. of Human Services
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Joe Paradis, PharmD

Clinical Pharmacist/Account Manager

Professional Summary

Joe Paradis brings 25 years of varied experience to his position as Clinical Pharamcist/Account Manager. In his role, Dr. Paradis coordinates the retrospective drug utilization review (RDUR) programs for the Maryland and Rhode Island Medicaid accounts. This involves developing criteria, evaluating pharmacy and medical claims data, reviewing recipient profiles, performing interventions, evaluating outcomes, and producing reports and analyses. In addition, due to strong relationships with Medicaid clients who appreciate his wealth of experience, Dr. Paradis often provides additional consulting on clinical or pharmacy-related issues that fall outside the drug utilization review arena.

With a background that spans the pharmaceutical industry, Dr. Paradis has experience with drug testing, clinical research, regulatory affairs, budgetary management, human resource management, hospital pharmacy operations, retail pharmacy operations, and pharmacy consulting. He began his career while still in pharmacy school at Rutgers University, working as an intern in a development laboratory at E.R. Squibb and Sons, Inc. In this position, Dr. Paradis obtained valuable hands-on experience in drug formulation development. Upon graduation, he took a position at a smaller pharmaceutical company and worked in regulatory affairs for several years before accepting an invitation to return to Squibb in a clinical research capacity. The research role entailed coordinating clinical drug studies, some for the very drugs he had worked with as an intern. As his career progressed, Dr. Paradis transitioned from a coordinating to a management role, eventually supervising 16 professional and clerical personnel responsible for the review of clinical safety and efficacy data for phase II and III clinical trials. Dr. Paradis considers his years at Squibb a fascinating time, when progressive roles and responsibilities allowed him to be involved in each stage of drug development – from powder formulation, to tablet form, to clinical studies, NDA approval and marketing. One of the drugs Dr. Paradis was responsible for bringing to market is the blockbuster cholesterol-lowering drug Pravachol.

Encouraged by a mentor, Dr. Paradis left his position at Bristol-Myers Squibb in 1992 to pursue a Pharm.D. at the University of Maryland. During his graduate studies, he worked part-time at Health Information Designs, Inc. (then located in Fairfax, Virginia) reviewing recipient profiles for Maryland, Kentucky, and Connecticut Medicaid. After earning his Pharm.D., Dr. Paradis worked in managed care, long-term care, and hospital pharmacy, before accepting an invitation to return to Health Information Designs, Inc. (HID).

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

HEALTH INFORMATION DESIGNS

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA AND SALISBURY, MARYLAND
CLINICAL ACCOUNT MANAGER, 2000–PRESENT

- Coordinates drug utilization review programs for Maryland and Rhode Island Medicaid including criteria development., monthly pharmacy and medical claims data evaluation and review, specific recipient profile review, provider and recipient interventions, evaluation of interventions and provider responses, recipient outcomes evaluations, preparation of quarterly reports and cost impact analyses.
- Coordinates Drug Utilization Review (DUR) Board activities.
- Improves pharmacy benefit programs for Medicaid and private clients through development and implementation of educational programs, disease management, prior authorization, dosage form and quantity limitations and preferred drug lists.
- Coordinates Pharmacy & Therapeutics (P&T) Committee activities, including drug classification monograph reviews and recommendations for preferred drugs based on clinical efficacy and evidenced based evaluations.
- Measures recipient and provider outcomes and determines impact of educational interventions.
- Prepares clinical section of technical proposals in response to requests for proposals (RFP) from new clients.
- Maintains and enforces State mandated standards for drug benefits administered to Medicaid recipients by managed care organizations (MCOs) to ensure appropriate access to pharmacy services.
- Reviews and evaluates MCO drug benefit programs and makes recommendations for improvements based on findings from ongoing assessments by means of a comprehensive survey process.
- Reviews MCO drug benefit policies and procedures and prescription claim adjudication results for prior authorization programs and formulary compliance.
- Performs predictive modeling to determine the impact of proposed changes to drug benefit programs on drug and medical expenditures.

ATLANTIC GENERAL HOSPITAL – BERLIN, MD
DIRECTOR OF PHARMACY, 1999-2000

- Managed pharmacy department of a small rural 62-bed hospital with ICU, medical and surgical units, emergency room and outpatient surgery center.
- Developed and implemented clinical pharmacy programs for ICU and medical surgical nursing units.
- Provided in-service training to nursing staff.
- Coordinated P&T Committee activities.
- Managed outpatient and employee pharmacy.
- Developed pharmacy department policies and procedures.
- Met JCHA accreditation standards and completed JCHA survey process.

EDGEHILL PHARMACY INC. – GEORGETOWN, DE
CONSULTANT/RETAIL PHARMACIST, 1996-1999

- Coordinated clinical pharmacy consulting services for regional pharmacy chain with long term care services to State operated facility services for developmentally disabled patients.
- Prepared detailed monthly patient history reviews and recommendations to providers.
- Provided in-service training to nursing staff.
- Coordinated P&T Committee activities.
- Performed retail pharmacy duties at various locations throughout Maryland and Delaware.

EAGLE MANAGED CARE, INC. – HARRISBURG, PA
MANAGER, CLINICAL SERVICES, 1996

- Managed capitated pharmacy benefit plans, including formulary development and maintenance.
- Developed, implemented and coordinated disease management programs.
- Provided educational services to physicians and pharmacists.
- Developed retrospective and prospective criteria for DUR programs.
- Developed educational materials for physicians, patients and pharmacists.

HEALTH INFORMATION DESIGNS, INC., VALUERX – FAIRFAX, VA
MANAGER, PRODUCT DEVELOPMENT, 1992-1996

- Developed physician, pharmacist and patient educational materials for Medicaid and private clients.
- Evaluated provider and patient intervention programs for drug benefit and total health care cost savings.
- Coordinated State Medicaid retrospective DUR programs.
- Maintained and updated retrospective and prospective DUR criteria for various therapeutic drug categories.
- Initiated new drug utilization programs for State Medicaid clients.
- Performed specific patient drug and medical history profile review.

BRISTOL-MEYERS SQUIBB INC. – PRINCETON, NJ
MANAGER, CLINICAL INFORMATION, 1988-1992

- Managed and directed a staff of 10 to 16 professional and clerical personnel responsible for review of clinical safety and efficacy data for phase II and III clinical trials.
- Hired, trained and managed the performance of professional and clerical personnel.
- Directed all aspects of clinical data management projects pertaining to cardiovascular clinical research trials.
- Answered inquires concerning investigational drugs and the status, conduct, outcome and reporting of clinical trials.
- Prepared sections of clinical study reports for NDA and IND submission.
- Supervised all development and maintenance of clinical databases and data collection form design.
- Planned departmental resource utilization and prepared annual budgets.

MEDICAL RESEARCH ASSOCIATE, 1986 –1988

- Coordinated activities of regional Clinical Research Associates responsible for monitoring clinical trials.
- Managed various projects related to ongoing clinical trials in multiple therapeutic areas.
- Scheduled placement of new clinical trials and negotiated research grant budgets with Principal Investigators.
- Trained regionally-based Clinical Research Associates and Nurse Study Coordinators and coordinated investigator meetings.
- Monitored ongoing clinical trials in various parts of the country.
- Served as departmental liaison with Contract Research Organizations.

PHARMACAPS, INC. – ELIZABETH, NJ
REGULATORY AFFAIRS ASSOCIATE, 1985-1986

- Prepared supplemental filings for Abbreviated New Drug Applications.
- Developed and reviewed product labeling and packaging specifications.
- Handled customer complaints and inquiries regarding product labeling.
- Conducted plant inspections and quality assurance audits.

E.R. SQUIBB AND SONS, INC. – NEW BRUNSWICK, NJ
RESEARCH ASSOCIATE, 1982-1985

- Coordinated stability testing trials for new drug formulations.
- Prepared stability data reports for inclusion in NDA documents.

Education/Certifications

Doctor of Pharmacy, University of Maryland, Baltimore, MD, 1994

Bachelor of Science in Pharmacy, Rutgers University, Piscataway, NJ, 1983

Licenses

Registered Pharmacist, State of Delaware

Registered Pharmacist, State of Maryland

Registered Pharmacist, State of New Jersey

Professional Organizations

Eastern Medicaid Pharmacy Administrators Association

American Drug Utilization Review Society

References

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Steve Espy, RPh

Director of Drug Utilization Review

Professional Summary

With over 30 years of experience in various facets of pharmacy practice and management, Steve Espy is an integral clinical resource at HID. His background provides valuable insight into the challenges that pharmacists face on a daily basis – from clinical decision-making, to supervisory responsibilities, to fiscal management.

In his primary role as Director of Drug Utilization Review, Mr. Espy supervises the various components of the review, including printing and reviewing profiles, producing case summary reports, entering review information, and printing and mailing intervention letters. Mr. Espy also serves as the primary instructor for Retrospective Drug Utilization Review (RDUR) processes and HID's RxExplorer® software. In this capacity, he travels extensively to client locations to provide training, provides internal training to HID employees, and contributes content to the RxExplorer user documentation. In addition, Mr. Espy organizes and facilitates DUR Committee meetings for various states.

As Pharmacy Liaison with the Prescription Drug Monitoring Program (PDMP) for various states, Mr. Espy plays a vital role in implementing the PDMP for a new client. He coordinates the training for new users and provides ongoing support to users of the various PDMP products. He also lends his clinical expertise to the PDMP documentation as a content contributor.

In the Disease Management arena, Mr. Espy is responsible for implementing criteria and policies and making recommendations. His work in this arena is focused on generating positive patient outcomes.

In his capacity as advisor to the Prior Authorization (PA) Help Desk, Mr. Espy provides pharmacy knowledge on an as-needed basis and writes and distributes a quarterly newsletter for various clients.

Mr. Espy was instrumental in establishing HID's Academic Detailing program. He selected and trained the initial pharmacy specialists, and continues to be involved in hiring and training on an ongoing basis. He also serves as the primary pharmacist resource for questions and issues.

Mr. Espy is a licensed pharmacist and licensed consultant pharmacist. He was a member of the Florida Board of Pharmacy from 1987 to 1991 and served as chairman in 1991. He regularly attends national and regional pharmacy and pharmacy industry meetings to keep abreast of developments and changes in the field.

Key Competencies

- Steve Espy has intimate working knowledge of many aspects of pharmacy – as an owner/manager of an independent pharmacy, as a consultant pharmacist to long-term care facilities, as a retail pharmacist for a large national chain, and as pharmacy and branch managers for national chains.
- Mr. Espy's experience as a state Board of Pharmacy chairman provides him with valuable regulatory experience, making him keenly aware of the regulatory process and how that process affects HID's products.

HEALTH INFORMATION DESIGNS

- Mr. Espy prides himself on knowledge and accessibility. When pharmacists and other clinical professionals call HID, Steve is there to provide answers and help. This sharply distinguishes HID from other vendors that may provide little or no accessibility to experienced clinical staff.

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
DIRECTOR OF DRUG UTILIZATION REVIEW, 2000-PRESENT

- Serves as process and product knowledge expert
- Facilitates DUR Committee meetings
- Provides DUR Board support
- Travels to client sites to provide RxExplorer training
- Trains HID employees on RxExplorer software
- Facilitates internal RDUR meetings and training
- Coordinates and facilitates ongoing clinical training for HID staff
- Recommends policies for Disease Management
- Implements criteria, policies and procedures for Disease Management
- Serves as clinical advisor to PA Help Desk
- Publishes newsletter for Medicaid clients
- Serves as clinical advisor to Academic Detailing program
- Writes software and process documentation
- Attends national and regional clinical and pharmacy meetings to gather information regarding clinical developments and new business opportunities

WAL-MART PHARMACY – OPELIKA, AL
PHARMACY MANAGER, MARCH - OCTOBER 2000

- Supervised daily pharmacy operations
- Ensured compliance with regulations
- Hired and trained employees
- Maintained inventory

SAM'S CLUB PHARMACY – MONTGOMERY, AL
PHARMACY MANAGER, 1999 - 2000

- Supervised daily pharmacy operations
- Ensured compliance with regulations
- Hired and trained employees
- Maintained inventory

WAL-MART PHARMACY – EUFAULA, AL
PHARMACIST, 1998 - 1999

- Prepared, compounded, and dispensed drugs
- Advised customers on drug use and interactions
- Maintained paperwork and documentation

AMERICAN PHARMACEUTICAL SERVICES – NAPERVILLE, IL
BRANCH MANAGER, 1995 - 1998

- Oversaw purchasing, inventory, and patient care operations
- Ensured compliance with standard company policies and procedures, as well as state, federal, and JCAHO requirements
- Hired, trained, and evaluated subordinate staff
- Supervised employees and/or supervisors
- Performed duties of pharmacy manager as needed

PHYSICIANS HOME CARE, INC. – FT. WALTON BEACH, FL
ADMINISTRATOR, 1990 - 1995

- Prepared IVs and injectables
- Managed overall clinical operations
- Managed financial aspects of organization

WRIGHT PHARMACY, INC. – FT. WALTON BEACH, FL
OWNER/MANGER, 1974 - 1990

- Oversaw purchasing, inventory and patient care operations
- Ensured compliance with standard company policies and procedures, as well as state, federal and JCAHO requirements
- Hired, trained, and evaluated subordinate staff
- Supervised employees and/or supervisors
- Served as pharmacist as needed

Education/Certifications

Bachelor of Science, Pharmacy, 1972

Auburn University, School of Pharmacy
Auburn, Alabama

Licensed Registered Pharmacist, Alabama and Florida

Licensed Consultant Pharmacist, Florida

Member, Florida Board of Pharmacy, 1987 - 1991

Chairman, 1991

References

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April Harper

Senior Programmer/
Analysis and Reporting Manager

Professional Summary

As the Senior Programmer and Analysis and Reporting Manager for HID, April Harper manages over 100 databases containing approximately five (5) billion claims and oversees analysis and reporting operations making use of data stored in these databases. In her multi-faceted role, Ms. Harper plays a pivotal role in developing and implementing HID's health analytics systems. She designs the structure of each new database, loads the initial data, and creates the corresponding maintenance schedules and procedures. She then manages an experienced technical team responsible for executing data loads, performing maintenance and optimization, and troubleshooting customer issues.

Through her work, Ms. Harper has become very familiar with the medical and pharmacy datasets used by the state Medicaid and public health programs for which HID provides services. Ms. Harper has been with HID since the inception of the Auburn, Alabama facility in 1999. Ms. Harper has developed, deployed, and monitored several of HID's products for Medicaid and other state clients. She was an integral participant in the development of HID's Retrospective DUR system, RxExplorer®, and currently creates all new databases and oversees operations for Retrospective DUR customers. She was also instrumental in developing HID's automated Prior Authorization (PA) software, RxPert®, creates the databases to support this product, and oversees the analysis and reporting operations for it. Her latest development projects have included software for RxSentry®, HID's Prescription Drug Monitoring Program (PDMP), and software for HID's Standard and Supplemental Rebate programs. She has also assessed business processes, process controls, and reporting of these controls for these HID products.

Ms. Harper takes an active role in modifying software and designing databases to meet the customer's needs. She participates in product demonstrations for customers, sometimes as a presenter and other times as an analyst. In analyst mode, Ms. Harper's participation involves determining and clarifying customer requirements. She then manages systems developers and technical staff during development and implementation to ensure that the requirements are met. Once the implementation is complete, Ms. Harper serves as the primary analyst and developer for new reports. Her knowledge and experience means that HID can provide a nimbleness and flexibility in report development that outpaces larger competitors.

Ms. Harper has more than 13 years experience assessing data base management systems in a technical operations environment, providing data base development and performance tuning, and product data base performance monitoring and error-messaging systems.

Ms. Harper has extensive experience using Progress in a variety of operating environments. In addition, she works on a daily basis with JavaScript™. She also works extensively with the Microsoft® Office applications, including Access™, and is versatile in providing a variety of report outputs such as HTML, RTF, and Adobe® Acrobat® PDF.

HEALTH INFORMATION DESIGNS

April Harper

Senior Programmer/
Analysis and Reporting Manager

Significant Facts

- April Harper has more than 13 years experience in programming, database administration, and operating systems, and more than six (6) years experience in managing prescription drug monitoring programs (PDMP) for the 14 HID PDMP clients.
- Ms. Harper's knowledge of HID's products, databases, and customers is comprehensive, since she has designed virtually every customer database that supports HID's products including RDUR, PA, CWP, ePrescribing, manual PA, prescription drug monitoring, and supplemental and standard rebate program software.
- Ms. Harper has been instrumental in ensuring that every one of HID's software programs uses a browser-based interface.

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
DATABASE ADMINISTRATOR AND ANALYSIS AND REPORTING MANAGER, 1999–PRESENT
NEW CUSTOMER (OR NEW PROJECT) RESPONSIBILITIES

- Demonstrates RxPert product for potential clients
- Attends demonstrations to determine customer requirements and develop specifications
- Evaluates existing HID products to determine how products can be modified to satisfy customer needs
- Develops new HID application software
- Sets up structure for new Progress databases
- Creates databases and loads data
- Performs analysis to determine reporting needs
- Develops standard and ad hoc reports
- Manages other technical staff during project implementation
- Works directly with clients to manage requirements
- Manages projects to determine that requirements are met
- Develops and documents schedules and procedures for database maintenance

ONGOING RESPONSIBILITIES

- Explores methods to improve clinical efficacy and operational efficiency, making subsequent changes to HID software
- Administers Progress databases, including performing regular maintenance and building indexes
- Performs analysis and develops new reports in response to customer requests
- Oversees operations for RxExplorer and RxPert applications
- Manages developers involved in technical projects

JAY R. SMITH MANUFACTURING COMPANY, MONTGOMERY, AL
SYSTEMS ANALYST, 1998–1999

- Developed Progress database projects using 4GL language
- Administered Progress databases in UNIX environment
- Developed help applications using Microsoft Help Workshop

Technical Competencies

Software and Programming

- Numerical analysis and engineering programs in C/C++ and Matlab, Server-side objects such as tables, indexes, database constraints, storage, Javascript, Microsoft Office, Adobe

Database Administration

- Relational database administration and development in Progress/UNIX, Progress/Linux, and Progress/Windows environments

Operating Systems

- UNIX, Linux, and Microsoft Windows operating systems

Education/Certifications

BS, Applied Mathematics , 1998, Auburn University, Auburn, AL

References

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Clif Fisher

Information Systems Manager

Professional Summary

As Information Systems Manager, Clif Fisher is responsible for the day-to-day management of data coordination with fiscal agents and the state Medicaid and public health programs for which HID conducts pharmacy benefit management and disease management services. A significant part of this responsibility involves keeping the various network servers, hardware and software, and telecommunications systems needed for file transfer up and running and operating efficiently. Coupled with this operational responsibility, Mr. Fisher also performs ongoing technical support – assisting customers with data questions and technical issues and coordinating with other HID technical and development resources as necessary.

In addition to his systems management and technical support responsibilities, Mr. Fisher prepares data files for loading, performs data loads, analyzes data and creates reports using Progress® in various operating environments, and performs database maintenance and backup procedures.

In many cases, Mr. Fisher receives reporting or system requests from a customer, analyzes the request in the context of the customer's business domain, and translates the request into technical specifications before passing it to the Analysis and Reporting Manager. He also serves as a liaison between customers and HID systems developers by explaining customer requirements and ensuring that the final systems meet program requirements in an efficient and effective manner.

Mr. Fisher has more than eight (8) years of experience as a technical analyst and has deployed HID products, (some Medicaid-related applications), for more than 14 clients. He has more than eight (8) years experience assessing technical environment operations and processes, performance monitoring, and error-messaging systems.

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
INFORMATION SYSTEMS MANAGER, 2003–PRESENT

- Monitors technical environment operations and processes
- Configures and administers Linux servers
- Configures and administers Microsoft servers, including Exchange Server
- Administers production hardware and software
- Administers telecommunications network
- Administers firewalls
- Analyzes customer's business needs and translates to technical specifications
- Analyzes, maps, and develops data parsing code to extract data from customer-supplied data files
- Creates/develops new database-driven reports
- Runs existing reports
- Loads and maintains databases
- Creates database backup scripts
- Serves as technical contact for customers
- Serves as primary technical contact for corporate/commercial and governmental clients

- Serves as technical contact for HID employees

AFNI INC., OPELIKA, AL
TECHNICAL SPECIALIST, 2002–2003

- Supported computer network, including hardware, software and telephony
- Performed technical troubleshooting
- Assisted new and existing users with technical tasks

Technical Competencies

PROGRAMMING

- Created server-side objects such as tables, indexes, database constraints, storage

DATABASE ADMINISTRATION

- Performed relational database administration and development in Progress/UNIX, Progress/Linux, and Progress/Windows environments

OPERATING SYSTEMS

- Administered databases running in UNIX, Linux, and Microsoft Windows operating systems

Education/Certifications

BS, Management Information Systems , 2001, Auburn University, Auburn, AL

Microsoft Certified Professional, 2001–Present

CISCO Certified Network Associate, 2001–2003

Professional Associations

Association of System Managers, Auburn University chapter, 2001–Present

References

Matthew Foster, PharmD
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Connie Lewis, MBA

Director of Technical Writing

Professional Summary

Connie Lewis has 24 years of experience in various aspects of the Information Technology field. She has extensive experience designing, writing, and publishing both online and hardcopy user documentation for commercial software projects and for training purposes. Her largest software documentation project comprised 16 customer documents, the largest of which was 1000 pages, and an online help system including 3000 context-sensitive help entries.

Ms. Lewis is committed to developing clear, usable, and user-friendly documentation and serves as a user advocate in each project she undertakes. At McKesson Provider Technologies, Ms. Lewis's commitment to the end user was recognized when she was selected by corporate management to design and manage the implementation documentation for McKesson's high profile "closed loop" solution, a suite of five integrated software systems.

Working closely with product managers, design teams, database and system developers, implementation consultants, and users, Ms. Lewis has developed user documentation and training materials for numerous systems and has designed, developed, and implemented context-sensitive online help systems. She has worked for five years in computer training, both for educational institutions and for business. As part of her training responsibilities, she designed syllabi, developed course material and training packets, conducted training sessions, and supervised other trainers.

Ms. Lewis has coordinated the documentation production and delivery from teams of programmers, functional experts, and technical writers. In addition, she has experience in computer programming, has participated in both the design and test phases of software development, and has done computer consulting.

Significant Facts

- Developed product documentation rated as the best among the five top competitors in definitive healthcare industry survey (KLAS). (McKesson Corporation, 2002-2005)
- In five years, designed, supervised, and participated in authoring over 160 books and product resources, and a comprehensive context-sensitive help system with over 1800 entries. (McKesson Corporation, 2000-2005)
- Designed single-sourcing system to satisfy user demand for documentation in both online and printable (book) formats. (McKesson Corporation, 2002)
- Developed an online guide, which provides checklists and procedures to facilitate the implementation of five integrated products over a one-year timeframe. (McKesson Corporation, 2004)
- Participated in and contributed process documentation toward two successful Level 3 CMM assessments (EDS Corporation, Dayton, OH 1999; Montgomery, AL 2000)
- Designed procedural and context-sensitive help functionality, wrote online help system, and authored user and implementation books for medical billing system. (Control-o-fax Corporation, 1995)

- Designed migration of EDI conversion procedures from midsize computer to desktop computer, using Mercator mapping software. Redesign reduced overall conversion time by a factor of 5. (Control-o-fax Corporation, 1996)
- Designed, taught, and authored course materials (primary or supplementary) for software application classes for traditional students and corporate executives. (American Institute of Commerce, 1991-1993)

Professional Experience

HEALTH INFORMATION DESIGNS, INC., AUBURN, ALABAMA
DIRECTOR OF TECHNICAL WRITING, 2006–PRESENT

- Regularly reports to executive team on deliverable status, quality measures, and strategic direction
- Analyzes contractual requirements, audience, and business need to design deliverables for state and private-sector clients
- Creates or supervises the creation of system, user and training documentation
- Outlines, edits and produces, or supervises production of other project deliverables or internal documents
- Serves as final editor and content contributor for all new business proposals

MCKESSON CORPORATION, MONTGOMERY, ALABAMA
MANAGER, TECHNICAL WRITING, 2001–2006
SENIOR TECHNICAL WRITER, 2000–2001

- Responsible for all product documentation for Horizon® Meds Manager, one of the top five pharmacy software applications for large and mid-size hospitals
- Developed all local templates and participated in development of corporate standards and templates
- Regularly reported to upper management on project status and strategic direction
- Supervised senior and junior level writers

EDS CORPORATION, MONTGOMERY, ALABAMA
TECHNICAL WRITING SPECIALIST, 1998–2000

- Wrote and compiled Windows online help, created and wrote project documentation in accordance with Air Force standards, analyzed and documented systems and processes, managed documentation teams, and presented results to client

  Projects:
  - 11/99-12/00 – lead technical writer, CRS (Battle Creek, MI)
  - 10/99-11/99 – senior technical writer, CAS-A/C Merge
  - 7/99-9/99 – project lead, Y2K End-to-End Testing
  - 6/99 – documentation specialist, CMM Level 3 Assessment (Dayton, OH)
  - 2/99-5/99 – lead technical writer, Y2K End-to-End Testing
  - 7/98-1/99 – technical writer, CAS-D Development

HEALTHCARE SYSTEMS, MONTGOMERY, ALABAMA
ANALYST, 1997–1998

- Supported customer sites running MEDICS pharmacy software and documented MEDICS data interfaces
- Performed system administration functions on the following multi-user operating systems: SCO UNIX, Novell, and Windows NT

RHEEM MANUFACTURING, MONTGOMERY, ALABAMA
TECHNICAL EDUCATOR, 1997

- Supported users at corporate headquarters on Novell, UNIX, Windows NT, Lotus SmartSuite, and WordPerfect Suite
- Wrote and distributed appropriate user documentation

CENTRAL ALABAMA HOME HEALTH SERVICES, INC., AUBURN, ALABAMA
TECHNICAL EDUCATOR, 1996–1997

- Instructed clinical and non-clinical employees on Windows NT 3.51 and 4.0 operating systems; MS Office 97 and Office 95 applications

CONTROL-O-FAX CORPORATION, WATERLOO, IA
EDUCATION SPECIALIST, 1993–1996

- Designed and wrote user's guide (500 pages) and all online help screens (700 screens) for Ultra-Bill 3™ – a medical accounts receivable management system
- Designed database structure used for Ultra-Bill 3 online help
- Wrote documentation for Ultra-Notes™ – software that enables physicians to bar code progress notes
- Tested Ultra-Bill 3 multi-user releases on a peer-to-peer network
- Developed system to translate non-standard text formats to standard formats for electronic data interchange (using Mercator software)

AMERICAN INSTITUTE OF COMMERCE, CEDAR FALLS, IA
CHAIR AND INSTRUCTOR, BUSINESS COMPUTER SPECIALIST PROGRAM, 1991–1993

Courses taught:

- Software Applications, Computer Concepts, Advanced Spreadsheets and Macros, Word Processing I and II, Networks & Systems, Introduction to the PC, dBase and Online Programming, Microcomputer Programming

Administrative responsibilities:

- Established program advisory board to review program requirements and local employer needs
- Developed student competency requirements based on local and regional employment market; analyzed and revised program curriculum based on competency requirements
- Wrote and standardized syllabi
- Developed internship program and affiliations with local companies
- Conducted an analysis of classroom hardware needs and researched network alternatives

WHITMAN & RANSOM, GREENWICH, CT
SOFTWARE CONSULTANT / ADMINISTRATIVE AND LEGAL ASSISTANT, 1988–1990

- Installed and maintained periodic releases of Infortext billing software
- Used Wang VS software to prepare final copies of trust and estates and real estate legal documents under stringent deadlines

AT&T, WHITE PLAINS, NY
PROGRAMMER, 1987

- Wrote improvement maintenance code for COBOL and IMS batch programs; wrote JCL scripts

IBM, WHITE PLAINS, NY
PROGRAMMER (STUDENT INTERN), 1986

- Used IBM REXX programming language to create an online survey for use by field sales personnel
- Presented project results to management team

IBM, THOMAS J. WATSON RESEARCH CENTER, YORKTOWN HEIGHTS, NY
COMMUNICATIONS ASSISTANT (STUDENT INTERN), 1985–1986

- Researched and wrote articles for company publication
- Conducted marketing survey of research personnel; used SAS software to perform statistical analysis of survey results

Education/Certifications

MBA, Management Information Systems, 1987, Pace University, White Plains, NY

BA, Philosophy, 1984, State University of New York, Purchase, NY

BA, Literature, 1984, State University of New York, Purchase, NY

Professional Affiliations

Member, Society for Technical Communication

Awards

New York State Regents Scholar; National Merit Letter of Commendation

References

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