

**HCLA Response for
Request for Quotation MED12003
For
Automated Prior Authorization Services**

**Issued by:
The State of West Virginia
Bureau for Medical Services**

**Submitted
By
HCL America Inc. (HCLA)**

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Title Page

RFQ Subject: Automated Prior Authorization Services RFQ Number: MED12003

**Submitted
By
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A. Transmittal Letter

November 03, 2011

WV Department of Health and Human Resources
Office of Purchasing
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Subject: HCL America, Inc. Response to RFP for Automated Prior Authorization Services (Request for Quotation MED12003)

Dear Sir/Madam,

HCL America, Inc. (hereinafter known as "HCLA", is pleased to respond to the Request for Quotation MED12003 for Automated Prior Authorization Services issued by WV Department of Health and Human Resources (WV DHHR) or The Bureau for Medical Services (BMS). The signatory of this document is an authorized representative of HCLA. We have structured this proposal as per the requirements in the RFQ document.

HCLA is submitting following items as part of its proposal:

- Signed Copy of Addendum #1 Questions and Answers
- One (1) original Quotation
- Six (6) convenience copies,
- One (1) copy on CD

The CDs have been scanned and are free from viruses and other malicious software

HCLA has received and reviewed the following RFQ Documents:

Addendum #1 Questions and Answers	Issue Date: 10/24/2011
RFQ MED12003 WV Automated Prior Authorization Services	Issue Date: 09/23/2011

This proposal is valid for Ninety Days (90) days from date of submission.

HCLA states that pricing was arrived at without any collusion or conflict of interest.

HCLA has the financial strength, highly qualified personnel, significant and relevant experience, and an extensive knowledge of Automated Prior Authorization Services solutions.



I represent HCLA as the Vice President for the HCLA Government practice and am based out of the Virginia office. I also hereby certify that all information provided in response to this RFQ is true and accurate. I will be the point-of-contact for matters concerning the RFQ.

Best Regards,

A handwritten signature in blue ink that reads "Giritharan Rajaiah".

Giritharan Rajaiah
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B. Executive Summary

HCLA is most pleased to have the opportunity to respond to the WV-DHHR Automated Prior Authorization Services Project RFQ. We have studied the requirements as stipulated in the RFQ and we are confident that our response will not only meet but exceed the requirements of DHHR for Automated Prior Authorization Services as stipulated in this RFQ.

We recognize the broader challenges that WV-DHHR faces in its Prescription Drug line of business and how in recent years they have become significant due to growth in their public line of business. We also recognize the compliance issues that have been imposed by Government programs and that there will be more to come under healthcare reform.

A significant part of the problems that exist in WV-DHHR's drug line of business are focused on exception processing that includes prior authorizations, specialty drugs, etc. The complexity of these newer variations have resulted in processing functionality that is heavily labor intensive, costly, fraught with non-compliance dangers, inconsistent clinical rules application, and high administrative costs.

The increasing cost of prescription drugs has also placed a heavy burden on WV-DHHR due to the inconsistency in linking paid prescription claims with other claims that result in potential for fraud, waste and abuse as well as skewed analytical capabilities.

HCLA is pleased to provide in the following pages a description of its truly state of the art solution that addresses the above mentioned problems. It has a proven record of cost savings while improving the functionality in virtually every area, including:

- **Compliance**: The system includes a complete work flow that tracks every transaction and generates all necessary correspondence, including those required under the representative requirements of the Government programs. It creates and monitors queues to ensure various lines of business are appropriately prioritized and totally controls work flows.
- **Consistency**: Because all clinical rules are embedded within the software those rules are consistently applied thus avoiding subjective or inaccurate interpretation. In a major installation the client experienced an increase in denials due to the consistency on claims that were inaccurately paid previously.
- **Cost savings**: By creating a straight through work flow controlled by embedded rules, the system significantly increases first pass throughput thereby reducing the number of exceptions that require manual review. Further, in those instances where such manual intervention is required, the turnaround time is drastically reduced thereby enabling increased volume and reduction/elimination of temporary help during peak periods.

The HCLA system is technology agnostic and can be integrated with virtually any internal or vendor software and requires significantly shorter installation time than other products in the market. In addition, it can be installed in any fashion that the client requires, including ASP.



It is clear the healthcare industry now realizes the critical importance of the prescription drug line of business and the impact it has on Medical Loss Ratios. Our solution has demonstrated the ability to address all of the issues identified in WV-DHHR’s RF and provides features that will significantly improve the process flow, functional results and reduce costs. In addition, its scalability will enable WV- DHHR to meet the challenges that are on the horizon in the healthcare industry and the important role prescription drugs will play in generating quality outcomes.

HCLA is based in Sunnyvale, California and has over 6,000 consultants based in the U.S. We have an established COE (Center of Excellence) for Healthcare and our solution for WV DHHR’s Automated Prior Authorization Services requirement will be implemented by Healthcare Practice.

HCLA has proven expertise in automated prior authorization services and the experience of serving diverse State and Local government Agencies such as Worker Welfare, Child Welfare, Fraud Investigation, Case Management, Public utility, Healthcare governance etc. and will bring to bear its experience and best practices to achieve a high quality outcome for the Bureau.

Previous Relevant Experience

The table below enlists the major engagements with US Government Agencies executed by HCLA. Along with the engagement names, the table also presents the key services provided by HCLA as part of these engagements. The table below provides an assurance about HCLA’s proven track record and extensive experience on successfully delivering IT Services to Government Agencies.

#	HCLA Engagements	Application Development	Data Migration	Program Management
1	District of Columbia, Department of Human Services, Document Managing System	✓	✓	✓
2	Delaware – Department of Health and Social Services- Document Imaging System	✓		✓
3	Colorado Department of Human Services- Rehabilitation Information System For Employment	✓	✓	✓
4	Nevada Department of Human Resource (DHR), Child Care System	✓	✓	✓
5	New Hampshire Department of Health and Human Services, Childcare Provider Billing System	✓	✓	✓
6	Georgia Department of Human Resources (DHR) - Office of Investigation (OIS)-Investigative Services Information System	✓	✓	✓
7	New Hampshire Department of Employment Security Electronic Document Management System	✓	✓	✓
8	New York Office of Children and Family Services (OCFS), Criminal History Review Unit (CHRU), Criminal History Review System	✓	✓	✓
9	New York Office of Administrative Hearings - Office of	✓	✓	✓



#	HCLA Engagements	Application Development	Data Migration	Program Management
	Temporary Disability & Assistance Fair Hearing Decision Management System			

Again, we are most pleased and excited at the prospect of providing to WV-DHHR a futuristic and effective tool to deal with this important line of business. We believe the information presented in this RFQ response will demonstrate a unique capability to address the critical and increasing role of exception processing in this important line of business.



C. Solution Overview

C.1 Our Understanding of WV-DHHR Requirements

- Current processes are primarily manual, labor intensive and dependent on individual staff interpretation of rules. The requirement is for automated rules based system to provide consistency in application of rules in accordance with line of business guidelines.
- Existing work flows are subject to loss of records, lack of controls to ensure prioritization of requests in accordance with specific line of business mandates.
- Inventory controls are lacking – there is a requirement of entire work flow automation to maintain total inventory controls, management reporting, and appropriate escalation triggers based on line of business mandates.
- Tracking of volume trends is required to ensure appropriate staff management based on peak periods.
- Integration with in house systems is lacking – the requirement to have appropriate links to appropriate in house adjudication, member, and claim history data to reduce turnaround time through a single access configuration.
- Current retention controls are inadequate thus creating archiving issues. Expansion of data archiving is required thereby creating a single access point with sufficient multi year history capacity.
- Document retrieval difficult and time consuming - access to exceptions in process needs to be improved to ensure turnaround time compliance and needs to be incorporated within the overall work flow.
- National work force results in inconsistent work days in various time zones. Possible solutions include flex hours for existing staff or using BPO capabilities that would resolve this issue as well as providing cost reductions.
- Limited availability of Medical staff could create backlogs in work flows thereby endangering compliance mandates. The solution is a more fully automated application of rules to enable first pass throughput to reduce the volume of clinical staff review. Further, user management of rules maintenance would limit rule change turnaround time.
- Current variations in state regulations, mandates and compliance standards are confusing and difficult to maintain. The solution is an improved work flow and automated rules configuration that enables automatic control and application of state by state differences.
- Correspondence, appeals documentation, and consistency of denial language require manual controls and can lead to inconsistency and incorrect or hard to understand verbiage.
- Government programs have very specific requirements involving representative selection and communication controls that must be tightly controlled. Solution



requires a fully automated letter generation based on specific requirements of various lines of business, state and federal mandates.

The current processes of exceptions, including prior authorizations, appeals, specialty drug functions, etc. are basically manual and subject to inconsistency in application of clinical rules, performance mandates, access to required records, management controls and reporting, etc.

The solution needed must provide a total work flow that includes automated clinical, compliance, process and correspondence controls. The system must provide a full tracking capability that reflects every transaction and each activity to ensure appeals can be handled effectively. Various turnaround times must be maintained automatically to ensure work queues automatically prioritize work flows with appropriate escalation alarms.

The implementation of Healthcare Reform will add additional compliance requirements to those already in existence under Government Programs and adherence is critical to avoid sanctions/penalties as have been experienced by insurers in the past resulting from CMS and state regulatory review audits.

In additions, consideration should be given to fraud, waste and abuse in the prescription drug area. While not in scope in this RFQ the system installed to resolve the above issues should be consistent with appropriate future audit practices and be scalable to ensure future business increases.

Lastly, the solution should provide not only an improved administrative performance but also result in reducing the cost of each transaction.

WV-DHHR-Issues	HCLR _x Solution
Current process primarily manual, labor intensive and dependent on individual staff interpretation of rules. The requirement is for an automated rule based system to provide consistency in application of rules in accordance with line of business guidelines.	The HCLR _x is an end to end solution that maximizes automation at every step within the life cycle of a transaction
Existing work flows are subject to loss of records, lack of controls to ensure prioritization of requests in accordance with specific line of business mandates.	Within the HCLR _x solution is Content Engine and Process Engine with complete audit trail and priority logic for strict compliance
Inventory controls are lacking – there is a requirement of entire work flow automation to maintain total inventory controls, management reporting, and appropriate escalation triggers based on line of business mandates.	Covered in above point
Tracking of volume trends to ensure appropriate staff management based on peak periods.	Within the HCLR _x solution is complete access to the data base for all reporting and trending analysis.
Integration with in house systems is lacking – the requirement to have appropriate links to appropriate in house adjudication, member, and claim history data to reduce turnaround time	The solution allows for integration of client systems for both retrieving data and pushing data to various systems as needed.



through a single access configuration.	
Current retention controls are inadequate thus creating archiving issues. Expansion of data archiving is required thereby creating a single access point with sufficient multi year history capacity.	The Content repository and data base utilized within the solution allows for multi-year online retention of all data. HCLA understands HIPAA requirements for retention of records.
Document retrieval difficult and time consuming - access to exceptions in process needs to be improved to ensure turnaround time compliance and needs to be incorporated within the overall work flow.	HCLRx is build to store all documents related to a transaction with the ability to retrieve and view with one step.
National work force results in inconsistent work days in various time zones. Possible solutions include flex hours for existing staff or using BPO capabilities that would resolve this issue as well as providing cost reductions.	HCLA works in a 24/7 environment. With Workflow management teams will make help in understanding the staffing requirements in different time-zones after analyzing the volume trends

C.2 Proposed Approach

WV-DHHR has a formulary list containing thousands of unique drugs and several hundred of which require detailed clinical prior authorizations of prescriptions. There is a need to focus on a cost-control procedure that requires services and medications to be preapproved. The prior authorization process involves a significant amount of collaboration among doctors, insurance companies, and even employee benefits departments prior to receiving medication. All the while, pharmacy staff must at all-time follow imposed clinical guidelines, government compliance regulations and patient privacy regulations.

As the costs of drug benefits continue to grow and benefits plans become increasingly more complex, it is essential that WV-DHHR utilizes the right solution for accuracy of the administration of prescription processing and adherence to clinical guidelines, regulations, fraud, waste, and abuse in a cost effective way.

HCLA has one of the most robust "out of the box applications" to meet your needs. HCLA will leverage their HCLRx product to provide a full and robust solution for WV-DHHR's new Automated Prior Authorization Services platform.

There are several benefits to going with an HCLRx solution.

- Operational Benefits
- Leadership in Pharmacy Prior authorization Solutions
- Proven Pharmacy Prior-authorization Leadership and Innovation: Our partner and a large California health insurance provider were awarded the IBM FileNet Chief Technology Officer Award for implementing an innovative automated prescription drug prior authorization software system. This company was one of the first companies in the industry to successfully automate the drug prior authorization process, making it faster and easier for consumers to obtain prescription medications. After receiving the award they commented, "We are proud that our efforts to make health coverage easier for our members have been recognized with



this innovation award” and continued with they are “... committed to improving the prior authorization process to better serve our members.” This innovative software product developed by our partner, built using the IBM Enterprise Content Management (ECM) platform, streamlines the process for coverage decisions involving drugs that require prior authorization. The new system delivers fast and accurate results by improving the processing efficiency of drug prior authorization requests.

- Proven Prior-authorization Domain Processing with HCLRx: HCLA is a leader in creating process driven pharmacy solutions. They have leveraged their process management domain expertise and knowledge of the pharmacy market to pioneer a product called HCLRx. This innovative software product allows WV-DHHR to meet the growing demands of the pharmacy authorization process, and squarely positions WV-DHHR as a leader in this rapidly expanding market.

C.3 Solution Description

HCLA’s integrated solution using HCLRx introduces the concept of Intelligent Pharmacy Management, with a solution created to assist in all prescription-related requests, from Step Therapy, Transitional Drugs, Quantity limits through the prior authorization process. With HCLRx, WV-DHHR can automate pharmacy processing with document management, automated workflows and communications, clinical guidelines management and a unique benefits-based rules process engine.

Once a prior authorization request is received, whether via fax or phone, the solution stores the information in the ECM repository. Validation is performed to determine the coverage and benefit availability while assessing the patient’s claims’ history and ensuring appropriate medication strength and diagnosis.

The solution will access the WV-DHHR data, member, provider, claims, etc., using SOA web services or other communication methods provided by WV-DHHR.

HCLRx then prioritizes the request using WV-DHHR approved values for the system prioritization parameters. This prioritized request is routed via system driven workflows to enable users to process the request to completion / determination. Should the request determination fall into a “gray area,” it will be routed to the clinical pharmacist for further review.

The HCLRx system automatically generates the appropriate correspondence and sends it back to the requestor with the determination based on clinical guidelines and benefit rules. This correspondence is based on templates that WV-DHHR can customize to meet their standards, and can include case specific denial and sub denial messages. Because standard

The screenshot displays two tables from the HCLA software interface. The top table, titled "Denial Queue", lists denied requests with columns for Case ID, Drug, Status, Patient ID, Patient Name, DOB, Date Submitted, Priority, and Locked?. The bottom table, titled "Reopen & Reconsideration", lists requests set for reconsideration with similar columns. Both tables include "Unlock" and "Select" buttons for each row.

Case ID	Drug	Status	Patient ID	Patient Name	DOB	Date Submitted	Priority	Locked?
0p508a64	CYNBALT	Denied	J035407500000	JANET RUETTEN	09/16/1961	09/20/2007 10:02:19 AM	Regular	No
0p2375w6x	HUMATROPE	Denied	J001284000000	KRIS ANDRUES	02/25/1982	09/24/2007 11:54:22 AM	Regular	No
0p223hy6ff	BENZACLIN	Denied	J01191981000010	TABITHA EGGER	09/11/1992	09/24/2007 01:36:08 PM	Regular	No
0p23uue60	Lyrice	Denied	J0088074700000	CAROLYN ROWSELL	12/15/1945	09/28/2007 08:48:09 AM	Regular	No
0p23uy2d6v	ZYRTEC	Denied	J03734451000011	OSSELLA MIRAFLORES III	05/31/2004	09/28/2007 09:09:46 AM	Regular	No
0p23vy00gy	ZEGERID	Denied	J038382400000	THOMAS GATES	03/06/1959	09/28/2007 09:11:08 AM	Regular	No

Case ID	Drug	Status	Patient ID	Patient Name	DOB	Date Submitted	Priority	Locked?
0p23vqj182	PEGASYS	Set for Reconsideration	J01770734000001	BARRY GABRIEL	02/16/1962	09/31/2007 03:10:28 PM	Regular	No
0p23vqj182	RIBAVIRIN	Set for Reconsideration	J01770734000001	BARRY GABRIEL	02/16/1962	09/31/2007 03:10:28 PM	Regular	No
0p22v1td2	LEVOTHYROXINE SODIUM	Set for Reconsideration	J00389320000101	KATHARYN THOMAS	11/01/1949	09/24/2007 03:56:08 PM	Regular	No



letters will at times require case specific information HCLRx provides the ability to insert end-user generated text when appropriate.

The HCLRx letter generation capabilities will be enhanced to interface with WV-DHHR's strategic Enterprise Letter Generation system, allowing this solution to share in the cost savings.

All user interactions and transactions are retained for future audits, as well as for clinical criteria refinement.

This solution uses HCLRx thin client (web browser) user interface, HCLRx Clinical Rules Engine (CRE), Content Manager, and Business Process Manager. The two major functions provided by ECM include the document repository for faxes, letters and all other correspondence associated with the prior approval request and workflow capabilities.

Please refer to Appendix 1-Prior Authorization Workflow for more details.

C.4 Value Benefits

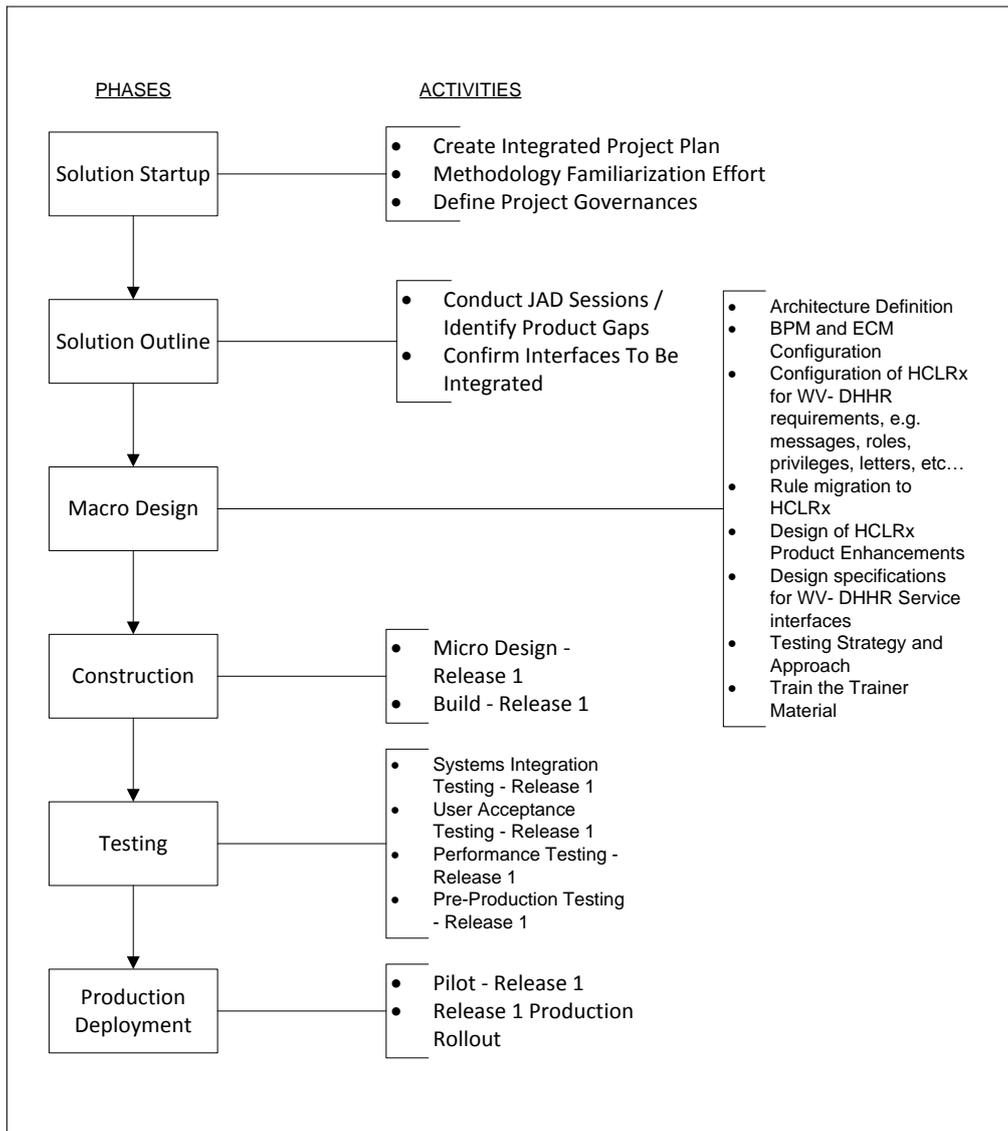
The solution is proven to achieve substantial and quantifiable savings by:

- improving productivity;
- reducing Administrative expense;
- reducing training time and costs;
- processing consistent Clinical Criteria;
- reducing errors;
- supporting audits and litigation with a predefined data model;
- maintaining a Data model to support audits and litigation; and
- Minimizing Compliance fines.

This fully managed solution will include everything necessary to drive the environment: hardware, software, and services. The HCLA solution can be implemented quickly resulting in a faster return on investment, with minimal up front risks and costs.

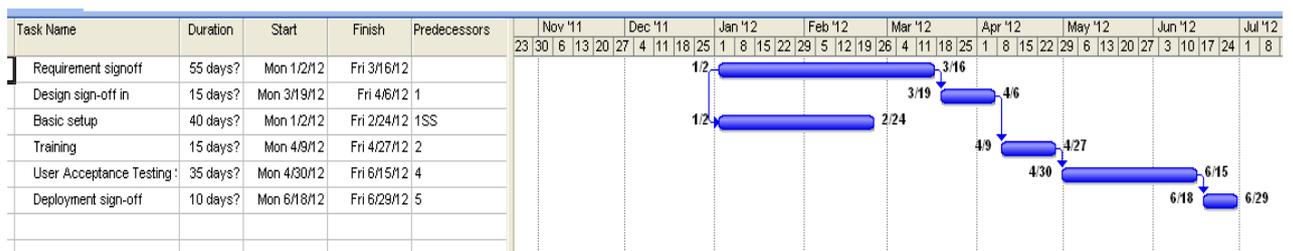
C.5 Project Activities

Following activities are involved in **pilot implementation**



C.6 Milestones

Given below is the project plan for this project:



Pilot Implementation

Milestone	Completion date
Requirement signoff	11 th week
Design sign-off in1	14 th week
Basic setup	8 th week.



Training	17 th week
User Acceptance Testing Sign-off	22 nd week
Deployment sign-off	24 th week

Project Deliverables

- Requirement specifications document
- Design document
- Executed test cases
- Product deployment (installation + Configuration + integration)
- Training material



D. Response to Mandatory Requirements

D.1 HCLA Response to Section 2.3.1 Must comply with requirements listed in Attachment B

Yes, HCL America, Inc. complies with the requirements listed in Attachment B. Please refer to Attachment B: Special Terms and Conditions for more details.

D.2 HCLA Response to Section 2.3.2 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.

HCLA Response: Yes. The base solution has the ability to retrieve Rx claims history and use fields to validate criteria. One customization would be to allow the same feature for Medical claims or encounters.

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.ncdp.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.

HCLA Response: Yes. As part of normal implementation external sources (i.e. Legacy Systems, Transaction format, XML, etc.) these items are mapped based on the Action/Decision of the Prior Authorization within the workflow process.

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.

HCLA Response: Yes, based on the client capabilities with this system we can integrate with MMIS either real-time, batch and thru a file extract if necessary.

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.

HCLA Response: Yes. Any data needed to be searched is dependent on what is available by the WV DHHR, if 24 or 36 months is available that is what would be searched.



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

HCLA Response: Yes. Solution has the ability to handle ICD (both 9 and 10) HCPC and NDC. A table or field could be added to accommodate the once-in-a lifetime requirement.

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

HCLA Response: Yes, The solution is web based and built on HIPAA standards from 128 bit encryption, role based security, automatic log off if no activity to other features for viewing data. There is a built in real-time audit and access function for reporting to compliance officers.

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

HCLA Response: Yes, the solution can handle drug information from either First Data Bank or MediSpan for processing. Clinical rules can be built by GPI/GCN, NDC or Standard Therapeutic Class.

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

HCLA Response: Yes. The solution is built to allow the client to build and maintain all criteria without vendor or IT intervention. If the client requests HCLA can perform all of these functions also within the required time-frames.

Change Management

The Change Management process consists of eight procedures, six for implementing planned changes, and two for implementing emergency changes. A brief usage of these processes is described in the table below:

Sr. No	Process	Process Usage
1	Request for change review	Used by change supervisors when they are dealing with requests for change
2	Change planning	Used by change supervisors and specialists to prepare the implementation plans for changes
3	Change approval	Used by the change manager and approvers (i.e. customer representatives and service providers) to approve planned changes
4	Application change implementation	Used by specialists, release administrators, customer representatives and change supervisors to implement application changes.
5	Planned change closure	Used by specialists when they perform production tests after changes have been implemented and by change supervisors



		when they close out changes
6	Emergency change implementation	Used by specialists and release administrators to implement changes to resolve incidents
7	Emergency Change Closure	Used by specialists and change supervisors to complete and close out emergency changes

HCLA proposes a Change advisory board for evaluation and approval of changes. HCLA PMO will track and facilitate the receipt of the change request, assessment by support delivery, and submitting the assessment or business case to WV DHHR IT Change Management Board.

D.3 HCLA Response to Section 2.3.3 Vendor Requirements

The Vendor must provide the following:

2.3.3.1 Software 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.

HCLA Response: Yes. The capabilities of the solution is built around multiple options for pulling data (MQ Series, XML, sFTP, FTP, ODBC/JDBC, etc.)

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

HCLA Response: Yes. Based on the rule components within the criteria automatic Authorization or Potential Denial to an RPh or other actions are possible.

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.

HCLA Response: Yes. Compliance regulations are customized as per client recommendations/suggestions.

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

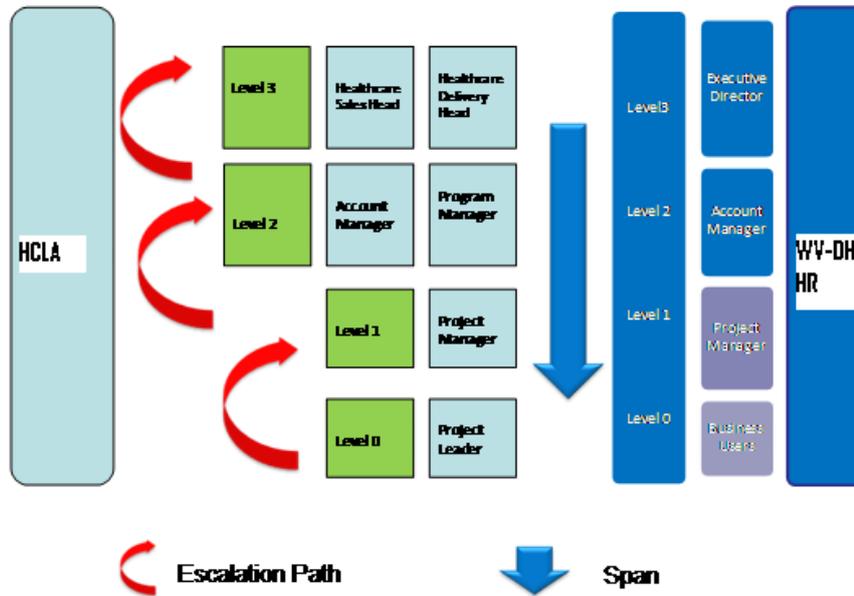
HCLA Response: Yes.

Problem escalation procedures and timing

HCLA follows various levels of escalation starting from Level 1 (Lowest) to Level 3 (Highest). The details of this are shown as below:



ESCALATION LEVELS - By Role



HCLA support team will be providing updates on the progress of the issue resolution. In case there are issues that cannot be resolved within the SLA agreed upon, then it will be brought to the notice of the Client Support Manager and the earliest resolution date will be mutually decided. In cases where SLA has been missed the escalation path mentioned in the attached document will be applicable.

Service Level Agreement for issue ticket response and resolution.

Severity	Description	Response Time	Resolution Time
1	Severity Level 1 can be raised in the event when there is an issue that has stopped business during normal US working hrs.	30 minutes	4 Business Hours
2	Severity Level 2 can be raised in the case that there is an issue affecting users and business is impacted during normal US business hours.	60 minutes	8 business hrs (1 Business day)
3	Severity Level 3 is when users are impacted due to part of the application not working. There is a workaround	24 hours	5 Business Days
4	Severity Level 4 are issues that have Work around but is impacting the productivity of the user.	48 hours	10 Business Days.

Metrics Tracking



At HCLA the metrics definition is done at the start of the project. These metrics are aligned to the customer specific business goals, customer needs, type of the project & various set of parameters. Based on the priorities indicated by the customer, these are collected, analyzed & communicated to the customer on a periodic basis.

For production maintenance, the following metrics are generated:

- Average Response Time
- Average Resolution Time
- Time taken to resolve High priority Issues
- Time taken to resolve Medium priority Issues
- Time taken to resolve Low priority Issues
- SLA Adherence (%)

These set of metrics are defined, tracked & monitored at the project level. Sometimes there are specific metrics requested by clients at specific project level; these are listed below. These are also then tracked & monitored in addition.

- Resolution Rate
- Response Time Analysis
- Expected Time of Closure Analysis

Apart from the above set of metrics, a set of sub process metrics are identified and tracked using statistical methods. The process variations are monitored for any special causes of variations and appropriate corrective and preventive actions are taken. Once the process stability is achieved, various means of addressing the common causes are looked at to increase the process capability.

There is a continuous strive to deliver quality products to the customer through the practice of Continuous Improvement in HCLA. It is institutionalized in the organization through a couple of modes:

- Metrics Analysis at project and organization level
- Internal and external audits

Objective	Measure
Reduce Defects	Review Effectiveness Defect Removal Efficiency
On time Delivery	Schedule Variance
Enhance Customer Satisfaction	Customer Satisfaction Index
Continual Improvement on the effectiveness of OMS	Project Compliance Index (PCI) Extent of Process Automation Tools used No. of Process Change Requests.

Metrics Analysis:

HCLA has institutionalized a measurement based improvement system through systematic identification, collection and analysis of metrics. Metrics are collected by the projects in each phase of the lifecycle.

The metrics objectives and process performance objectives are established. These are



tracked inline with the organizational baseline report. The “Process Performance Objectives” include ‘product quality’, ‘service quality’ and ‘process quality’.

Some of the process and products metrics used for the development projects are as follows:

Process Metrics

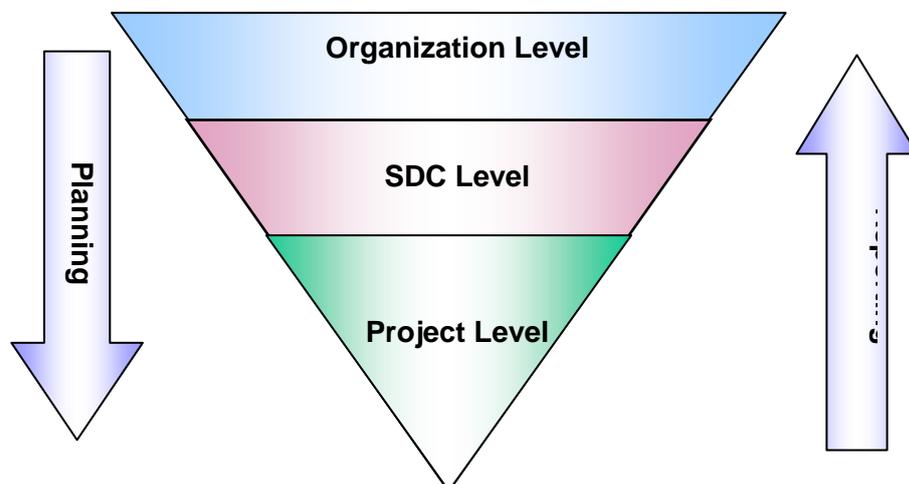
- Effort Variation
- Schedule Variation
- Defect Containment Efficiency
- Cost of Quality
- Review Effectiveness
- Testing Efficiency
- Customer Satisfaction Index

Product Metrics

- Size and Complexity
- Defect Density
- Reliability
- Functionality
- Efficiency
- Maintainability

Metrics trends are reviewed by Senior Management every month and the focus is on improvement in metrics values.

Each of these metrics are collected, defined and calculated every six months as part of the strong metrics program defined in the HCLA quality management system, which helps the organization in continuously evaluating its software quality levels and also helps in setting targets for future levels of quality. The metrics program is designed to identify improvement opportunities for the organization in the areas of project management, process management, engineering processes and support processes. A group called the ‘Metrics Council’ exists at organization level to work in this area. The metrics structure in HCLA is shown below.



Metrics 3-Tier Structure



To explain the diagram, metrics and their targets are planned at the project level keeping in mind the quantitative targets defined for the SDC (Software Development Centre) and ultimately for the organization. The metrics data collection happens at the project level, as per the defined frequency, then at SDC level and at the organization level.

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

HCLA Response: Yes, See Hardware/Software required below. Technical staff to include data center and solution experts (IBM P8, SQL Server, .NET, JAVA, Network, etc.). As it relates to clinical staff there would be trained support staff to handle help desk and training issues. If BPO services are required then there would be an staff by role to support the SLA.

Technology Stack

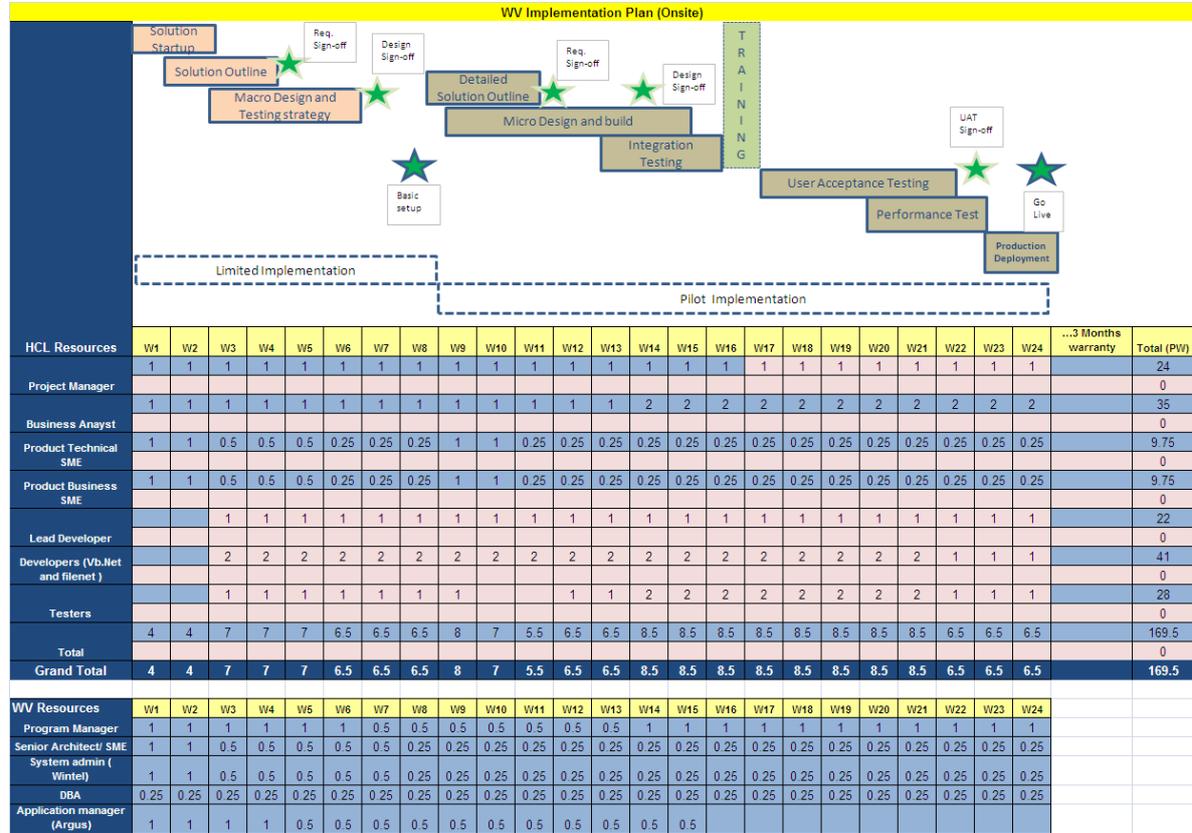
Server	Hardware	Processors	Memory	Minimum Hard Drive
Server 1	HCLRx DB Server	2	8x2	4 x 500G
Server 2	HCLRX App Server, Websphere IBM Websphere IBM Content Collector	2	8x2	1 x 500G
Server 3	IBM P8 Process Server	4	8x4	1 x 500G
Server 4	IBM P8 Content Engine IBM DB2	4	8x4	4 x 500G
	Software	Version		
	Visual Studio 2010	Professional		
	SQL Server 2008			
	IBM P8 Content Engine	4.X or 5.X		
	IBM P8 Process Engine	4.X or 5.X		
	IBM DB2	9.X		
	IBM Websphere	6.X		
	IBM Content Collector			



D.4 HCLA Response to Section 2.3.4 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.

HCLA Response: Yes, see diagram below for an overview of HCLA System Implementation team.



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

HCLA Response: HCLA will have a team of individuals on site to review and collect all requirements based on a detailed solution requirements document to make sure no detail is missed and to confirm both effort and time frames for complete implementation.

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

HCLA Response: All integration will be implemented and unit tested prior to both QA and Production system installation.

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

HCLA Response: Yes, In the Startup costs is a list of all Hardware/Software needed to implement the solution.



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

HCLA Response: Yes, All documentation will be updated based on integration, customization or other criteria. This will then be shared prior to training and system testing.

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

HCLA Response: Yes. Please refer to Appendix 2-Sample Project Plan which is an example of a detailed implementation and testing project plan. Once the initial requirements have been finalized the project plan will be updated for all parties to sign-off.



D.5 HCLA Response to Section 2.3.5 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.

HCLA Response: Yes. All data for each request will be maintained at a point in time data base that allows for various productivity, management and utilization reporting.

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

HCLA Response: Yes, There is a report titled "Monthly and Quarterly Drugs with Action – Detailed" that will take care of this report requirement.

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.

HCLA Response: Yes, With the data reports can be created to view data any number of ways. This report would use the actions on a transaction to drive the data. The following reports would handle this – Monthly and Quarterly Drugs with Action – Detailed

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

HCLA Response: With customization. Would need both requirements and data access.

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

HCLA Response: Yes, Via the standard reporting Pivot tables are created for reviewing data many different ways, of which actions and drug class are just two. The following reports would handle this – Monthly and Quarterly Drugs with Action – Detailed

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

HCLA Response: Yes, In addition to the following standard reports the client has complete access to the data base for creating any type of productivity, utilization or trending reports. Sample standard reports –

- Daily Cases Received (New, Form Request, Re-Fax)
 - Daily Received and Completed Cases
 - Daily Authorization exception – Detailed
 - Daily Forwarded to Tech – Detailed
 - Daily RFI – Detailed
 - Weekly Case Totals – Summary (LOB, Channel)
 - Daily New Cases – Detailed



- Daily User Actions – Detailed
- Daily Actions – Summary
- Quarterly Drugs with Action – Detailed
- Specialty – Denials with GCN
- Bi-Monthly Audit
- Monthly Case Totals – Summary



D.6 HCLA Response to Section 2.3.6 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.

HCLA Response:

HCLA is based in Sunnyvale, California and has over 6,000 consultants based in the U.S. We have an established COE for Healthcare and our solution for WV DHHR's Automated Prior Authorization Services requirement will be implemented by Healthcare Practice.

HCLA understands the criticality of automated prior authorization services for the West Virginia Medicaid Pharmacy Program and also that the Bureau for Medical Services "Bureau" or "BMS" is looking for a world-class service provider with local experience, the requisite people, process and technology skills and the necessary experience to help it achieve its objectives while minimizing risk.

HCLA has proven expertise in automated prior authorization services and the experience of serving diverse State and Local government Agencies such as Worker Welfare, Child Welfare, Fraud Investigation, Case Management, Public utility, Healthcare governance etc. and will bring to bear its experience and best practices to achieve a high quality outcome for the Bureau.

Previous Relevant Experience

The table below enlists the major engagements (specifically in Human Services) with US Government Agencies executed by HCLA. Along with the engagement names, the table also presents the key services provided by HCLA as part of these engagements. The table below provides an assurance about HCLA's proven track record and extensive experience on successfully delivering these services.

#	HCLA Engagements	Application Development	Data Migration	Program Management
1	District of Columbia, Department of Human Services, Document Managing System	✓	✓	✓
2	Delaware – Department of Health and Social Services- Document Imaging System	✓		✓
3	Colorado Department of Human Services- Rehabilitation Information System For Employment	✓	✓	✓
4	Nevada Department of Human Resource (DHR), Child Care System	✓	✓	✓
5	New Hampshire Department of Health and Human Services, Childcare Provider Billing System	✓	✓	✓
6	Georgia Department of Human Resources (DHR) - Office of Investigation (OIS)-Investigative Services Information System	✓	✓	✓
7	New Hampshire Department of Employment Security Electronic Document Management System	✓	✓	✓
8	New York Office of Children and Family Services (OCFS), Criminal History Review Unit (CHRU), Criminal History Review System	✓	✓	✓
9	New York Office of Administrative Hearings - Office of	✓	✓	✓



Temporary Disability & Assistance Fair Hearing Decision Management System			
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Fiscal Stability

HCLA has always invested in growth areas to multiply value creation. HCLA has made significant investments in tools, methodologies, frameworks, and processes to enhance the efficiencies and develop core competencies in the relevant business areas and continues to invest in growth/emerging area. Fiscal stability is derived with three critical indicators.

- Financial solvency
- Corporate Governance to measure, monitor and tune process
- Capability to support fixed price/deliverable based contracts.

Financial Solvency

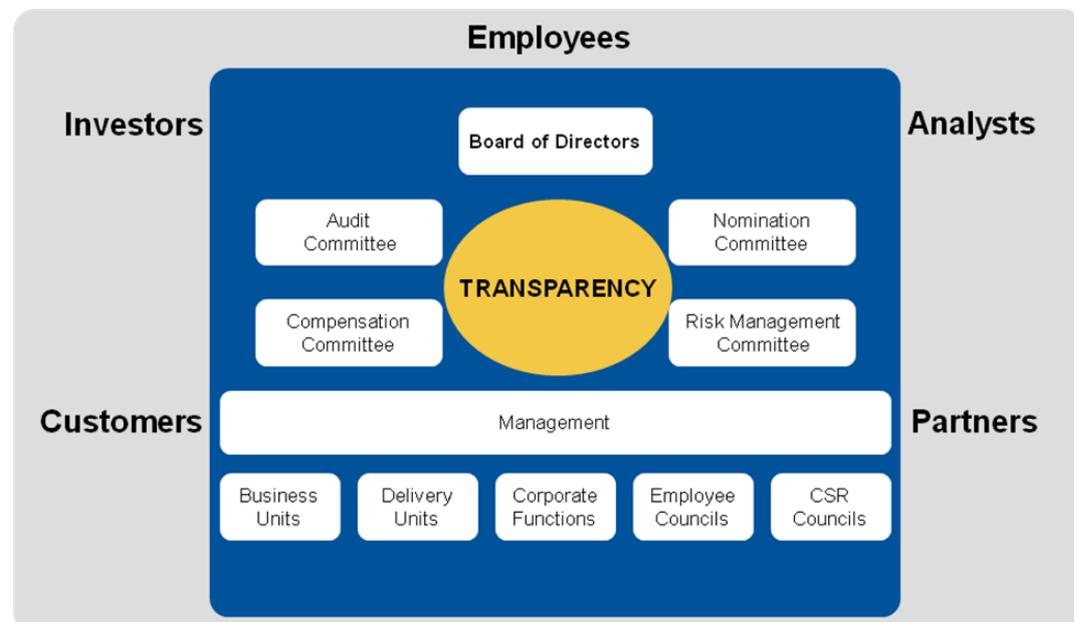
HCLA has remained financially stable and solvent throughout its many years of existence and has never experienced a year where it has been cash negative

RFP Business Proposal includes the Past three year audited financial statements and Dun & Bradstreet credit report of HCLA organization. It also shares a year over year increase in assets which can be used to support RFPs of this size and magnitude. HCLA is confident it possesses the financial resources necessary to support requirements arising out of this DHSS

Corporate Governance

Good governance practices stem from the culture and mindset of an organization. As stakeholders across the globe evince keen interest in the practices and performance of companies, corporate governance has engaged on the center stage. Corporate governance is based on the principles of integrity, fairness, equity, transparency, accountability and commitment to values.

HCLA continues to focus on good corporate governance, in line with local and global standards. Its primary objective is to create and adhere to a corporate culture of conscience and consciousness, integrity, transparency and accountability for efficient and ethical conduct of business for meeting its obligations towards shareholders and other stakeholders.

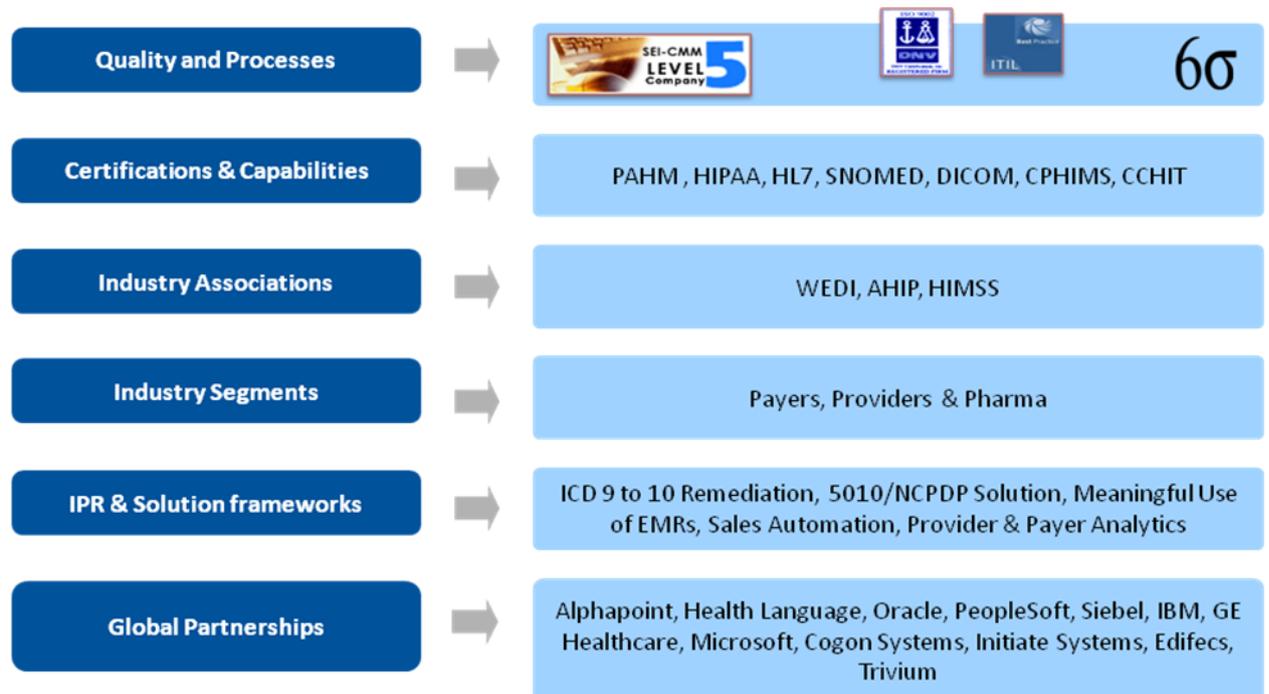
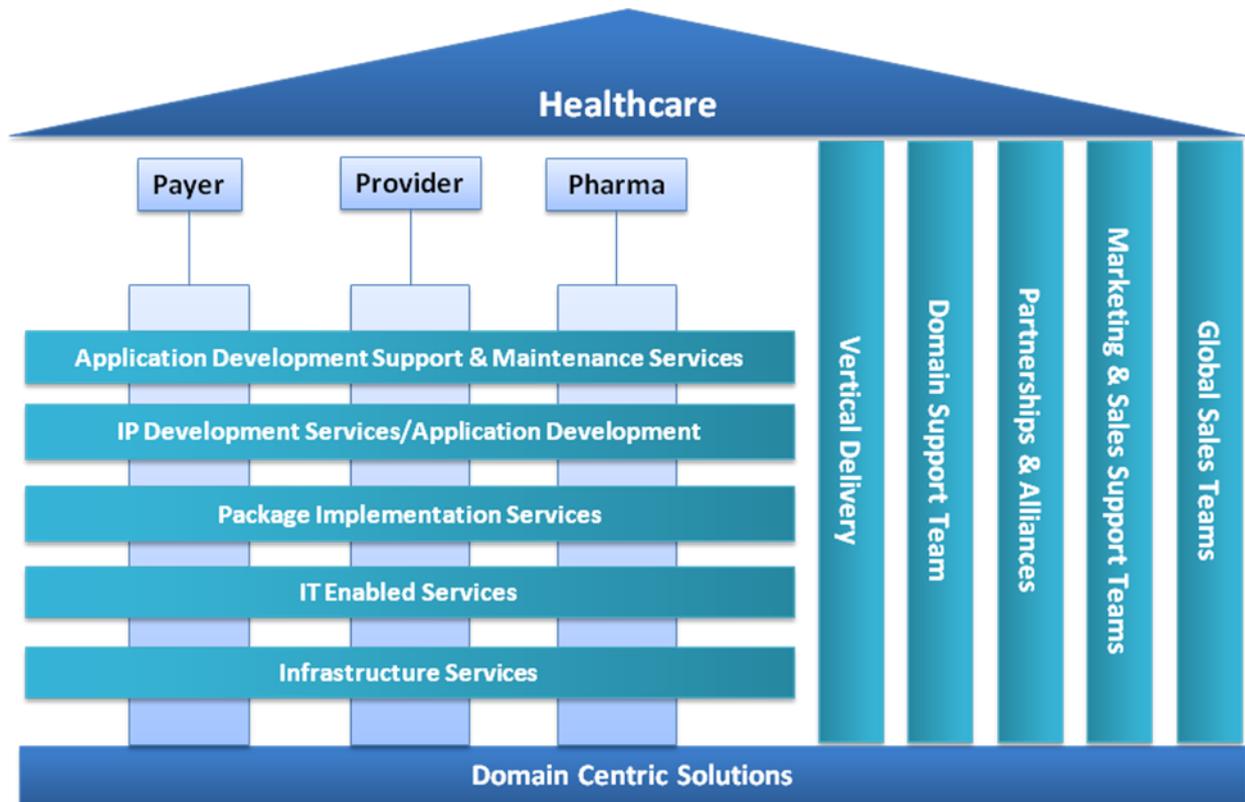


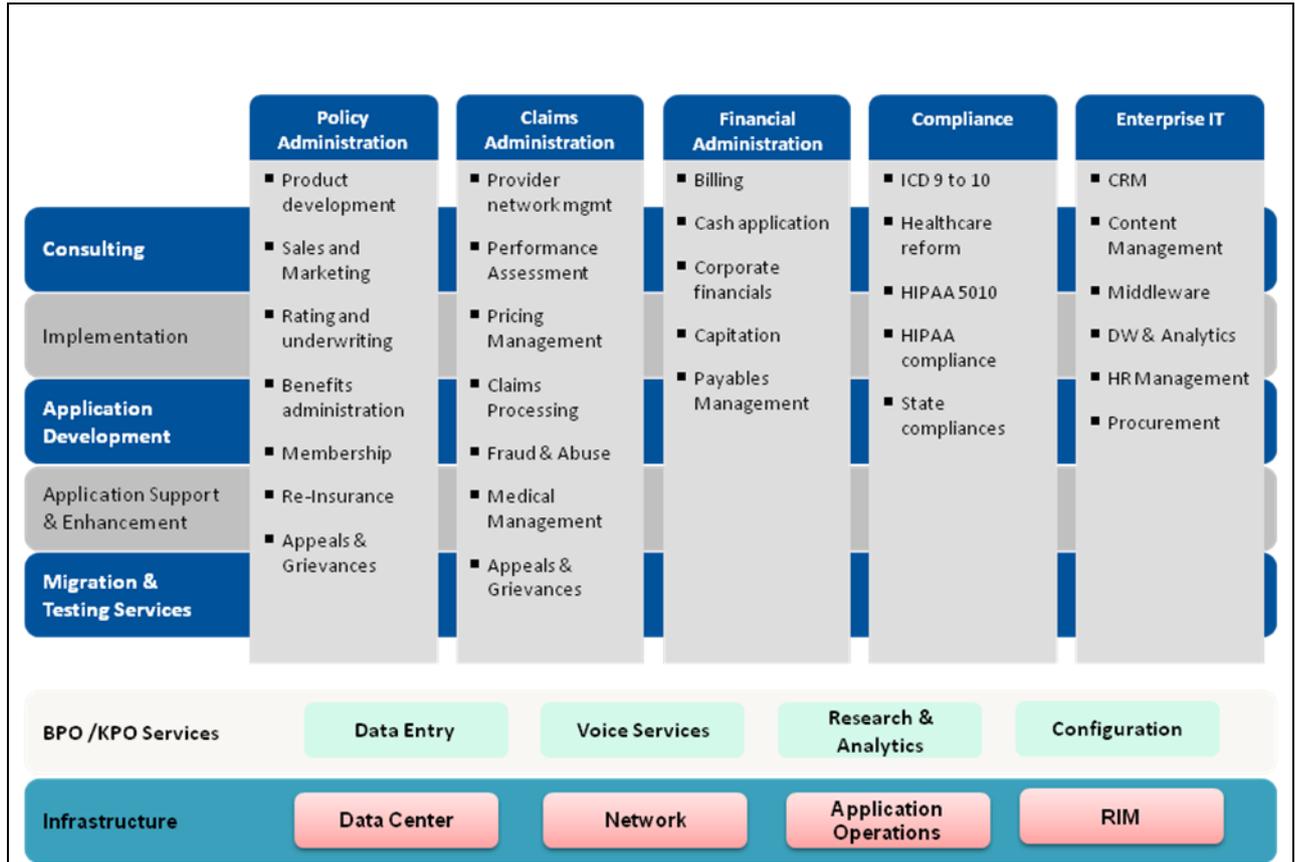


Please refer to Appendix 3 - HCLA financials for more details.

HCLA Healthcare Practice Overview

Given below is the snapshot of HCLA Healthcare Practice:





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.

HCLA Response:

Large Insurer 3.5M members, 100 concurrent users using version 2.0

Client	Blue Shield of California
Contact Name	Terry Bennett Sr. Application Manager
Telephone No.	415.229.5909
Location Street Address/City State/ZIP	50 Beale St
Location City/State	San Francisco 94105-1808
Current Status (WIP/Complete)	Completed
Work Description	Has utilized product since 2006 for processing Prior Authorizations

Many clients varying in size from 250K – 1.5M members using version 3.0.

Client	Laker Software
Contact Name	Aaron Guggisberg - President,
Telephone No.	800-282-9323 ext 102
Location Street Address/City State/ZIP	10567 165th Street West
Location City/State	Lakeville, MN 55044
Current Status (WIP/Complete)	Completed
Work Description	Have installed product as part of Rx Claims Adjudication software for Laker clients to utilize for processing all



	types of exceptions.
A TPA with various clients, 30 users using version 3.0	
Client	TC ³ Health
Contact Name	Doug Chisholm – CEO
Telephone No.	408-858-0204
Location Street Address/City State/ZIP	19732 MacArthur Blvd., Suite 100
Location City/State	Irvine, CA 92612-2449
Current Status (WIP/Complete)	Completed
Work Description	Have installed product for TC3 clients to utilize for processing all types of Pharmacy exceptions.



D.7 HCLA Response to Section 2.3.7 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.

HCLA Response:

As an additional service, HCLA Business Process Outsourcing COE offerings can help WV-DHHR overcome challenges in these areas.

HCLA - BPO also offers the following services in general –

End to End Business Solutions

Complete Business support solutions

Multilingual Support

We provide business support in 8 European languages

Quality and Compliance Driven Delivery

- Deployment of Best Practices derived from People Capability
- Maturity Model and Six Sigma approach to ensure consistent service. Excellence and continuous performance improvements.

Technology Upgrade

- Application Development expertise to automate business rules
- In built, applications tailor made for your business
- Technology uptime of up to 99%

In addition, HCLA does provide BPO services:

HCLA Resources			
S. no	Role	Responsibilities	Profile of associate
1	Back Office & Blended BO with I/B & O/B processing issues for Digital and Analogue lines for customers	<ul style="list-style-type: none"> ✓ Maintain accuracy and ensure to meet client SLAs. ✓ Compliance to company/client security and process policies ✓ Meeting SLA's & other targets 	Profile can be provided on request.



E. 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*	970000		
Yearly Operating Cost**	140000	140000	140000
Total Yearly Cost	1,110,000	140,000	140,000
Grand Total for Three (3) Year Contract Period			1,390,000

Estimated Hardware - 4 Production, 1 Test, 1 QA

Estimated Software – Microsoft (Server 2008, SQL Server, Office 2007, Visual Studio 2010) + IBM (P8 Content Engine, P8 Process Engine, WebSphere, DB2, Content collector)

*Start up cost include three year limited license fee.

Yearly Operating Cost** includes Annual Product Maintenance and Support

- Annual maintenance will include updates/ patches for the version of product bought by WV-DHHR
- Support costs will provide for support over and above the coverage provided by the AMC. Support will be provided by a core support team based out of India 24/7.
- Pricing is based on the current scope and understanding as provided in the RFQ and Addendum Q&A. Any changes to this we will review it along it with BMS
- HCLRx Product Administrator: 1 resource is required to maintain the product's business functionality like:
(If this service is expected as part of the deal, there would be additional cost involved and can be provided on request)
 1. To update the Business Rule Engine for any state or federal mandates
 2. To add/modify correspondence letter templates
 3. To generate ad-hoc reports
 4. To setup users, grant role based access privileges etc.
 5. The skills sets required for this role is non-technical, and something similar to a Business Analyst with some clinical background.
 6. This could be handled 8 hrs/day, 5 days a week.

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 USD 160



Hourly Rate: Option Year 1 USD 160
Hourly Rate: Option Year 2 USD 160

Giritharan Rajaiah, Vice President, HCL America, Inc.

(Representative Name, Title)

7038673640

(Contact Phone/Fax Number)

03-November-2011

(Date)



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F. Attachment B: Special Terms and Conditions

Attachment B: Special Terms and Conditions

Complete Attachment B: Special Terms and Conditions included in this RFQ. By signing and dating this attachment, the Vendor acknowledges that they agree to meet or exceed each of the specifications as outlined in this Attachment.

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.

(Company) _____

(Representative Name, Title) _____

Charlie Stevenson
Director - Legal
HCL American Inc.

(Contact Phone/Fax Number) _____

408-733-8480 / 408-733-0482

(Date) 11-1-11



G. Purchasing Affidavit

RFQ No. MED12003

BUREAU FOR MEDICAL SERVICES

MED 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 owned 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 exceeds 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: HCL AMERICA, INC
Authorized Signature: [Signature] Date: 11/11/11
State of California
County of Santa Clara, to-wit:
Taken, subscribed, and sworn to before me this 11 day of November, 2011
My Commission expires 11/31, 2015
AFFIX SEAL HERE NOTARY PUBLIC [Signature]



Purchasing Affidavit (Revised 12/15/09)



H. Resident Vendor Preference

Since HCLA is not a West Virginia Vendor, we are not applying for the resident vendor preference.



I. Appendix

I.1 Appendix 1-Prior Authorization Workflow

Introduction to WV-DHHR Pharmacy Services

- a. WV-DHHR Pharmacy Services is a component of WV-DHHR Pharmacy Management, a pharmacy benefit manager (PBM). WV-DHHR Pharmacy Management provides prescription drug health insurance to policy holders across the United States.
- b. WV-DHHR Pharmacy Services is responsible for processing prescription drug prior authorization requests. Requests are received primarily from prescribing doctors on behalf of plan members. Prior authorization requests are received by fax (through a form completed by the prescriber or the prescriber's office staff), or by phone (through a conversation from WV-DHHR staff with the prescriber or prescriber's office staff).
- c. Prior authorization requests are reviewed using clinical criteria established by WV- DHHR Pharmacy and Therapeutics Committee. These criteria are made available to staff via an intranet site called the Criteria Manual.
- d. Non-clinical staff members collect and analyze data using Decision Guides. Decision Guides are interactive tools that present clinical questions to the user. As the user enters data into the Decision Guide, it uses rules-based processing to react to user input to determine the next important question, and displays that question for the user to answer. These Decision Guides serve as scripts for non-clinical staff during the Phone Intake process.
- e. Each prior authorization received is reviewed by non-clinical staff first. Non-clinical staff may approve, administratively deny, or delay a request for clinical review. Pharmacists and Medical Directors (doctors employed by WV-DHHR) review requests as needed. Pharmacists may approve, administratively deny, or delay a request for clinical review, and on certain product types a Pharmacist may issue a medical necessity denial. Medical Directors may issue an approval or a medical necessity denial.
- f. All prior authorization requests received by WV-DHHR result in a prior authorization decision to approve or deny the request. A letter explaining the decision is generated and sent to the requesting prescriber and the plan member whom the request was for.
- g. WV-DHHR Pharmacy Services complies with many regulatory and accreditation requirements. Meeting these requirements is critical to ensure that we are providing the highest quality service and are meeting the legal mandates place on our business.
- h. The prior authorization review process has several phases. The following steps describe the prior authorization review process as currently constituted:
 - **Phone Intake** – Non-clinical, call-center staff called Pharmacy Service Associates (PSAs) complete a prior authorization form over the phone for the prescriber. PSA's perform [Drug Coverage Verification](#). Clinical data is collected through tools called [Decision Guides](#) onto a digital prior authorization form called an



Omniform. The PSAs then perform an initial review using the Decision Guide. PSA's may approve, administratively deny, or delay a request for Pharmacist review.

- **Fax Intake** – Fax requests are currently digitally received and converted to .tif images by fax server software called Graphnet. Faxes are received digitally to facilitate processing through the remainder of the workflow.
- **Pre-sorting** – Staff members take fax images and place them on an Omniform. Staff members begin to classify the request to facilitate the Fax Review process and speed turnaround times.
- **Fax Review** – Fax review is completed by non-clinical staff members. Fax Review staff perform Drug Coverage Verification for each request. The Fax Reviewer performs an initial review using the Decision Guide. Fax Reviewers may approve, administratively deny, or delay a request for Pharmacist review.
- **Pharmacist Review** – The Pharmacist reviews clinical data on the request to determine if the request is approvable. The Pharmacist may approve or administratively deny the request, and in some cases issue a medical necessity denial. Depending on the line of business, Medical Director Review may be required prior to issuing a medical necessity denial.
- **Medical Director Review** – The Medical Director reviews clinical data on the request to determine if the request is approvable. The Medical Director may approve the request or issue a medical necessity denial.
- **Call Track, Enter Auth (CTEA)** – The CTEA staff perform administrative functions so that the clinical staff (Pharmacists and Medical Directors) don't have to. The CTEA staff track call notes and where appropriate enter authorizations into the appropriate claims payment system.
- **Data Entry** – Data Entry staff type a letter to respond to the prior authorization request. The letter is typed into the Pharmacy Exceptions Database. A copy of the letter is digitally faxed to the prescriber (unless a mailed copy is necessary), and a copy is mailed to the member. Data Entry staff also archive the prior authorization request for future reference.
- **Drug Coverage Verification** - Drug Coverage Verification is the process of determining if a medication: a) is covered by the plan, and b) requires prior authorization review. Medications not eligible for coverage become eligible for administrative denial due to benefit exclusion. Medications not requiring a prior authorization become eligible for administrative denial (as no authorization required) in order to notify the provider that the medication is covered without an authorization (and so that no medical necessity review is performed). Medications that require prior authorization follow the rest of the process described above.
- **Outreach (Lack of Information process)** – When a request lacks all of the clinical information needed for a proper clinical review, staff may request an Outreach. This process involves generating



a letter and fax requesting the missing information and holding the letter for a response. If a response is received, the request is reviewed according to the standard process. If no response is received, a formal denial is issued.

- **Outbound Notification** – Some states requires that plan members be notified of the prior authorization decision within strict time frames. The Outbound Notification staff members call plan members to notify them of the outcome of each prior authorization request.

Product functions

- a. Product functions are described here in high-level terms to provide perspective. Full product functionality requirements will be provided in Requirement documents (forthcoming).
- b. The software selected will facilitate the processing of prior authorization requests with rules-based workflow management. The system will allow each request to be classified and then routed and prioritized based on request characteristics.
 - The HCLRx software coupled with the Business Process Management, provide multiple levels of sophisticated rules driven workflow. Within the solution pre-authorization requests are assigned to a unique case. Upon entering key request data the case is classified and prioritized based on client defined prioritization parameters. The most critical request is routed to the appropriately skilled worker.
- c. The software selected will utilize a skill-based work queue format to ensure that employees are working the highest-priority request needing their attention each time a request is pushed to that employee to work.
 - Within HCLRx, pre-authorization requests are assigned to a unique request. Upon collecting key data the request is classified and prioritized based on client defined prioritization parameters. As the request is worked it is routed to the appropriately skilled workers for the current step in the workflow. Users are provided a means to get the next highest prioritized piece of work via the "Get Next" function. As the request moves through the workflow process, these prioritization parameters are re-evaluated at each step and to provide the worker with requests based on prioritization. The process of the system providing the most appropriate work prohibits a user from "Cherry Picking" requests
- d. The software will support the multiple levels of review required by the PSC's workflow process. These levels are described in element 1.2.9 of this document.
 - Reviewing of work across multiple levels is supported within HCLRx by utilizing user roles. Standard roles are defined along with the ability to add user roles or change user role names via the Administrative User Interface. The following provides a listing of standard roles along with a comparison / matching of WV-DHHR roles:



- a) Black Box Clerk (Fax Intake)
- b) Oral Technician (Fax Review & Phone Intake)
- c) Inject able Technician (Fax Review & Phone Intake)
- d) Pharmacist (Pharmacist Review & Uphold Denials)
- e) Medical Director (Medical Director Review)
- f) Deny Clerk (Clerical)
- g) Supervisor (Oral & Injectable)

Additional roles are:

- a. Appeals & Grievance
 - b. Follow-up Technician
 - c. Error Management
 - d. Manager
- e. The system will “push” (or feed) requests to users for processing rather than allowing users to select the requests to work. The system will use rules to select work to push to a user to ensure that requests are worked in a prioritized format based on WV-DHHR's workflow.
- HCLRx users are “pushed” work by requesting the next available work item through a "Get Next" function. As the case moves through the workflow process, prioritization parameters are re-evaluated at each step to provide the worker with cases are worked according to priority. The process of the system providing the most appropriate work prohibits a user from "Cherry Picking" cases.
- f. The system will resolve the turn-around-time barriers inherent in the current system by improving request routing.
- HCLRx solution enables Pharmacy Services personnel the ability to handle pre-authorization effectively and efficiently. The rules driven processing of requests, repository of documents, extensive reporting, and automated letter generation can enable WV-DHHR to streamline and optimize their existing operation, as a result the HCLRx system will provide customers and providers with a superior customer service experience through the increased efficiencies in processing and availability of information. By implementing the HCLRx system, WV-DHHR will position them as a leader in pre-authorization processing.
- g. The system will support advance Utilization Management with the collection of clinical data using rules. The system will save all data collected through Decision Guides and will be able to route requests based on Decision Guide recommendations. (Note that integrating the Decision Guides into this new solution will no longer require Decision Guides to be maintained in the Criteria Manual.)
- HCLRx provides business users with the ability to define rules for the collection and retention of data necessary to process the prior approval request. This rules based driven capture and retention of data will provide the capability of the Enhanced Decision Guides.
 - Based upon a typical set of business rules defined within HCLRx this would be the sequence of events for a fax or phone received prior approval case:



1. Clerk or Technician user selects a case via the data-entry queue and enters the provider, patient and drug data. Upon clicking Drug Verify button, the system calls the Clinical Rules Engine (CRE).
2. If the drug verified is a CRE drug, it will prompt for diagnosis and/or questionnaire to answer. The case would then route into drug workflow following the Action picked by the CRE decision.
3. If the CRE action is an approval, it will go through the existing authorization workflow process.
4. If the CRE action is a potential-denial, the drug-line action will be an automatically routed via the workflow to the Rph-awaiting-denial queue.

If the drug verified is a CRE drug and the user cannot answer the diagnosis or the questionnaire, the user will pick other / unknown answer to have the case/drug processed as "Forward to Tech Review" and sent to Tech-review queue so that a Technician can either RFI the case or get someone to help answer those questions so that the CRE processing can proceed.

- h. The system will allow WV-DHHR's administrator staff to configure the system capabilities to react to current workflow needs. Administrator staff must be able to configure request routing rules, prioritization rules, Decision Guide rules, letter verbiage and templates, appeal language, staff skill sets and work queues.
 - HCLRx provides authorized business users with the ability to control and make changes as necessary to support the daily demands for processing prior approvals. Following are examples of some of the capabilities enabled via the Rules Administration:
 1. Ability to trigger CRE execution real-time following Drug verification and return a questionnaire based on routes traversed from the auto-checks (preceding the questions).
 2. Ability to specify and associate a "drug" (defined by a list of GCNs) to a set of rules
 3. Ability to prompt a list of possible diagnosis to the user that are drug specific
 4. Ability to link one auto-check to another auto-check in any order and in any layer of depth
 5. Ability for each auto-check to have multiple outcomes
 6. Ability for each auto-check to lead to one or more questionnaire sets
 7. Ability to use the same auto-check in multiple places in the decision tree
 8. Ability to perform a list of auto-checks
 9. Ability for the questionnaire to connect / end-up with different decisions.
 10. Ability to define multiple decision templates.
 11. CRE configuration and administration needs to be under a different admin role
 12. CRE error handling in the case of malformed rules



- i. The system will support robust reporting features, including the ability to run preformatted reports based on filters. The system will also support ad-hoc reporting by WV-DHHR's administrator staff.
 - HCLRx provides the following standard reports:
 - Daily Cases Received (New, Form Request, Re-Fax)
 - Daily Received and Completed Cases
 - Daily Authorization exception – Detailed
 - Daily Forwarded to Tech – Detailed
 - Daily RFI – Detailed
 - Weekly Case Totals – Summary (LOB, Channel)
 - Daily New Cases – Detailed
 - Daily User Actions – Detailed
 - Daily Actions – Summary
 - Quarterly Drugs with Action – Detailed
 - Specialty – Denials with GCN
 - Bi-Monthly Audit
 - Monthly Case Totals – Summary
 - Quarterly cases – Detailed
 - Specialty – Authorization with override
 - Specialty – With certain Denial codes

In addition to the standard reports authorized users are able to create ad-hoc reports using various methods of data extracts.

The system will store fax images in a repository for an extended period of time. (See the detailed Requirements for details on length of storage required.) The system will support indexed searching of prior authorization requests for quick retrieval.

- HCLRx will provide the capability to store fax images. Any digital information related to the prior approval request can be stored in the repository. Documents placed in the Content repository can be retained for extended periods base upon the business needs. This solution provides the ability to search for documents utilizing one or more index fields. The capability to store, retrieve, and search for documents is provided via web services.

Internal Compliance Feature	HCLRx	Typical PBM Solutions	Legacy Systems Manual Processes
Electronic Capture of Request	Yes	Yes	No
Real-time Validation of Benefit Criteria	Yes	No	No
Real-time Validation Against Clinical Rules	Yes	No	No
Automatic Generation of Outbound Additional Information Requests	Yes	Yes	No
Automatic Generation of Appointment of Representative Letters	Yes	No	No
Automatic match of inbound additional information with outbound request	Yes	No	No



Pharmacy Management Process

External Compliance Pain Point	Process Enhancements		Results
CMS Fines	Electronic capture of request Government programs time requirements factored into work queues Automatic tracking of obligations based on specific Criteria		Eliminate lost paperwork
Audit and Reporting	Automatic tracking of obligations based on Criteria Instant access to auditable information		CMS Compliant Minimized audit fines
Grievances & Appeals Reporting	Automatic generation of follow up letters and reports sent to work queues		Eliminate additional follow up and research
Compliance & Tracking	Real-time validation against clinical criteria Automated questionnaires of clinical criteria Automatic tracking of all generic substitutions and exceptions		Consistent answers from everyone in the organization Reduce litigation and compliance risk
Accuracy of Bids & Forecast	Automatic capture of all documents and comments by case Searchable documentation of all actions and comments		Increased visibility into risk underwriting trends
External Compliance Feature	HCLRx	Typical PBM Solutions	Legacy Systems Manual Processes
Compliance Time Tracking Identified in Work Queues	Yes	No	No
Combines PDE Cost with Prospective Payment Data	Yes	No	No
Utilizes Best Methods to Calculate & Track Reconciliation Amounts	Yes	No	No
Utilizes Best Practices for CMS Audits Based on Results	Yes	No	No
Provider Efficient Data Access Techniques	Yes	No	No



Key challenges in the current authorization process

- a. This section of the document will outline some of the key challenges that WV-DHHR Pharmacy Services has when processing prior authorization requests using the current systems. These challenges are presented here in order to demonstrate the problems we would like to solve with the new software selected.
- b. Inventory Management challenges include:
 - Manual request routing based on user knowledge (rather than rules-base system routing)
 - Manual request routing presents the potential to misplace prior authorization requests while the request due-by-date expires (placing the request out of compliance).
 - Relevant work is not presented to the user based on request characteristics. The user must work in a series of folders selecting the requests they believe need to be worked next. The current system has no method to enforce that the highest priority request is worked first.
 - Users select their own work. Although this is tightly managed, users have the opportunity to select the most desirable work (a.k.a. “cherry picking”)
 - Requests are at risk for accidental deletion. The system does not have sufficient safeguards to ensure complete inventory control.
 - Lack of real-time inventory reporting to ensure management can properly manage prior authorization requests on-hand.
 - Barriers to request processing times (turn-around-times, or TAT)
 - Lack of system prediction of volumes to allow for staff allocation.
- c. System Integration challenges include:
 - Frequent data-entry duplication. Staff members frequently re-type information contained in a system because the systems are not integrated.
 - Systems do not integrate with each other to facilitate task automation. This results in duplicate efforts in multiple systems.
 - Each user works with many systems to process a single prior authorization request. This complexity requires extensive staff training and is prone to missed steps.
- d. Document Storage, Archival and Retrieval challenges include:
 - Documents are currently stored in global-group protected Microsoft Outlook public folders. This means that storage is on a Microsoft Exchange email server.
 - Documents have a lengthy retrieval process. Documents are not indexed for efficient retrieval during a search process.
 - Exchange server storage constraints limit the PSC to approximately 1 and ½ years online storage. After this period, documents are archived to DVD.
 - When the Microsoft Exchange server experiences down-time requests in storage are inaccessible.
- e. Challenges resulting from a Scattered Workforce include:
 - PSC workers are nationwide. Staff members work in multiple time zones across WV-DHHR sites and from home.



- Some staff members, such as Medical Directors, are “corner of the desk” workers who review prior authorization requests only a small percentage of their normal work day.
- Training challenges due to de-centralization of workers, as well as scheduling training in a production environment.
- Varying degrees of technical understanding.
- f.** Regulatory and Compliance Variance challenges include:
 - Laws and regulations vary by state, product type, funding type, online submission capabilities and other plan characteristics.
 - Turn-around-times (TAT) requirements vary by product and state.
 - Coverage mandates exist in certain states that require special processing of certain prior authorization requests.
 - Appeal and Grievance mandates vary state to state
 - Government program requirements
- g.** Letter Generation challenges include:
 - Communicating clinical information to non-clinical plan members.
 - Appeal attachments vary by state and product types.
 - Denial rational consistency and language must be carefully maintained.
 - Letter templates are critical to ensure that letters are compliant with federal, state and accreditation program requirements.



Product Roadmap and future vision for HCLRx

Corporate initiatives include the following

- maintaining current compliance and regulations
- developing integration to eScript vendors
- developing Specialty Rx enrollment features
- reviewing Health reform to see where changes will be required

Competitive Position and Future Commitment

HCLA is offering WV-DHHR a cutting edge solution that will automate the prior authorization and other prescription exception handling processes within WV-DHHR's pharmacy management systems. The solution offers:

- Extensive market and medical research conducted to create and update the product
- Ability to handle multiple exception conditions like
 - Prior Authorization
 - Step Therapy
 - Quantity Limits
 - Non-Formulary
 - Transitional Drugs (Government Programs)
- Additional functionality for
 - Appointment of Representation
 - Appeals and Grievance
 - Automated Correspondence
- Robust workflow management
- Industry leading document management solution
- User friendly and customizable rule management
- Seamless integration with WV-DHHR's core business systems
- Highly scalable architecture
- Domain and Technical expertise of HCLA PBM CoE

The HCLA prior authorization solution is owned by the Pharmacy Benefit Management Centre of Excellence (PBM CoE) within HCLA. The CoE keeps themselves abreast of the latest trends within the PBM domain by regularly attending various conferences. The CoE also has a dedicated team that reviews journals and periodically engages with clinical experts within PBM, pharmaceuticals, provider networks and payers. The CoE also monitors the Government regulations and compliance mandates. The outcomes of these interactions are used to update the default set of clinical and business rules within the prior authorization solution.

Over and above the tasks mentioned earlier, HCLA will also invest into the following to ensure that the solution is always on the cutting edge of technology:

- Leveraging service-oriented architectures, business rule and workflow engines environment, solutions support incremental needs for specific functional or process improvements.
- New architectural environments including framework (integration) strategies to enable greater, less costly and less risky implementation by moving away from point-to-point integration.
- Solutions which use event-driven architectures to extend the workflow, information delivery, triggered action, and response necessary to establish the



information-based and actionable advice business demanded in the U.S. healthcare reform era.

- Cloud computing models enabled by the more flexible and customizable service oriented architectures with a focus on statelessness, low coupling, modularity, and semantic interoperability features.
- Tackling fraud, waste and abuse by utilizing rules built into the solutions
- Analytics and business intelligence solutions that include customizable business rules supporting the use of triggers and alerts within all application environments against sales, financial, and clinical thresholds or benchmarks.

Communication Outreach

<p>Ability to auto document, date and timestamp each updated entry</p>	<p>From the time the pre-authorization request is received within HCLRx data is date and time stamped. Every time a user either updates the data, performs an action, or views the request an audit record is created and is part of the Audit Trail. Each action performed on a drug line of a request is both date/time stamped and the User's ID is also kept as part of that record for full accountability. There is a separate Rule Execution audit trail that is displayed to show the clinical execution and sequence for the automated drug lines.</p>
<p>Ability to capture, modify and utilize provider communication preferences (provider correspondence mailing address, provider portal, fax, phone, e-mail, as well as level of communication - summary, comprehensive)</p>	<p>HCLRx will utilize web services to access the provider preferences contained within WV-DHHR legacy system. This information is then stored in HCLRx for that "point-in-time". The information stored within HCLRx will be used for the processing of the request. If an outdated or incorrect fax number or email address is retrieved from the WV-DHHR system that information may be updated for this specific request.</p>
<p>Read/write ability is based on defined role-based access (i.e. VIP access and WV-DHHR employee)</p>	<p>The user roles defined within HCLRx control who and what data may be accessed or modified with the system. The security model implemented provides for the ability to grant or restrict access to a request based upon various data associated with that request.</p>
	<p>Role based security does have the capability to access specific data fields and selected records in the screens and it is configurable.</p>
<p>Ability to scan additional documentation received into the system and attached to the member and/or family profile</p>	<p>The solution utilizes a content repository and content import solution to store and ingest digital information. Once this information has been ingested it is associated with a specific request. At this point the additional documentation is available to all users that may be involved in working the request. No scanning software or hardware is provided as part of this response.</p>



Ability to receive electronic information from any entity and attach the documentation to the member and/or family profile	The solution utilizes a content repository and content import solution to store and ingest digital information. Once this information has been ingested it is associated with a specific request. At this point the additional documentation is available to all users that may be involved in working the request. Associating new documents with an existing member profile is accomplished via metadata. Once a profile is created, additional documents, emails, faxes, scans, etc. can be linked within the repository by tagging the new objects with a related value, such as the Case Number, or whatever key value makes the most sense. Tagging new documents in this way allows for fast retrieval of all member content, regardless of the source or format.
Ability for all users internally -to document auto-generated as well as manually entered self-reported information	HCLRx provides a NOTES capability that allows the user working the request the ability to enter comments concerning the request. Along with the NOTES capability is extensive logging of user actions. <u>Ability to copy and paste</u>
	For the typical user the HCLRx Prior Approval solution utilizes a standard web browser and supports copy and paste capabilities as provided via the browser. Along with these <u>standard capabilities is</u> the ability to clone and copy paste within the Rules Administration.
Ability for the system to display summary level data and to customize a more detailed view (member, provider, employer, staff, vendor, and member designee)	During requirements phase all data can be customized to view either summary level or detailed level information.
Ability for providers to access and view near real time summary for assigned members	HCLRx is designed to interface and provide data to an existing provider portal and does not provide a standalone provider portal. The existing capabilities provided by WV-DHHR for provider communication can be leveraged in the solution.
Ability to edit information prior to the saving of data	The user of the HCLRx system uses a standard web browser (Windows Internet Explorer™) which supports the ability to edit information prior to saving the data. Some information retrieved from external systems (e.g. Provider, Member, Claims, etc.) may not be available for editing. Since the external data source is the System-Of-Record data should be modified within that system and not in HCLRx.
Ability to search and report on free text	Information entered via the HCLRx-NOTES function and supplemental letter verbiage is the only free text capabilities within the system. Free text searching of these is currently not supported.
Ability for all users both internally and externally to manual enter non-system generated information	HCLRx NOTES entry function allows the user working the request the ability to enter comments or any data pertinent concerning the request. This function is used to enter manual non-system generated information.



	Ability to spell check (including medical terminology), bullet, number, bold and italicize free text
	No spell check capabilities exist within the HCLRx software. There are browser based spell check products that could be utilized within the software. All forms and letter templates are created using Microsoft Word which does contain a spell check capability.
Ability to retain historical data (replacement) and retrieve/print data/correspondence	HCLRx stores all data based on the "Point-in-Time" the data is retrieved. This includes all data retrieved from external WV-DHHR systems (e.g. Provider, Member, Claim, etc.). This data is kept with the digital documents within the ECM repository and also in the HCLRx database. All correspondence generated is stored in the Content Repository. Reprinting of any prior correspondence is accomplished by using local or network attached printers.
Ability to identify and correct erroneously entered data (e.g. incorrect postal information - address, zip, and city)	HCLRx-solution provides the ability to edit select information. Some information retrieved from external systems (e.g. Provider, Member, Claims, etc.) may not be available for editing. Since the external data source is the System-Of-Record data should be modified within that system and not in HCLRx.
The ability to retrieve/print historical data/correspondence and audit capabilities for all data; current and historical	Within the HCLRx system all documents and correspondence related to the request are available for the user retrieve and view. Extensive user and rule audit trails are available within the system. The system also provides the ability to generate a single PDF file that contains all information related to the request. Standard browser print capabilities are available and the request level PDF can then be printed if required.
Ability to auto-populate a follow up (work queue task) date using rules	HCLRx work queues are populated with the requests to be worked at all stages of the workflow. Request requiring follow up will be placed in the appropriate work queues.
Ability to auto generate customized correspondence based on member profile and customer profile (including alliance customer profile)	HCLRx will create either the final correspondence or interface with a WV-DHHR letter or print solution. The generation of correspondence is based upon user decisions that are selected while processing the request. When correspondence is generated the stored Point-in-Time data is used in the selection, customization and generation of the letter.
Ability to generate correspondence in multiple languages and add attachments	HCLRx has the ability to create correspondence in multiple languages provided WV-DHHR can send a language flag for a member
Ability to store member correspondence for 10 years	The HCLRx-Content repository will provide the capability to store all correspondence. Correspondence placed in the ECM repository can be retained for extended period based upon the business needs.
Ability to retrieve, reprint correspondence with original print date, resend correspondence/attachments	All correspondence stored in the ECM repository can be retrieved and viewed. Reprinting of any prior correspondence is accomplished by using local or network attached printers.



Ability to “add” new correspondence, attachments, communications, or “modify” existing correspondence, attachments, communications (letter maintenance)	HCLRx-supports adding new correspondence, attachments, and communications. Modification of any existing correspondence is done through version control. Correspondence that has been sent is not permitted to be altered. Correspondence is created or modified and then stored in the Content Repository with version control for security and compliance.
Ability to support regulatory, accreditation, program, user and client specific correspondence variables	HCLRx provides this capability which can be fully discussed
Ability to generate correspondence in accordance with regulatory and accreditation timelines	HCLRx provides this capability with the ability for WV-DHHR create any template necessary for all lines of business. Correspondence is created or modified and then stored in the Content Repository with version control for security and compliance. Other workflow functions provide the timeline guidance for various compliance.
Ability to generate/send copies of correspondence (optional)	Reprinting of any prior correspondence is accomplished by using local or network attached printers.- Word or PDF files containing the original correspondence will be stored in the ECM repository and can be utilized in producing copies.
Ability to identify communication fallout/errors caused by users or system, alert users, managers and stakeholders to errors	HCLRx provides a positive feedback loop on all correspondence sent via fax. Any fax transmittals failures are recorded and placed in the error work queue for additional follow up. All confirmations for correspondence sent via USPS will be stored within the ECM repository and associated with the request.
Ability to trigger/generate individual member or provider correspondence by letter type, using a specific set of letter triggers	The automatic generation of correspondence is based upon decisions that are selected while processing the request which automatically triggers the correspondence workflow. When correspondence is generated the request related Point-in-Time data will be used in the customization and generation of the letter.
Ability to generate mass communication/correspondence mailings based on predictive modeling values/results	Data exists within the HCLRx system that could be used to produce mass mailing address listing. Predictive modeling is not part of the HCLRx system since it only deals with exceptions which are only a small percentage of the total population needed for true outcomes.
Ability to identify and prevent correspondence from generating if required data is missing – generate error message to user and user mgr	HCLRx provides real-time validation of required data. By utilizing this validation feature no correspondence request can be generated if data required for production of the letter is missing.
Ability to apply correspondence signature rules and variable signature logic	The signature placed on correspondence within HCLRx is driven by who is working the case when the correspondence is requested and generated. Or a static name/signature can be placed on any correspondence.
Ability to suppress correspondence, attachments, communications by request characteristics such as: correspondence type/name, product, client, alliance, regulatory state	Within the HCLRx system all correspondence is comprised of letter or fax templates and variable text tags populated at letter generation time no attachment suppression provided. With all decisions the correspondence can be suppressed.



Ability to create and auto-fax correspondence/attachment to a provider same day decision is made	If the provider preferences are configured for fax correspondence once a letter request is submitted, it will then be generated using the corporate letter and print solution. A Word or PDF of the letter content will be produced and added to the ECM repository. Once this Word or PDF has been added to the ECM repository a fax will be immediately sent to the provider.
Ability to generate approval correspondence with multiple approved services/medication that are associated with the same authorization, service dates	Letters are generated at the request level, if a request has multiple drug lines all drug lines with the same status (approved, denied, rejected, RMI) will be combined on the appropriate correspondence letter.
Ability for user to preview correspondence	Correspondence is created via data utilized within the request and other data that is gathered based on the decision of that request, once it is put together and stored within the Content repository any user can view the correspondence.
Ability for user to void correspondence, capture reason for voiding	Correspondence is based on User actions and decisions and prior to the correspondence being created the User has the opportunity to either change the action or not send the correspondence by un-checking a box. But once a correspondence request is submitted and the letter or fax cover sheet is generated and added to the corporate ECM repository there is no way to void the correspondence. If voiding a correspondence is required after the requirements phase then this would be included.
Ability to store & use internal electronic signatures	Electronic signatures can be added to the correspondence either when building the template for static signatures or via the corporate letter and print solution. The signatures will need to be stored and accessible to the product for inclusion on the correspondence. Further definition will be needed for actual requirements.
Ability to generate, print and send correspondence to members and providers.	HCLRx provides the ability to request correspondence as related to the request and statuses of associated drug lines within the request. HCLRx can be enhanced to interface with the WV-DHHR letter generation or print solution products.



Privacy

Ability to restrict access to specific members and their clinical and demographic data based on job role and/or individual employee access. (Member level/VIP restriction)

The user roles defined within HCLRx control who and what data may be accessed or modified with the system. The security model implemented provides for the ability to grant or restrict access to a request based upon the employer group or other data associated with that request.

Ability to restrict access to members and their clinical and demographic data by specific account/client based on job role and/or individual employee access. (Account/Client restriction)

The user roles defined within HCLRx control who and what data may be accessed or modified with the system. The security model implemented provides for the ability to grant or restrict access to a request based upon the employer group or other data associated with that request.

Ability to restrict access to specific screens containing a member's clinical and demographic data within the application based on job role and/or individual employee access. (Screen restriction/minimum necessary)

The user roles defined within HCLRx control who and what data may be accessed or modified with the system. The security model implemented provides for the ability to grant or restrict access to a request based upon the employer group or other data associated with that request.

Ability for access monitoring and logging to exist within the application. Monitoring should be available near real time with viewing capability included. Results of the logging should be available by report on a scheduled and ad hoc basis. Report should include information regarding who accessed the member's clinical and demographic data, the date of the access and the screen/data fields that were viewable.

From the time the request is received within HCLRx data is date and time stamped. Every time a user either updates the data, performs an action, or views the request an audit record is created and is part of the Audit Trail. Each action performed on a drug line of a request is both date/time stamped and the User's ID is also kept as part of that record for full accountability. There is a separate Rule Execution audit trail that is displayed to show the clinical execution and sequence for the automated drug lines.

Ability to ensure that all member rights and member opt-out elections are captured in the application and available for viewing to the user. Would include release of information authorizations, restrictions, personal representatives, confidential communications/address, including the higher level of verification required (two additional verification questions for restrictions and personal representatives).

HCLRx software with interface with WV-DHHR systems to obtain Point-in-Time data needed to perform this task.

Ability to comply with a request by a member or their personal representative to have communications of PHI sent to them by alternative means or at alternative locations.

Communication of member information for each request is controlled by the Point-in-Time information stored that request. If personal representative information is available at the time the member information is retrieved from the WV-DHHR legacy system it will be retained with the request and available for use. This can be accomplished via the AOR processing within the system.

Ability to direct correspondence to a confidential address or to the personal representative per the privacy right implemented for the member.

Communication of member information for each request is controlled by the Point-in-Time information stored that request. If personal representative information is available at the



time the member information is retrieved from the WV-DHHR legacy system it will be retained with the case and available for use. This can be accomplished via the AOR processing within the system.

All system and paper records related to individual privacy rights must be maintained for a period of at least 10 years. All records must be made available for regulatory review and audit upon request.

Paper records that are not scanned and stored as digital images are out of the scope of this response and would be the responsibility of WV-DHHR. Assuming that paper records are referring to digital images, the Content repository will provide the ability to retain the information for the required period. HCLRx can be used to retrieve and view the information while it is retained in the Content repository.

Resources Profile

Following work will be performed by project resources. Indicative timeline is available in project implementation plan.

HCLA Resources			
S. no	Role	Responsibilities	Profile of associate
1	Project Manager	<ul style="list-style-type: none"> Overall Project Management including Planning, estimation, schedule management, Risk management, Resource Management, communications management etc Quality Assurance Regular status update to customer, 	<p>Mutharasu Kochadai (Project Manager)</p> <ul style="list-style-type: none"> ✓ 15 Years of IT Experience in Healthcare and Insurance, sector in North America, Australia, New Zealand, India ✓ 7 years in Healthcare PBM experience in one of the Big 3 in North America ✓ Extensive experience in Quality and Process Improvement, Core Adjudication and allied systems, Systems Performance Optimization, IV&V services, Data Migration including Govt. projects ✓ Handled project management in medium and large projects in Mainframe, Midrange and distributed complex environments ✓ Hands on Technical knowledge in Network, Applications Architecture, Market leader Vendor Tools ✓ Currently Leading the PBM Center of Excellence Team in HCLA



2	Product Technical SME	<ul style="list-style-type: none"> • Installation/Configuration of the product, • Support to development work, • Implementation support 	<p>Mr. Rob Konopka</p> <ul style="list-style-type: none"> ✓ Over 15 years' experience in the healthcare market place ✓ Chief Engineer and Architect for the past 3 years ✓ Worked as Senior Manager / Senior Integration Consultant for large projects in Healthcare PBMs and Provider firms ✓ 6 years of working in the Pharmacy Exception area in both automation and workflow processes using IBM FileNet's P8 product ✓ Senior consultant and developer both in .Net architecture, as well as Java architecture ✓ Has extensive experience in Project Management at various other non healthcare related projects
3	Product Business SME	<ul style="list-style-type: none"> • Requirement gathering, • Providing functional inputs to the Development team. • Preparing Macro design Support to development work, • Implementation support • Support to integration testing 	<p>J. Michael Buckner (Product SME) has over 25 years of Healthcare experience.</p> <ul style="list-style-type: none"> ✓ Consult with clients on Automation workflow, application design, rollout and ROI. ✓ Perform pre-sales studies and evaluations for both new and old customers. ✓ Introduce new product designs with improved functionality that could increase sales potential. ✓ Performing Compliance Officer Duties which include reviewing both Privacy and Security standards, ANSI X.12 and NCPDP transactions as they relate in content or workflow process. ✓ Evaluation of NCPDP 5.1 and D.O. for PNT to connection for real-time



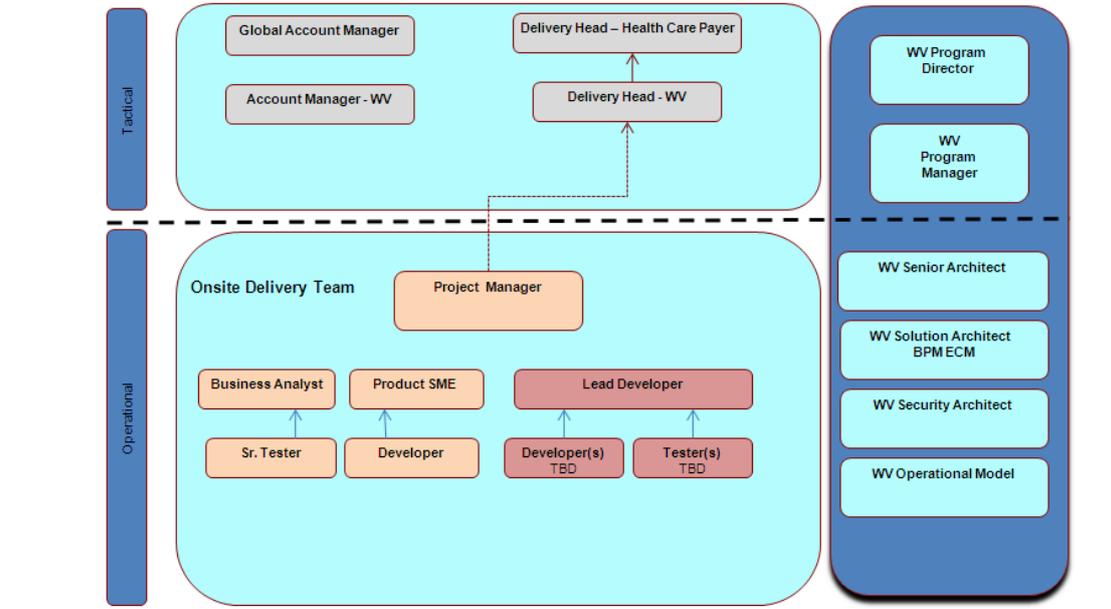
			<p>transaction and prior authorizations.</p> <ul style="list-style-type: none"> ✓ Evaluation of HIPAA, NCPDP, and HIPAA transactions for TC3health Inc. of Fraud Waste and Abuse in Pharmacy transaction including enrolment and Prior Authorizations. ✓ Consulting Vitria for new product designed to manage all EDI transactions for claims process and medical management. Lead evaluations teams for build vs. buy. ✓ Design work with 3M Healthcare for clinical protocols to be used within the HCLA Application. ✓ Co-designer for Blue Squared – Application for BCBS Association to handle all interchange of medical information and data, using the IBM FileNet P8 platform.
3	Business analyst	<ul style="list-style-type: none"> • Requirement gathering, • Providing functional inputs to the Development team. • Preparing Macro design, • Support to testers to come with test cases • Support to integration testing • Support to user acceptance testing 	<p>Dr. Sathish Kumar Dandapani (Business Analyst)</p> <ul style="list-style-type: none"> ✓ 10+ years of experience in US Healthcare and Insurance, Managed Care, Operations Management, and Medical Records Maintenance ✓ Handled offshore migrations of various backend, voice, and blended projects ✓ Domain expert in Care Management ✓ Professional, Academy for Healthcare Management ✓ Experience in process improvement and quality, Certified Six Sigma Black Belt
4	Lead Developer	<ul style="list-style-type: none"> • Preparation of Micro design • Implementing changes • Support to integration Testing • Support to User Acceptance 	<p>Babu Kumar G.D. (Technical Lead)</p> <ul style="list-style-type: none"> ✓ 13 Years of IT Experience in Application Development ✓ Extensive experience in



		Testing, Mentoring the development team. Production deployment	<p>applications development using Microsoft Technologies, RDBMS and J2EE framework</p> <ul style="list-style-type: none"> ✓ Managed technical team in medium projects ✓ Currently working as Technical Lead in HCLA
5	Developers (VB .Net and Filenet)	<ul style="list-style-type: none"> • Implementing code changes • Unit testing • Support to integration testing • Support to user acceptance testing • Production deployment 	TBD
6	Testers	<ul style="list-style-type: none"> • Test Plan and Test case preparation • Execution of Integration testing • Support to User acceptance testing 	TBD
WV-DHHR Resource			
1	Program Manager	<ul style="list-style-type: none"> • Single point of contact for HCLA needs. • Project Oversight/Management • Deliverable Reviews and signoffs 	
2	Senior Architect	<ul style="list-style-type: none"> • Present the existing application and technology landscape of client's core system. • Technical Reviews and Recommendations 	
3	System admin	<ul style="list-style-type: none"> • Infrastructure support 	
4	DBA	Inputs and recommendation to the implementation team with respect to data base architecture of the clients' core systems.	
5	Application Manager (Argus or equivalent)	<ul style="list-style-type: none"> • Inputs and recommendation to the implementation team with respect to Argus (Claim processing system) 	



Team Structure



Assumptions

- a) **Training** - We will go with the train the trainer approach
- b) **Pilot Implementation**
 - Detailed requirement for each flow
 - All remaining (70) templates to be covered
 - Business rules for all drugs
 - Customizations needed as per the gap analysis
 - Integration with all WV-DHHR systems

Product Support

HCLA has a quality policy which says “***We shall satisfy our customers by delivering quality products and services that meet their requirements on time, every time***”.

The Customer support team has to meet not only the stringent SLAs but also ensure that issues are resolved in the first call as far as possible. There may still be certain cases where extra expertise will be needed which HCLA will be able to provide from its huge domain and technical pool.

HCLA has internal QA initiative for customer support called OMS (Organizational Management System) which is aligned to Quality Requirement of CMMI, ISO-9001:2008, ISO 20000 & Domain Specific Standards.

HCLA has institutionalized a measurement based improvement system through systematic identification, collection and analysis of metrics.

HCLA has SLAs defined that are among the best in the industry and has been consistently achieving them in various Client engagements. Some of the service metrics used for the customer support.



HCLA Helpdesk

- The HCLA helpdesk will help customers resolve issues that arise out of the HCLA Tool as per the SLAs mentioned in the contract.
- HCLA will provide a core support team for the product that will respond to all issues in the HCLA product that has been deployed in production. This support comes into play after the warranty period. There are various levels of the Support services that will cater to functional, business and technical queries about the Tool.
- The HCLA typical helpdesk will have the following levels of support:

Level 1: This will be the general helpdesk of HCLA which will help out with basic issues related to access or configuration or navigation to a screen etc. They will also log the tickets if needed. This will be a 3 member team who will receive voice calls and also monitor the support email box. They will be the ones who will interact with the Clients and can be contacted for updates. They have knowledge on the Tool functionality and will be able to guide users on the navigation / functionality present. If the issue is not resolved in Level 1 then they will assign it to Level 2.

Level 2: This will have the SME / BA for the product who will help with the business / functionality related issues and guide the user with the correct usage of the Tool. This will be a 3 member team who are SMEs and will help in validating the business logic related issues. Once resolved, the issue/ ticket will be re-assigned to Level 1 to be communicated back to the Client. If there is a technical analysis needed for the issue identified then they will assign it to Level 3.

Level3: This is the technical support team who will resolve any data or code level issues of the Tool. This is a 3 member technical team who will address the defects (if any) that are attributed to the Tool and will release patches if needed. Once resolved the issue / ticket will be re-assigned to Level 2 to validate the fix and confirm. All issues will come to Level 1 first and based on the triaging will be passed to the next level as required. Users will only interact with Level 1 support team. Please refer to the pricing section for pricing details.

The support team will be based out of the HCLA premises in USA or from both locations, depending on customer's needs.

Process Metrics

- Response time
- Resolution time
- Effort Variation
- Trend Analysis (Tickets closed)
- Review Effectiveness

Metrics trends are reviewed by Senior Management every month and the focus is on improvement in metrics values.

On top of this, HCLA also conducts the customer satisfaction survey (called as Csat) semiannually. CSat is initiated at account level (A-Csat) and project level (P-Csat). In case of A-Csat, feedback is being received from senior management of the customer organization.



In P-Csat, feedback is received from the stakeholders and managers of the respective projects of the customer organization. Generally following performance areas are considered for the feedback.

- On-time delivery
- Delivered right at the first time
- Quality of output
- Skills and knowledge of the team
- Escalation management
- Day-to-day responsiveness
- Project status update

For each of these performance areas, feedback is received on a scale of one to seven where 7 is the highest rating. The overall rating of five and above is considered a good rating. Once the feedback is received, HCLA project manager discuss it with the customer on particular concerns raised by customer and further takes the corrective action to address the concerns/issues.

HCLA will implement the solution in client environment and integrate with client's core system as per the requirement. This is typically a team of 5 to 7 members.

Once the implementation phase is over, HCLA annual maintenance support phase will begin and we will provide any updates to the product on a periodic basis.

Additionally HCLA will provide Customer support with following proposed support models to handle any customer request.

Training Plan for WV-DHHR Engagement

HCL America, Inc. training for the HCLRx solution will be on a Train the Trainer model.

HCLA would conduct a single one week Train the Trainer session at any one of WV-DHHR's preferred locations. This session can accommodate up to 15 users. This initial training session would be provided free of cost to WV-DHHR.

If the solution is hosted by WV-DHHR, then HCLA would also include an additional day of technical training for the WV-DHHR technical staff who would be monitoring and maintaining the hardware/network for this product. This training would be a high level operational training for the WV-DHHR staff and would be carried out of the same location where the Train the Trainer sessions will be conducted.

If requested by WV-DHHR, HCLA will also provide the WV-DHHR trainers additional support (either in person or remote) when the WV-DHHR trainers are conducting training within WV-DHHR. This training support will be billed on an hourly basis with any required travel, boarding and lodging being billed on actual.

Compliance & Audits

HCLA will make reasonable judgments on interpreting government policies and guidelines but all such interpretations are subject to WV-DHHR's final approval.



Effective Corporate Controls

- Establish and implement fully documented processes for all transactions
- Control authorization of transactions through automated workflows that notify approvers via email, forward documents to next reviewer, and maintain notes of who reviewed, approved or declined
- Notify concerned individuals have them sign off as appropriate
- Transparent Processes and Efficient Audits
- Consolidated overview of all transactions in a central repository for real-time access and visibility
- Complete, easily-accessible audit trails are maintained of all approvals/denials including which parties applied which actions
- Timely Disclosures
 - Documentation of all transactions actions

HCLRx provides the following standard reports:

- Daily Cases Received (New, Form Request, Re-Fax)
- Daily Received and Completed Cases
- Daily Authorization exception – Detailed
- Daily Forwarded to Tech – Detailed
- Daily RFI – Detailed
- Weekly Case Totals – Summary (LOB, Channel)
- Daily New Cases – Detailed
- Daily User Actions – Detailed
- Daily Actions – Summary
- Quarterly Drugs with Action – Detailed
- Specialty – Denials with GCN
- Bi-Monthly Audit
- Monthly Case Totals – Summary
- Quarterly cases – Detailed
- Specialty – Authorization with override
- Specialty – with specific Denial codes

In addition to the standard reports authorized users are able to create ad-hoc reports using various methods of data extracts

Overview of HCLA's commitment to be a market leader in the pharmacy audit and management field

HCLA realizes that a key success factor for any pharmacy benefit programs is to maximize the effectiveness of the program and to ensure that the benefit dollars for the program are utilized effectively. This involves ensuring adherence to the industry regulations and standards and monitoring fraud, waste and abuse across the system.

To help PBM's tackle this issue the PBM CoE is currently investing in an enterprise solution. The solution is being developed in stages with the first stage being an analytics based solution that would identify abnormal trends in prescription and dispensing of medication. The second stage would involve electronically linking up the multiple players in the healthcare IT ecosystems to



- Leverage patient records – medical and prescription – to identify anomalies before prescription is dispensed
- Track take home drugs after hospital stays to ensure that they lead to quality outcomes
- Analyze treatment histories across population to ensure accurate diagnosis, drug prescriptions and usage
- Build checks and balances to ensure compliance with evolving industry standards and regulations

For additional details on our approach to controlling fraud, waste and abuse in prescription drug programs please review the white paper, introduced at AHIP Institute 2011 available here: <http://www.hcltech.com/healthcare/Payers/>

The CoE is also investing in creation of an audit framework that will allow the audits to be carried out in any location in USA after conducting minor modifications to account for geographical policy changes of the prescription dispensing entity. The framework would also ensure that necessary steps are taken after the audit to ensure that the audit recommendations are implemented with minimal disruption of business activities for all involved entities.

Workflow Management

Players involved in the current PA work flow:

- **Pharmacy Service Associate (PSA):** A non-clinical staff member responsible for prior authorization intake and pre-review screening, pharmacy help-desk functions and customer service inquiries. PSA staff members are call-center staff providing telephonic support.
- **Fax Reviewer:** A non-clinical staff member responsible for performing pre-review screening of faxed-in prior authorization requests.
- **Pharmacist:** Responsible for performing clinical review of prior authorization requests.
- **Medical Director:** Responsible for performing clinical review of prior authorization requests and providing oversight to the prior authorization process.
- **Clerical staff:** Responsible for performing administrative tasks associated with the prior authorization process, such as call tracking and authorization entry.
- **Data Entry Staff:** Responsible for generating prior authorization response letters to plan member and prescribers.
- **Support Staff:** Support staff members are employed to make the operations of the Pharmacy Service Center function properly. This staff does not review prior authorization requests on a daily basis, but ensure that the Pharmacy Service Center functions properly. Support staff members include:
 - **Director:** Provides oversight of all staff across both PSC sites.
 - **Managers:** Manage production and support staff members to ensure that the PSC meets its goals.
 - **Pharmacy Management Liaisons:** Work with other WV-DHHR departments and providers to ensure special issues are handled properly. Currently this staff also manages the Lack of Information (LOI) process.
 - **Quality Auditors:** Monitor the work of production staff to ensure that they are following established Quality guidelines.



- **Technical Coaches:** Provide daily support to production staff by assisting with questions real-time and by coaching, training, and developing production staff skills.
- **Intranet Design Specialists:** Manage intranet website resources including workflow and medication criteria websites. Manage projects as assigned by Management.
- **Database Administrator:** Manages the database assets of Pharmacy Services and provides reporting as needed. Manages projects as assigned by Management.
- **Response Team:** Provides special inquiry and complaint response to membership.

The ability to allow supervisors to manually and automatically control work load balance of staff

- Real-time monitoring of the work in all the queues is available to authorized users. Along with real-time reporting of all queues select roles have the ability to move work from one person to another.

The ability to track cases using a dynamic search criteria

- HCLRx provides authorized users the ability to search for requests at any time with any status, including closed. This search capability includes work queues and assign-to requests

The ability to open, delay and close tasks / status in a queue

- The status of a request is changed based upon the action selected by the user working the request. A request can be comprised of one or more drug lines and each drug line has a status associated with that drug line. The queue is just where requests are stored.

The ability to prioritize work items based on a pre-determined routing criteria

- The HCLRx software coupled with the Business Process Manager provide multiple levels of sophisticated rules driven workflow. Within the solution requests are assigned to a unique number. Upon completion of properly entering a minimal number of key pieces of data the request is classified and prioritized based on client defined prioritization parameters.

Ability to track, view and manage work such as opened and closed requests within work queues.

- HCLRx provides authorized users the ability to search for requests at any time with any status, including closed. This search capability includes work queues and assign-to requests

The ability for an end-user to generate a real-time productivity status report of opening, pending, and closed task, filtered by user preferences; user, task, date, etc., to manage hourly/daily workload

- HCLRx provides the User complete access to the data base and all tables within for all the various reporting needs. Standard productivity reports are provided, if the client wants to download the data into a data repository or reporting tool that is also supported

Ability to design interfaces for users to manually interact with running workflows (error correction, manual "directing" of a workflow from one step to another, resuming a workflow from a previous step that needs reprocessing).

- By using the Administrative feature of HCLRx, WV-DHHR is able to define rules associated at the individual drug level, controlling the flow, processing and gathering of data needed to process a prior approval request. Pre-defined flows exist and requests are routed based upon the user selected actions. Requests can be routed for



review and closed drug lines of a request may be re-opened for either correction or Appeals.

Ability of running workflows to interface with external functionality and data (web services, databases, files).

- Within HCLRx system workflows will integrate with existing WV-DHHR systems via web services and other provided interface technologies. These interfaces are used to obtain information from systems and also used to add or update data for systems as needed to support the business.

Ability to audit daily, weekly, monthly, or yearly completed tasks in a workflow queue

- Several standard reports are available to assist in monitoring work currently in the systems along with completed work.

The ability to offer flexibility modifying workflow basic rules sets with minimal IT intervention

- The Administrative user interface provided by HCLRx enables the business user to modify processing of rules, messages, privileges and access to queues.

The ability to build and apply user security profiles to control workflow and queue access

- Access to work in the queues and steps within a workflow are controlled by user roles and what privileges have been granted to a specific user role. Standard roles are defined along with the ability to add user roles or change user role names via the Administrative User Interface. Each of the standard roles is granted privileges to access the queues and workflows needed to complete the tasks for the user role. Please refer to the response for 2.3.4 for additional information.



I.2 Appendix 2 Sample Project Plan

CRE Project for rRELEASE 2							
ID	% Work	Task Name	Duration	Orig Duration	Planned Finish	Predecessors	Resource Names
1	0%	HCL - Client	76 days?		Mon 1/30/12		
2	0%	Requirements Review & Sign Off	5 days?		Fri 10/21/11		
3	0%	Review Requirements	2 days		Thu 10/20/11		
4	0%	Requirement Sign-Off	1 day?		Fri 10/21/11	3	
5	0%	SOW	9 days?		Thu 10/27/11		
6	0%	Create SOW	3 days		Wed 10/26/11	4	
7	0%	Review SOW	1 day?		Thu 10/27/11	6	
8	0%	SOW Sign-Off	1 day?		Mon 10/17/11		
9	0%	Issue PO	1 day?		Tue 10/18/11	8	
10	0%	Acquire Hardware and Software	1 day?		Mon 10/17/11		
11	0%	Purchase Servers for Production, Test and QA	1 day?		Mon 10/17/11		
12	0%	HCLRx Application Server	1 day?		Mon 10/17/11		
13	0%	HCLRx Data Base Server	1 day?		Mon 10/17/11		
14	0%	IBM P8 Server	1 day?		Mon 10/17/11		
15	0%	Create System Clone	7 days?		Thu 10/27/11		
16	0%	Create HCLRx-Demo slice	1 day?		Wed 10/19/11		
17	0%	Create HCLRx-Database Slice	1 day?		Tue 10/25/11		
18	0%	Create IBM P8 Server slice	1 day?		Tue 10/25/11		
19	0%	Create Fax Server slice	1 day?		Tue 10/25/11		
20	0%	Sign-off Design Document	2 days		Thu 10/27/11		
21	0%	DEV, TEST & Production Environments	16 days?		Mon 11/7/11		
22	0%	HCL	2 days		Wed 11/2/11		
23	0%	Microsoft IIS Server	1 day		Tue 11/1/11		
24	0%	SQL Server	1 day		Tue 11/1/11		
25	0%	IBM P8 Client	1 day		Tue 11/1/11		
26	0%	Other necessary Software/Hardware	2 days		Wed 11/2/11		
27	0%	IBM FileNet	7 days?		Tue 10/25/11		
28	0%	Content Engine	1 day?		Mon 10/17/11		
29	0%	Process Engine	1 day?		Mon 10/17/11		
30	0%	Application Engine/WebSphere	1 day?		Mon 10/17/11		
31	0%	RightFax connectivity	1 day?		Mon 10/17/11		
32	100%	Other Software/Hardware	1 day?		Tue 10/25/11		



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32	✓	100%	Other Software/Hardware	1 day?	Tue 10/25/11	
33		0%	Security connectivity including Tunnel	5 days	Mon 11/7/11	
34	⚠	0%	Network Connectivity	1 day?	Mon 10/17/11	
35		0%	Install HCLR Application	1 day?	Thu 11/3/11	
36		0%	Validate Test Environments	1 day?	Fri 11/4/11	
37	⚠	0%	DEV Install complete and functional	1 day?	Thu 11/3/11	
38		0%	Add 3 VPN Logons	1 day?	Mon 10/17/11	
39						
40	⚠	0%	<i>Start of Client Integration</i>	<i>1 day?</i>	<i>Mon 11/7/11</i>	
41		0%	Client Integration	60 days?	Fri 1/6/12	
42	✓	100%	Database	2 days?	Mon 11/7/11	
43	✓	100%	Design Database (Initial)	1 day?	Fri 11/4/11	
44	✓	100%	Data Base Infrastructure (Final)	1 day?	Mon 11/7/11	20,21
45		0%	Data Entry	25 days?	Fri 12/9/11	
46	⚠	0%	Customize Data Entry Screen	3 days	Wed 11/9/11	
47		0%	Customize Search functions	3 days	Mon 11/14/11	46
48		0%	Customize Action functions	2 days	Wed 11/16/11	47
49		0%	Modify CRE ASP Code	4 days	Tue 11/22/11	48
50		0%	Customize XML functions	5 days	Tue 11/29/11	49
51		0%	Customize DB add/update functions	7 days	Thu 12/8/11	50
52		0%	Customize Dispatch functions	1 day?	Fri 12/9/11	51
53		0%	CRE Admin	10 days	Fri 11/25/11	
54	⚠	0%	CRE Admin Screen Customization	10 days	Fri 11/25/11	
55		0%	CRE Rules	44 days	Fri 1/6/12	21
56		0%	Customize CRE DLL	4 days	Fri 11/11/11	21
57	⚠	0%	Customize CRE ASP Code	3 days	Thu 11/10/11	21,66
58	⚠	0%	Build Client Clinical Rules	30 days	Fri 1/6/12	54
59	⚠	0%	Create Client Correspondence	30 days	Mon 12/19/11	
60		0%	Modify Current PPA Functions	45 days?	Fri 12/16/11	
61		0%	Change Existing Case Management Functionality	45 days?	Fri 12/16/11	
62	⚠	0%	Modify functionality + Data conversion if applicable for client	20 days	Fri 12/16/11	
63		0%	Customize Actions or action sub-types	1 day?	Mon 10/17/11	
64		0%	Customize drop-down of Cases for Follow-up	1 day?	Tue 10/18/11	63
65		0%	Modify building of XML	1 day?	Wed 10/19/11	64
66		0%	Changes to PPA Case Management Screen/Functionality Complete	1 day?	Thu 10/20/11	65

67		0%	Data Base Migration	1 day?	Mon 10/17/11	
68		0%	HCLR Unit & Integration Testing	61 days?	Mon 1/9/12	
69		0%	Data Entry	1 day?	Mon 1/9/12	45,55,53,56,57



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CRE Project for rRELEASE 2

ID	% Work	Task Name	Duration	Orig Duration	Planned Finish	Predecessors	Resource Names
70	0%	CRE Admin	1 day?		Mon 11/26/11	53	
71	0%	Change Current Functionality	1 day?		Mon 12/19/11	60,56,57	
72	0%	Data Base Migration	1 day?		Tue 10/18/11	67	
73	0%	Client Legacy Systems	60 days		Mon 1/9/12	67	
74	0%	Membership and Eligibility	5 days		Mon 10/24/11	67	
75	0%	Provider Data	5 days		Mon 10/31/11	74	
76	0%	Rx Claim History	10 days		Mon 11/14/11	75	
77	0%	Rx Claim System	10 days		Mon 11/28/11	76	
78	0%	Medical Claim History	10 days		Mon 12/12/11	77	
79	0%	Medical Claim History	15 days		Mon 1/2/12	78	
80	0%	Customer Service	5 days		Mon 1/9/12	79	
81	0%	IBM P8	1 day?		Mon 10/17/11		
82	0%	Workflows	1 day?		Mon 10/17/11		
83	0%	Work Queues	1 day?		Mon 10/17/11		
84	0%	Components	1 day?		Mon 10/17/11		
85	0%	Dispatch	1 day?		Mon 10/17/11		
86	0%	Security Login for viewing CE	1 day?		Mon 10/17/11		
87	0%	Module B - Performance Tuning	1 day?		Mon 10/17/11		
88	0%	Reporting	11 days?		Mon 10/31/11		
89	0%	Data Base ERD	1 day?		Fri 10/28/11	20	

90	0%	Data Dictionary	1 day?		Mon 10/31/11	89	
91	0%	Consulting	1 day?		Mon 10/17/11		
92	0%	QA	1 day?		Tue 1/10/12		
93	0%	HCL QA Testing	1 day?		Tue 1/10/12	68	
94	0%	IBM QA Testing	1 day?		Tue 1/10/12	68	
95	0%	User Testing	13 days?		Fri 1/27/12		
96	0%	Business Unit Testing	8 days		Fri 1/20/12	92	
97	0%	Integration Unit Testing	4 days		Thu 1/26/12	96	
98	0%	User Sign Off	1 day?		Fri 1/27/12	97	
99	0%	Production Turnover	1 day?		Mon 1/30/12	95	
100	0%	Promote all code to Production Environment	1 day?		Mon 1/30/12		
101	0%	HCL ASP	1 day?		Mon 1/30/12		
102	0%	HCL DLL	1 day?		Mon 1/30/12		
103	0%	HCL Dispatch	1 day?		Mon 1/30/12		
104	0%	IBM P8 Workflow	1 day?		Mon 1/30/12		
105	0%	IBM P8 Component	1 day?		Mon 1/30/12		
106	0%	IBM P8 Object Store	1 day?		Mon 1/30/12		
107	0%	IBM P8 Documents	1 day?		Mon 1/30/12		
108	0%	Migrate DB data	1 day?		Mon 1/30/12		



I.3 Appendix 3 - HCLA financials

Given below is the snapshot of HCLA Financial Reports for last three years.

HCL AMERICA INC.
Balance Sheet as at June 30, 2010

	Schedule	As at June 30, 2010 USD	As at June 30, 2009 USD	As at June 30, 2010 (Rupees) (Refer note 1(a) of schedule 20)
SOURCES OF FUNDS				
Shareholders' funds				
Share capital	1	6,089,870	6,089,870	282,813,563
Share application money pending allotment		22,000,000	22,000,000	1,021,680,000
Reserves and surplus	2	64,516,167	84,137,057	2,996,130,728
Loan funds		92,606,037	72,226,927	4,300,624,291
Secured loans	3	2,981,725	-	138,471,303
Unsecured loans	4	897,000	8,070,418	41,656,680
		3,878,725	8,070,418	180,127,983
		96,484,762	80,297,345	4,480,752,274
APPLICATION OF FUNDS				
Fixed assets				
Gross block	5	61,139,534	40,246,550	2,839,319,983
Less: Accumulated depreciation and amortization		33,607,351	27,462,066	1,560,725,394
Net block		27,532,183	12,784,484	1,278,594,589
Capital work-in-progress (including capital advances)		1,641,505	561,588	76,231,483
		29,173,688	13,346,072	1,354,826,072
Investments	6	46,622,883	66,595,811	3,093,966,668
Deferred tax assets (net)	20(7)	23,745,392	17,827,984	1,102,735,893
Current assets, loans and advances				
Inventories	7	297,184	-	13,801,209
Sundry debtors	8	194,164,707	138,133,663	9,017,008,989
Cash and bank balances	9	24,906,479	7,272,157	1,138,080,866
Other current assets	10	90,064,641	67,181,823	4,182,601,942
Loans and advances	11	158,952,222	25,009,603	7,381,741,186
		467,985,233	267,626,946	21,753,234,192
Less: Current liabilities and provisions				
Current liabilities	12	479,280,189	292,611,722	22,257,771,990
Provisions	13	11,762,245	12,477,746	546,238,661
		491,042,434	305,089,468	22,804,010,651
Net current assets (A-B)		(23,057,201)	(17,462,522)	(1,070,776,459)
		96,484,762	80,297,345	4,480,752,274

Significant accounting policies and notes to the accounts 20

The schedules referred to above and notes to accounts form an integral part of the Balance Sheet.

As per our report of even date

S. R. Batliboi A.C.

For S. R. Batliboi & Co.
Firm Registration Number: 300002
Chartered Accountants

For HCL America Inc.

Tridibee Basu

per Tridibee Basu
Partner
Membership Number: 17401

Anil Chanana
Anil Chanana
Director

Prahlad Rai Bansal
Prahlad Rai Bansal
Director

Gurgaon, India
August 31, 2010

Noida (UP), India
August 31, 2010



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HCL AMERICA INC.

Profit and Loss Account for the year ended June 30, 2010

	Schedule	Year ended June 30, 2010 USD	Year ended June 30, 2009 USD	Year ended June 30, 2010 (Revised) (Refer note 1(a) of schedule 20)
Income				
Revenues	14	1,044,297,343	788,715,513	48,497,168,594
Other income	15	646,143	2,996,730	30,006,869
		<u>1,044,943,486</u>	<u>791,712,243</u>	<u>48,527,175,463</u>
Expenditure				
Cost of goods sold	16	22,911,230	-	1,063,997,534
Personnel expenses	17	269,089,792	223,882,985	11,567,729,933
Operating and other expenses	18	740,415,185	536,768,099	34,384,881,198
Finance expenses	19	827,147	2,704,899	38,412,700
Depreciation and amortization	5	6,251,978	5,332,278	290,341,889
		<u>1,019,495,332</u>	<u>768,086,261</u>	<u>47,345,363,254</u>
Profit before tax		25,448,154	23,625,982	1,181,812,209
Provision for tax				
- current tax		(10,986,450)	(9,822,623)	(510,210,733)
- deferred tax charges		5,917,406	6,862,437	274,804,321
Profit after tax		20,379,110	20,665,796	946,405,797
Balance brought forward		34,558,198	17,781,791	1,604,882,719
Loss acquired under scheme of merger	20(13)	-	(3,888,889)	-
Balance carried forward to the balance sheet		54,937,308	34,558,198	2,551,288,516
Earnings per equity share of USD 1/- each				
Basic	20(9)	3.35	3.39	135.41
Diluted		0.73	0.74	33.69
Weighted average number of shares used in computing earnings per equity share				
Basic		6,089,870	6,089,870	6,089,870
Diluted		28,089,870	28,089,870	28,089,870

Significant accounting policies and notes to the account 20

The schedules referred to above and notes to accounts form an integral part of the Profit and Loss Account
As per our report of even date

For S. R. Rathiboi & Co.
Firm Registration Number: 300033
Chartered Accountants

For HCL America Inc.

per Prithibes Basu
Partner
Membership Number: 17401

Anil Chanana
Director

Prahlad Rai Bansal
Director

Curgaon, India
August 31, 2010

Noida (UP), India
August 31, 2010



HCLA Response for Request for Quotation MED12003
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HCL AMERICA INC.
Cash Flow statement for the year ended June 30, 2010

	Year ended June 30, 2010 USD	Year ended June 30, 2009 USD	Year ended June 30, 2008 USD (Refer note 1a) of schedule 20)
A Cash flows from Operating activities			
Profit before tax			1,181,812,289
Adjusted for:	35,448,154	23,425,482	
Depreciation and amortization			290,341,889
Interest income	6,251,978	5,302,278	(28,850,140)
Dividend income	(621,234)	(2,047,057)	
Interest expense			(940,999)
Provision for doubtful debts/ bad debts written off	502,057	2,521,378	23,315,512
Non cash expenditures under lease	(9,124)	3,790,749	(423,729)
Diminution in value of investments	2,881,725		138,471,289
Other non cash charges	180	851,482	8,259
Operating profit before working capital changes	34,553,736	33,343,172	1,604,675,369
Movement in working capital			
Increase in sundry debtors			(2,901,657,921)
Increase in inventories	(56,021,822)	(34,409,907)	(13,881,209)
Increase in loans and advances	(207,184)		(3,868,052,001)
Decrease in other current assets	(83,291,289)	(13,572,674)	(1,062,491,076)
Increase in current liabilities and provisions	(22,883,117)	(38,960,313)	
Cash generated from operations	188,721,840	255,045,737	8,764,242,230
Direct taxes paid (net of refunds)	46,781,367	101,448,016	2,022,714,512
Net cash from operating activities	(16,555,324)	(6,857,630)	(675,949,267)
Net cash from operating activities	46,226,644	34,590,385	2,144,768,245
B Cash flows from Investing activities			
Proceeds from sale of investment in mutual funds		3,140,820	
Investment in subsidiaries	(27,252)		(1,265,968)
Purchase of fixed assets (including capital advances)	(17,089,594)		(795,646,735)
Purchase of R&D technologies	(4,200,000)	(10,040,222)	
Dividend income		941,999	(159,048,000)
Net cash used for investing activities	(21,316,846)	(5,938,403)	(989,954,301)
C Cash flows from Financing activities			
Proceeds from unsecured loans			276,778,035
Repayment of unsecured loans	5,959,906	26,687,593	(609,911,367)
Interest paid	(13,133,324)	(148,538,663)	(23,315,512)
Net cash from (used for) financing activities	(9,124)	(2,599,899)	(33,315,512)
Net increase/(decrease) in cash and cash equivalents (A+B+C)	17,334,322	(5,218,927)	800,361,900
Cash and cash equivalents acquired on merger		95,867	
Cash and cash equivalents at the beginning of the year	7,272,157	12,997,267	337,718,966
Cash and cash equivalents at the end of the year	24,596,479	7,272,157	1,138,080,866
Cash and Bank Balances as per Schedule - 9	24,596,479	7,272,157	1,138,080,866
Cash and cash equivalents in cash flow statement	24,596,479	7,272,157	1,138,080,866

Notes:

- The above Cash Flow Statement has been prepared under the indirect method set out in Accounting Standard - 3 issued by the Institute of Chartered Accountants of India as notified under section 211 (3C) of the Companies Act, 1956.
- Previous year's figures have been reclassified/regrouped to conform to the current year's classification.

As per our report of even date

S. R. Belliboi & Co.
For S. R. Belliboi & Co.
Firm Registration Number: 318002
Chartered Accountants

Tridib Das
per Tridib Das
Partner
Membership Number: 17401

For HCL America Inc.

Anil Chanana
Anil Chanana
Director

Fahad Kai Bansal
Fahad Kai Bansal
Director

Gurgaon, India
August 31, 2010

Noida (UP), India
August 31, 2010

[Signature]



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
MED12003

PAGE
1

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

V E N D O R
HCL AMERICA, INC. (A subsidiary of HCL TECHNOLOGIES LTD.) 1950 Old Gallows Road, Suite 555, Vienna, Virginia 22182 U.S.A. www.hcltech.com

S H I P T O
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 <u> X </u>		
				NO. 2 <u> </u>		
				NO. 3 <u> </u>		
				NO. 4 <u> </u>		
				NO. 5 <u> </u>		
				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	<i>(Signature)</i>	TELEPHONE	703 867 3640	DATE	11/03/11
TITLE	VP - Public Sector	FEIN	77-4205635	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 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 must 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
MED12003

PAGE
2

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

V E N D O R

S H I P P E R T O
BUREAU FOR MEDICAL SERVICES 350 CAPITOL STREET, ROOM 251 CHARLESTON, WV 25301-3706

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FUND
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BID OPENING DATE: 11/04/11 BID OPENING TIME: 1:30 PM

LINE	QUANTITY	UOP	CAT.NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>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.</p> <p style="text-align: center;"><i>B. Smith</i> SIGNATURE</p> <p style="text-align: center;">HCL America Inc. COMPANY</p> <p style="text-align: center;">11/03/11 DATE</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE FOR TERMS AND CONDITIONS

SIGNATURE <i>B. Smith</i>	TELEPHONE 703 867 3640	DATE 11/03/11
TITLE VP-Public Sector	FEIN 77-4205035	ADDRESS CHANGES TO BE NOTED ABOVE

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

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PURCHASE ORDER/CONTRACT**

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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.
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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 must 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

<p>1. Page 4 (Section 2.3.3) What is the expected time frame of implementing criteria changes?</p>	<p>Changes must be implemented within five (5) business days, per 2.3.3.4.</p>
<p>2. What connectivity requirements are anticipated for the future with the Health Insurance Exchange and the All Claims Payor Database?</p>	<p>None.</p>
<p>3. What connectivity, information exchange, and reporting requirements are there for interfacing with the WVHIN?</p>	<p>None.</p>
<p>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?</p>	<p>This RFQ is only for pharmacy prior authorization requests; however, some medical procedure codes may have a bearing on approval of the pharmacy PA.</p>
<p>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)?</p>	<p>Data should be based only on the automated prior authorization system.</p>
<p>6. 3.3 Quotation Format Is the vendor to provide any other information than the items listed in Section 3.3?</p>	<p>The respondent must address all items listed in Section 3.3 and each mandatory requirement at the line item level.</p>
<p>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?</p>	<p>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.</p>



West Virginia Department of Health and Human Resources
The Bureau for Medical Services
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<p>8. RFP Ref 2.3.3.5 Page 4</p> <p>Provide all necessary hardware, software, and dedicated clinical and technical staff, to support the day-to-day operation of the system.</p> <p>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.</p>	<p>No, the Vendor will not be responsible for generating denial letters.</p>
<p>9. RFP Ref 2.3.2.3 Page 4</p> <p>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.</p> <p>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.</p>	<p>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.</p>
<p>10. RFP Ref 2.3.7 Page 5</p> <p>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.</p> <p>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?</p>	<p>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.</p> <p>BMS is looking for acknowledgement from the Vendor that they are willing to provide additional services as necessary.</p>



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

<p>11. Attachment A Cost Sheet Page 13</p> <p>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.</p> <p>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.</p>	<p>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.</p>
<p>12. Attachment A Cost Sheet Page 13</p> <p>"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"</p> <p>Please confirm that travel costs should be excluded from the hourly rates.</p>	<p>The hourly rate will need to be inclusive of all anticipated training, travel and related expenses, including supplies.</p>