

### **Section 3: Executive Summary**

Health Information Designs, Inc. (HID) is the leading vendor of pharmacy administrative services in the U.S. HID has its corporate headquarters in Auburn, Alabama, and also has offices in Arkansas, Maryland, and Mississippi. HID provides pharmacy administrative services to 13 state Medicaid programs with a total of more than 8 million covered lives.

HID is proud to currently provide pharmacy administrative services to Alabama Medicaid and is committed to continuing to work to improve the quality of therapy for Alabama Medicaid recipients while at the same time lowering the cost of that therapy. HID has demonstrated that morbidity and mortality can be reduced (e.g., reduced kidney dialysis, reduced hospitalization, reduced amputations, reduced blindness, strokes, heart attacks, and other morbidity) by the use of its pharmacy administrative services and has scientific studies that prove that its work provides a positive return on investment.

HID will competently execute the pharmacy administrative services contract as described in ITB #03-X-2131817 which includes the following:

- ProDUR:** HID will monitor the Prospective Drug Utilization Review (ProDUR) program and make recommendations to Medicaid and the DUR Board for additions and/or deletions of established ProDUR criteria as appropriate. This will be in part facilitated by HID's direct interface to the EDS system.
- MAC Pricing:** HID will strive to identify and recommend additional drugs for MAC pricing and will monitor MAC aspects of the pharmacy benefit. HID periodically will review MAC program methodology and make recommendations for program improvement based on this review.
- PA and Overrides:** HID will administer the Prior Authorization (PA) and Override program as required to promote the most effective utilization of select drugs. The PA and Override program will follow the requirements as described in the ITB.
- RetroDUR:** Retrospective Drug Use Review (RetroDUR) will be done such that specific intervention criteria will result in educational letters and other activities.
- Academic Detailing:** HID will implement an Academic Detailing program to educate providers on appropriate and cost-effective utilization of preferred medications. In addition, HID will conduct education programs/seminars for providers each quarter to aid in the education process.
- On-Line Interfaces:** HID will provide on-line interfaces for PAs to include eligibility and claims information and prospective DUR edit overrides.
- Reporting:** HID will provide extensive analysis and reporting capabilities, including the use of HID's browser-based Data Analysis and Decision Support tool,

RxExplorer™, to aid the agency in accessing and making optimal use of the information in its pharmacy, medical and other claims databases.

**Help Desk:**

HID is committed to providing a Help Desk service that is responsive to the professionals calling in to it. HID will use the latest technology and a trained staff of attendants so maximum effectiveness and efficiency are achieved, thus minimizing the waiting time of the affected pharmacists, physicians and associated personnel. HID will install and maintain the number of dedicated toll-free phone and FAX lines to ensure that waiting times of callers is within parameters deemed appropriate by Alabama Medicaid.

HID commits to Alabama Medicaid that it will:

- be responsive to the contractual requirements of the ITB,
- perform the services covered in the ITB in a sound and practical manner, and
- do so efficiently and cost effectively.

## **Section 5: Work Plans**

### **3.00.0 Scope of Work Overview**

The contract support and technical assistance described in this ITB will require a project manager, consulting physician, provider representatives, an account pharmacist and a staff pharmacist (with duties as noted in section 3.80 of the ITB) as well as whatever clinical, administrative and technical support personnel Health Information Designs, Inc. (HID) deems necessary to accomplish the scope of work described herein.

#### Required Components:

1. The administration of retrospective DUR for outpatient pharmacy services will be provided through a single Contractor who will work with Medicaid to ensure that quality and accessible pharmaceutical products are provided to Medicaid beneficiaries.
2. HID Inc. will execute Medicaid directives for program and/or policy changes to ensure that quality standards are maintained, services provided are accessible and appropriate. Areas involved include, but are not limited to, Preferred Drug List product selection, MAC pricing, PA criteria, Override criteria for Prospective Drug Utilization Review (DUR) hard editing, Academic Detailing and Retrospective DUR criteria.
3. The Medicaid fiscal agent will remain responsible for processing pharmacy claims using an electronic format. HID will be responsible for all costs associated with installing and maintaining system interfaces with the Alabama Medicaid Management Information System (AMMIS). On-line interfaces will be required for prior authorization to include eligibility and claims information, and prospective DUR edit overrides. Additional information and data transfers can be accomplished through tape transfers.
4. The pharmacy network will not be restricted. Medicaid will maintain the provider enrollment function.
5. The current Maximum Allowable Cost (MAC) drug program will be reviewed every six months to validate methodology and pricing algorithms. HID understands that recommendations for program changes must be approved by Medicaid.
6. Expansion of the current Prior Authorization (PA) Program to include selected high risk drugs is permitted through recommendation to Medicaid's P&T Committee and approval of Medicaid. HID will not have authority over which drugs require prior authorization. All additional drugs to require prior authorization may be recommended to the P&T Committee for inclusion on the Medicaid Prior Authorization List. The PA program will include a mechanism to

- allow for a 72-hour emergency supply, 8 hour response time with a mandated 24-hour turnaround and a help desk staffed with appropriate professionals.
7. Promotion of the Medicaid Preferred Drug List (PDL) as approved by the Medicaid P&T Committee and Medicaid.
  8. Provider education through academic detailing and other Medicaid approved mechanisms such as distribution of educational materials through notices or newsletters and targeted intervention to selected providers.
  9. Provider summary reporting of prescribing and dispensing patterns through claims data analysis.
  10. HID will refer to Medicaid's Program Integrity Division Director any instances of suspected fraud or abuse. In this regard, HID will provide all of its employees with specific, written instructions approved by Medicaid on the identification and referral of suspected fraud and abuse.
  11. For reviews and recommendations to Medicaid and the P&T Committee, HID will utilize the most current pharmacological data from the following: Hanson's Adverse Drug Reactions, USP DI Pharmacopoeia, ASHP DI, American Medical Association Drug Evaluations, Facts and Comparison and National Formulary.
  12. HID will coordinate DUR Board Meetings to update therapeutic criteria, provider education and interventions for retrospective and prospective DUR.
  13. HID will implement an academic detailing program based upon on-going reviews and analysis by Medicaid and HID.
  14. HID will provide access to Medicaid PA and Override request forms, Medicaid Preferred Drug List (PDL), Medicaid State MAC list and a link to the Medicaid web-site through HID's web-site.

Medicaid will maintain responsibility for administration of the program, provide claims history to perform Retrospective DUR functions, and be responsible for policy decisions and quality oversight. The Agency will monitor and assess the program through the assigned Contract Administrator.

### **3.10.0 Monitoring Prospective DUR Edits**

HID understands and agrees that Prospective Drug Utilization Review (DUR) is a structured program that screens drug claims on-line against predetermined medical standards and criteria, and promotes clinical safety, therapeutic efficacy and appropriate drug use.

Only through the identification of potential drug therapy problems can appropriate interventions be initiated. HID understands and accepts the responsibility for monitoring

the Prospective DUR program as well as making recommendations to Medicaid and the DUR Board for additions and/or deletions of established prospective DUR criteria.

HID will not be responsible for adjudicating claims and maintaining the on-line Prospective DUR system. However, HID is responsible and will monitor the prospective DUR program as well as staff a provider help desk to consider and grant appropriate overrides to hard edits through the prospective DUR system maintained by the fiscal agent (see Section 3.70 of the ITB).

HID will respond to all requests for on-line editing overrides within twenty-four (24) hours of receipt of the request. Claims will be denied by the fiscal agent for high dose, drug/drug interaction, early refill, and excessive quantity. HID understands that currently early refill and maximum units are the only hard edits that require an override from the Pharmacy Contractor for claims submission. Drug/drug interaction and High Dose are soft edits and can be overridden at the pharmacy level. HID understands that at the time of this ITB preparation, Medicaid has plans to implement Therapeutic Duplication as a hard edit and that an effective date for this change has not been finalized but is anticipated to occur prior to this contract's implementation date. HID understands that recommendations for other edits may be made by HID to Medicaid for consideration.

**HID will perform the following duties regarding Prospective DUR, including:**

1. Monitoring frequency of alerts/overrides by pharmacists, and determining the average override percentage for the majority of Medicaid pharmacies based on research of Medicaid provider data.
2. Monitoring and targeting through Medicaid approved educational plans, pharmacies that consistently override alerts above standards established by Medicaid.
3. Providing Medicaid drug utilization information and data, as required, to the Alabama Medicaid DUR Board and/or to Alabama Medicaid agency to support Pro-DUR criteria enhancements.
4. Evaluating the effectiveness of specific alerts and recommending modifications as needed.
5. Recommending the use of additional hard edits to Medicaid for approval.
6. Providing on-going support to providers by maintaining and staffing a help desk (see Help Desk Section 3.70 of the ITB).
7. Assisting Medicaid in the evaluation of the overall on-line system effectiveness.
8. Coordinating with the DUR Board on specific therapeutic classes to include/exclude in ProDur editing.

9. Identifying additional reporting needs; assisting Medicaid in the development of additional reports.
10. Referring cases to Medicaid's Program Integrity Division including the Pharmacy Audit Unit as appropriate.
11. Monitoring Monthly Provider Summary Reports to identify problem providers and inappropriate prescribing and dispensing patterns.
12. Recommending changes to the Alabama Medicaid Provider Manual as appropriate.

**HID will provide the following deliverables, including:**

1. Monthly reports that identify pharmacists exceeding the established standard for overriding.
2. Monthly provider summary reports which identify pharmacists to target through retrospective DUR and education initiatives.
3. Monthly reports which identify the cost avoidance or savings associated with prospective DUR screening and editing.
4. Quarterly presentations to the Medicaid DUR Board as to the effectiveness of the current prospective DUR system as well as any enhancements that should be considered.
5. Pro-DUR training to Medicaid staff and providers as requested by Medicaid.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Establish policies and guidelines to be followed by providers and HID in using ProDUR.
2. Determine the modules and criteria to use for the ProDUR functions.
3. Specify the ProDUR training needs for both State staff and providers.
4. Serve as liaison between the DUR Board, fiscal agent and HID.
5. Coordinate the development of additional prospective DUR editing with the Fiscal Agent.

**3.20.0 Maximum Allowable Cost (MAC) Pricing.**

HID will aggressively research and make recommendations of drugs to be included in the MAC Program to Medicaid. HID will, as a minimum, use the following information when making a recommendation for inclusion of a drug for MAC pricing:

1. Bioequivalency
  - FDA rating “A”, bioequivalent to brand innovator.
  - Medical literature-review to determine acceptability of generic; concerns of substitution.
2. Adequate Availability
  - Must be available from three (3) or more manufacturers, or
  - If less than three manufacturers, there must be at least five (5) national and/or state distributors.
  - Must have been on the market long enough to assure accessibility.
3. Utilization and Cost Comparison
  - Products seldom used may not generate significant savings for consideration.

HID will conduct a review of the MAC program methodology every six (6) months to determine the appropriateness of pricing and inclusion of products in the MAC program. This review will consist of a comparison of the Average Wholesale Price (AWP), Federal Maximum Allowable Cost (FMAC) and Wholesale Acquisition Cost (WAC) prices of a random sampling of MAC products. An adequate sample size will be used for review. HID will make recommendations to Medicaid for changes to the MAC program based on these reviews.

**HID will perform the following duties regarding MAC pricing.**

1. On a monthly basis, HID will research and recommend drugs to the Alabama Medicaid for MAC pricing. The recommendations will include both generic and brand drugs.
2. Receive and research complaints by providers and Medicaid of unavailability and notify Medicaid within twenty-four (24) hours of confirmed notice of unavailability. Medicaid will make a determination based on recommendation and documentation and will notify HID. HID will respond to requesting provider with outcome within one (1) hour of receipt from Medicaid.

3. Verify drugs are available at or below established price. Verification will be completed within twenty-four (24) hours of request from Medicaid or provider.
4. Distribute a MAC list to pharmacy providers upon request.
5. Identify pharmacy providers overriding the MAC price through the use of Dispense as Written (DAW) Code 1.
6. Maintain MAC exclusion list and verify that these drugs should remain excluded from MAC pricing.
7. Report any findings of incorrect MAC prices to Medicaid within 24 hours of discovery.
8. Review MAC program methodology every six months to determine appropriateness.
9. Make recommendations to Medicaid for changes to MAC pricing algorithm..

**HID deliverables include:**

1. Monthly report of recommendations with supporting documentation to Medicaid regarding additions for MAC pricing.
2. Quarterly report on cost savings associated with the MAC pricing system.
3. Monthly reports identifying pharmacy providers overriding the MAC price through the use of Dispense As Written (DAW) Code 1.
4. Quarterly list of all MAC drug additions from the previous quarter.
5. Quarterly report of MAC drug discrepancies discovered/reviewed within the prior quarter to include all MAC actions taken and recommendations made during the previous quarter.
6. Biannual report of MAC program review to include products included in sample, outcomes and recommendations.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Provide established policy to HID regarding the review and expansion of the MAC program.
2. Review drugs recommended by HID to be added to the MAC Program. Medicaid will review recommendations and notify HID of determination.

3. Make necessary pricing file changes to accommodate additions/exclusions to the MAC Program as recommended by HID and approved by Medicaid.
4. Review HID recommendations for changes to MAC program methodology and coordinate the implementation of such changes.

### **3.30.0 Prior Authorization (PA) and Overrides**

HID understands and will fully support Alabama Medicaid's primary goal of promoting the most appropriate utilization of selected drugs. HID will work with Medicaid and the P&T Committee as they approve prior authorization requirements to target a chosen drug or group of drugs. HID understands that additional drugs to require prior authorizations must be presented for review by the Medicaid P&T Committee and approved by Medicaid in accordance with State of Alabama Administrative Code Rule No. 560-X-16-09.

HID will review proposed prior authorization criteria and make recommendations for change to Medicaid based on clinical review of current medical literature. Medicaid will provide HID with approved PA and Override criteria and forms in hard copy and electronic format.

#### **3.30.1 PA and Override Requirements**

HID will receive requests, hereinafter referred to as PA Requests or Override requests, from physicians or pharmacists for Medicaid coverage of drugs which require prior authorization or require an override. HID acknowledges that drugs currently requiring prior authorization include brand name NonSteroidal Anti-inflammatory Agents (NSAIDS), brand name Antihistamines for adults, nutritional supplements, growth hormones, acne products, Tranxene, Viagra, Synagis, Enbrel, Remicade, Kineret, and Brand Name H2 Antagonists. (Others as included in Attachment D). HID understands that Medicaid will implement a prior authorization requirement for Oral Sustained-release Opioid Agonists effective May 13, 2003; prior authorizations will also be added for Humira prior to the implementation of this contract; and that other requirements may be added by Medicaid at any point in the future. HID understands that currently overrides are required for maximum quantity and early refill and that Medicaid anticipates the addition of an override requirement for therapeutic duplication prior to the implementation of this contract.

HID acknowledges that Medicaid will give at least two weeks notice before implementing a new prior authorization requirement.

HID will accept written, electronic or telephone requests from either the prescribing physician or the dispensing pharmacist. Written requests may be submitted by mail or fax. HID will provide toll free voice phone lines 24 hours per day, 7 days per week with an automated voice message system to record calls after 7:00 p.m. Toll free fax lines will be provided 24 hours a day, seven days a week. A help desk staffed with dedicated

and qualified personnel will be available to providers Monday through Friday from 8:00 a.m. until 7:00 p.m., with Saturday coverage from 10:00 a.m. until 2:00 p.m. HID will provide an on-call clinical representative to accept prior authorization and override requests and issue prior authorization numbers on Sundays, after hours and on help-desk holidays mentioned in Section 3.30.2 of the ITB.

HID will respond to a minimum of 75 % of total prior authorization requests each month within eight (8) hours of receipt of completed request but in no event shall response time exceed 24 hours from the time of receipt of the completed request. Upon receipt of an incomplete request, HID will make a good faith effort to obtain missing information through system inquiry or by faxing form to provider for completion of required information.

In addition, HID will provide a mechanism for providing a 72-hour emergency drug supply. In these situations HID will use the generic PA number that Medicaid has established for such use. HID understands that Medicaid will closely monitor the use of this generic PA number.

HID will respond to the requesting practitioner by telephone or other telecommunications device with approval/denial within twenty-four (24) hours of receipt of a phoned, faxed, electronic or mailed complete PA or Override request. Telephonic responses to PA requests will be made during the normal business hours of the providers. HID will document unsuccessful attempts to respond which occur more than fifteen (15) minutes apart. HID understands that making attempts more frequently than at fifteen (15) minute intervals is at its discretion. HID's documentation of unsuccessful attempts will include the date, time, method used, and the result of each attempt. HID will respond by mail to a request only when the documentation on the Drug Authorization Request establishes that three (3) unsuccessful attempts were made no closer than fifteen (15) minutes apart. HID will receive and respond to electronic requests in the NCPDP HIPAA Standard format and understands that additional responses to electronic requests by telephone, fax and mail are allowed but are not required.

HID will use drug usage criteria approved by the Medicaid to approve/deny PA and Override requests. Attachment E details the current criteria to be applied to specific drugs requiring prior authorization and Medicaid will provide HID with more detailed criteria during the implementation phase. Criteria may be added or revised by Medicaid based on recommendations of the P&T Committee. HID will ensure that review criteria are applied in a uniform manner to all requests. Should a question occur as to a determination of approval/disapproval, the request will be referred to a pharmacist or physician consultant for approval/denial. If HID has questions regarding criteria, HID will request clarification from Medicaid. HID will follow the workflow diagram provided in Attachment H for the review process.

Additionally, HID will review the Alabama Drug Information (ND) screen to ensure that the drug being prior authorized is covered by Medicaid and the Alabama Eligibility Inquiry Screen (RE) to ensure that the recipient is eligible for Medicaid drug coverage at

the time of the PA or Override Request. Requests for QMB-only or otherwise ineligible recipients will be denied. HID will also ensure that the appropriate pharmacy is indicated when the recipient is locked-in to a certain pharmacy. This information is provided through the Recipient Lock-in File.

HID will assign a ten (10) digit numeric PA number for approved PA and Override Requests which meet the approval criteria for Medicaid coverage. HID will enter the assigned PA number and supporting documentation on the Drug Prior Authorization Response Form. HID will update Medicaid's on-line Prior Authorization File within twenty-four (24) hours of approval of receipt of request.

HID will deny PA and Override Requests that fail to meet Medicaid approved guidelines and will notify the requesting physician and dispensing pharmacy in writing using the denial reason using codes established by HID and approved by Medicaid. This information will be faxed to the requesting physician and dispensing pharmacist within 24 hours of receipt. HID will respond to electronic requests via NSPDP HIPAA Standard format.

HID will establish and maintain a database of PA and Override requests. Data will include, but not be limited to, date and time of receipt; name of recipient; Medicaid number; pharmacy name and provider number; date of PA or Override approval or denial; drug name; NDC number; requester; whether medical justification was submitted; and prescribing physician license number.

HID understands that providers may appeal a PA or Override denial and supply additional justification for consideration. Upon receipt of an appeal, HID's consulting physician will review the documentation and render a decision based on Medicaid approved PA and Override criteria within twelve (12) hours of receipt of the complete appeal request. If HID's physician denies the appeal, the request and supporting documentation and HID's physician's notes will be sent to Medicaid for review and final determination within twelve (12) hours of receipt of the complete appeal request. Medicaid will review the documentation and will send written notification to HID of final appeal decision within one Medicaid business day of receipt of appeal request from HID. HID will be responsible for notifying the requesting provider of the outcome within four (4) hours of receipt of response from Medicaid. If HID's physician approves the appeal, HID will notify the requesting provider.

**HID will perform the following additional responsibilities regarding prior authorizations and overrides:**

1. Make recommendations for prior authorization and overrides to Medicaid based on clinical data.
2. Make recommendations for and conduct provider education.

3. Monitor effectiveness of prior authorization and override requirements for specified drugs, dollars saved, and clinical outcome savings.
4. Identify and monitor areas where cost shifting could occur as a result of a prior authorization or override requirement.

**HID deliverables include:**

1. Make presentations including documentation to Medicaid regarding recommendations for additions/deletions of prior authorization and override requirements.
2. Provide monthly prior authorization and override report by drug group to include number of requests, approvals, denials; number of requests initiated by pharmacists and physicians; number of requests by fax, phone, mail and electronic; percentage of total requests responded to within 8 hours of receipt of completed request.
3. Provide weekly toll-free phone line usage studies to include number of calls per day, average wait time, average response time, longest wait time, longest response time, number of aborted calls, number of Help Desk personnel for each day.
4. Provide monthly reports identifying cost savings associated with prior authorization and override requirements.
5. Provide monthly report of prior authorization and override appeals to include decisions rendered.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Ensure that the P&T Committee reviews drugs recommended for PA inclusion by HID. Medicaid will consider recommendations for additional review categories for approval.
2. Supply HID with PA number range for assignment of approved PA and Override Requests.
3. Review and approve any changes in form letters, report formats and new forms or reports prior to use by HID.
4. Provide for administrative review by a licensed physician for requests when medical documentation has been submitted and denied after administrative remedies have been exhausted at HID's level. Requests for review will be made by the prescribing physician or dispensing pharmacist and be received within sixty (60) days of the date of the adverse decision. Medicaid will obtain the necessary documentation required from HID for the Medicaid physician to

determine whether or not HID's denial was justified. Medicaid will review samples of prior authorizations approved by HID on appeal.

5. Provide for administrative hearings. All adverse administrative review decisions made by Medicaid will be subject to a formal administrative hearing. The prescribing physician, dispensing pharmacist, or recipient may request such a hearing. Requests must be in writing and received by Medicaid within sixty (60) days of the denial and will be addressed to the Pharmacy Program, Alabama Medicaid Agency, P.O. Box 5624, Montgomery, Alabama 36103-5624. After receipt of a request for a hearing, Medicaid will notify HID of the time, date and place of the hearing.
6. Initiate and distribute public notice of drugs requiring prior authorization, to include recipient and provider notices.
7. Notify HID in writing in advance of any additional prior authorization requirements.
8. Review samples of prior authorization and override requests and determinations made by HID for accuracy and timeliness.

### **3.30.2 Administrative Duties**

HID will maintain and staff a Help Desk as defined in Section 3.70 of the ITB. HID's Help Desk staff will answer inquiries in written, electronic, and telephonic form from providers and Medicaid. Help desk hours will be 8:00 a.m. through 7:00 p.m. Central Standard Time, Monday through Friday, and 10:00 a.m. – 2:00 p.m. Saturday. HID holidays will be Easter, Independence Day, Thanksgiving, Christmas, and New Year. HID will provide a clinical representative on call on Sundays, holidays, and after hours, to respond to prior authorization and override requests within the federally mandated 24 hour response period. This person will be capable of reviewing requests and making a determination based on medical criteria within 24 hour time frame. HID will be responsible for 24 hour response to all requests regardless of holidays and weekends.

HID will use nurses, pharmacy technicians or pharmacists, and physicians to perform the duties outlined in this ITB and ensure that staff are trained in current Alabama Medicaid policy relevant to drug prior authorization activity, contract requirements, telephone etiquette, and professional conduct. HID will respond in writing, with identity of responding staff person, to written provider inquiries within one (1) working day of the date of receipt with date and time of receipt being stamped on all correspondence and requests. HID will retain copies of written inquiries and responses and make such correspondence available to Alabama Medicaid upon request. Any and all form letters used by HID will be approved in writing by Alabama Medicaid prior to use.

HID will draft and distribute a quarterly newsletter (See Attachment R) to all enrolled pharmacists and physicians and a small number of Medicaid staff and association leaders.

The newsletter will consist of a minimum of 6 pages and may be duplexed. The number of such newsletters currently generated and mailed each quarter is estimated to be approximately 9,000. HID understands that this number is subject to change based on provider enrollment fluctuations. The content of the newsletter will reflect pharmacy program updates, trends, prior authorization and override information, etc. HID will draft the newsletter for Medicaid approval. Electronic versions of the newsletter will be posted on HID's web-site and will be made available to Medicaid for posting to the Medicaid web-site.

HID will participate in monthly meetings to be held for Medicaid and HID staff to address such items as status of assigned projects, performance issues, report reviews, compliance with contract requirements, and any Medicaid or HID concerns as they relate to this ITB. Additional meetings may be requested and scheduled to address specific issues such as proposed contract amendments, appropriate application of prior authorization criteria, and the change of addition of contract requirements.

**HID deliverables include:**

1. Quarterly newsletter to be drafted and mailed to all enrolled pharmacists and physicians.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Review and approve quarterly newsletters.
2. Provide HID with provider mailing tapes.

**3.30.3 Operational Requirements**

HID has established and will continue to maintain a network environment sufficient to support connectivity with Alabama Medicaid's fiscal agent. HID currently has frame relay telecommunications. We have extensive knowledge and ability to expand our existing Frame network and add additional ports. (Cisco 1602R, one Ethernet, one serial with integrated 56-kbs DSU/CSU, one WAN interface card slot). HID supports both TN3270 and TCP/IP stack.

The serial WAN port on the Cisco 1601R router supports asynchronous serial connections of up to 115.2 kbps and synchronous serial connections-such as Frame Relay, leased lines, Switched 56, Switched Multimegabit Data Service (SMDS), and X.25-of up to 2.048 Mbps. The Cisco 1602R router integrates a 56kbps four-wire DSU/CSU, and it supports the same synchronous serial connections as the Cisco 1601R router (except SMDS). The ISDN BRI port on the Cisco 1603R router has an S/T interface, while the Cisco 1604R includes an integrated NT1 with a U interface.

The Cisco 1605R router provides a 10BaseT and AUI port on the first Ethernet interface and a 10BaseT port on the second Ethernet interface.

HID will purchase or develop and install the software necessary to receive and reply to drug prior authorization and override requests in the NCPDP HIPAA Standard Format.

HID will maintain a minimum of twelve (12) toll-free lines for direct access by callers for telephone inquiry and a minimum of five (5) toll-free dedicated FAX lines for written provider inquiries. A voice messaging service will be provided for physicians and pharmacists to leave messages and notify callers during off-hours of the established business hours along with the number for on-call staff.

HID understands that AMMIS System passwords will be made available by Medicaid's fiscal agent prior to implementation for HID employees.

**HID will perform the following additional responsibilities:**

1. Submit requests for employee passwords for the AMMIS system to Medicaid.
2. Notify Medicaid when an issued password is no longer needed due to termination of employment or change in duties.
3. Ensure that HID's employees are informed of the importance of system security and confidentiality.
4. Document and notify Medicaid of system problems to include type of problem, action(s) taken by HID to resolve problem and length of system down-time.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Obtain security passwords from the Fiscal Agent upon HID's request.
2. Serve as liaison between HID and the Fiscal Agent.

**3.40.0 Retrospective Drug Utilization Review (DUR)**

HID will perform retrospective DUR functions as outlined in 42 CFR 456.709. Paid claims data received from the fiscal agent will be used to develop reports which identify patterns of fraud, abuse, gross overuse, or inappropriate medically unnecessary care among physicians, pharmacists, and Medicaid recipients, associated with specific drugs or groups of drugs. This examination will involve pattern analysis using predetermined standards of physician prescribing practices, drug use by individual patients, and where appropriate, dispensing pharmacies. RetroDUR includes, but is not limited to, using predetermined standards to monitor the following: therapeutic appropriateness, over utilization and under utilization, appropriate use of generic products, therapeutic duplication, drug-disease contraindications, drug/drug interaction, incorrect drug dosage, incorrect duration of drug treatment, and clinical abuse and misuse.

HID will be responsible for developing and distributing DUR Board meeting agendas and meeting packets. HID pharmacists will present appropriate materials to the DUR Board

at quarterly meetings. HID will also be responsible for drafting and finalizing minutes of the DUR Board meetings to include discussions held, and motions and recommendations made.

**HID responsibilities will include:**

1. Coordinating with Medicaid provider education activities.
2. Marketing of the Medicaid PDL and instructing in its usage.
3. Generating provider specific prescribing data of Medicaid's top 200 prescribing physicians and top 200 dispensing pharmacists on a quarterly basis to Medicaid.
4. Generating and distributing educational letters on specific intervention criteria as directed by the DUR Board and Medicaid. A minimum of 300 recipients will be targeted each quarter and all involved providers for each recipient will be contacted for intervention. Letters will offer the provider an opportunity for feedback. Any such feedback will be summarized and provided to Medicaid and the DUR Board.
5. Referring provider concerns regarding inappropriate prescribing and dispensing patterns to Medicaid.
6. Maintaining a database to support retrospective DUR.
7. Developing, in conjunction with the DUR Board, therapeutically based criteria by which patient specific profiles, and physician and pharmacy profiles will be generated.
8. Inputting into the retrospective DUR database the therapeutic criteria, approved by the DUR Board, within four weeks of DUR Board and Medicaid approval to ensure that the most current criteria have been used to generate profiles.
9. Providing within seven (7) business days, upon request of Medicaid, a hard copy listing of all DUR criteria in the computer system.
10. Developing and monitoring the retrospective DUR program in accordance with Federal guidelines to ensure compliance.
11. Annually reviewing current criteria for recommended DUR Board revision and approval.
12. Providing ongoing evaluation of appropriateness of dispensing and prescribing patterns for DUR Board review.

13. Compiling analysis from DUR annually to meet CMS requirements for annual DUR reporting. Preparing and submitting to Medicaid for approval the CMS DUR Report a minimum of two weeks prior to the CMS due date.
14. Providing professional guidance on DUR issues on request.
15. Developing and distributing Medicaid approved DUR Board agenda and meeting packets for DUR Board meetings. Packets will be distributed so that they can be received by DUR Board members a minimum of two weeks prior to scheduled meetings. Eight (8) copies of the finalized packets will be sent to Medicaid Contract Administrator two weeks prior to meeting.
16. Providing formal record of DUR Board meetings in the form of minutes to be approved by Medicaid. HID will provide a proposed draft of the minutes to Medicaid within two weeks of DUR Board meetings. Once approved by Medicaid, HID will provide the finalized version to Medicaid within one week.

**HID deliverables include:**

1. Quarterly summary report of providers targeted through retro DUR initiatives to include the total number of letters sent, number of recipients and providers targeted, DUR criteria used for interventions, and summary of feedback received.
2. Quarterly report of PDL usage to monitor effectiveness of program and program dollars saved as a result of PDL usage.
3. Quarterly report consisting of at a minimum: tabulation by percent of generic, single source and multisource prescriptions by dollars, claim count, unduplicated count of recipients and number of prescribing physicians.
4. Annual CMS DUR Report for Medicaid as specified in 42 CFR 456.712.
5. Formal minutes of DUR Board meetings.
6. Finalized DUR Board meeting agendas and meeting packets.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Approve retro DUR educational activities of HID.
2. Provide HID with a current Medicaid Preferred Drug List and timely notification of updates.
3. Provide clinical data for the P&T Committee to review regarding drugs for preferred status.
4. Schedule P&T Committee and DUR Board meetings.

5. Submit DUR Annual Report to CMS.
6. Review and approve DUR Board meeting agendas and packets.
7. Review and approve DUR Board meeting minutes and notify HID of recommendation decisions.
8. Maintain responsibility for nominations and approval of DUR Board member positions.
9. Notify HID of any changes in DUR Board membership in a timely manner.
10. Provide HID with monthly eligibility and claims tapes.

### **3.50.0 Academic Detailing**

#### **I. Physician Intervention Visits**

HID will provide 5 (five) FTE provider representatives and a coordinator dedicated to Medicaid to educate providers on appropriate and cost-effective utilization of preferred medications through academic detailing. Provider Representatives will possess an undergraduate degree and have excellent communication and organizational skills. They will be trained in the use of RxExplorer™, PA process/criteria, RDUR process, PDL, have an in-depth understanding of Medicaid prescribing, and work closely with Medicaid staff to educate providers on prescribing and dispensing patterns. The representatives will be assigned geographic areas located in or near the major cities of Alabama and have region(s) of rural Alabama to facilitate provider education and communications. (See Alabama state map at the end of this section detailing the geographic area HID proposes for each provider representative's assignment.)

HID proposes Lisa Stallings, BS, BSN, RN, as HID's Academic Detailing Coordinator. Her resume is included in Appendix A. Resumes are also provided in Appendix A for Kaycee May, Laina McWhorter, Candace Clifft-Bynum, and Amy Wilson Smith, whom HID is proposing as four of its five FTE provider representatives.

HID will conduct 1500 or more interventions/visits to targeted providers per quarter. Interventions will be pre-scheduled and face to face meeting with physician or prescribing nurse.

Documentation of each visit will be maintained on a database and an Intervention Contact Form (see example at the end of this section) will be maintained at the HID home office. Recommendations for future visit will be recorded on this form which will become a part of recommendations to Medicaid for improvements to the academic detailing initiative.

Provider representatives will supply to providers any other forms commonly used such as PDL Quick Lists (see examples included in Appendix C), PA/Override forms, Medicaid notices, public criteria, maximum override list, and newsletters.

Physician provider summary reports shall be utilized to compare individual physicians to peers in their geographic area and specialty. The reports shall also provide physicians with the total amount of Medicaid dollars spent as a result of their prescribing and how they could assist in saving Medicaid dollars while maintaining quality of care by more aggressively utilizing the PDL.

The information regarding intervention visits will be maintained in a data base such that Intervention Summary Reports, Quarterly Reports and Annual Reports are generated to reflect: Provider Representative, Date, Provider Name, Title, City, Geographic area, Purpose of visit, Response, Total number of visits, cost saving, and other information as needed.

Providers will be identified for education intervention by criteria approved by Medicaid. The means of identifying providers will include but not limited to: RxExplorer™, RDUR Program, PA/Override Studies, Utilization and prescribing patterns (i.e. generic and OTC), cost effective utilization, and recommendations from Medicaid.

## **II. Pharmacy Interventions**

Pharmacy provider summary reports shall be utilized to compare individual pharmacies to peers in their geographic area. The reports shall provide individual pharmacies with tabulation by percent of generic, single and multi-source claims by dollar amount and claim count. These reports will be delivered to pharmacies by mail with an explanation of the content. A response return form letter and/or telephone communications will be provided for questions, concerns or discussion regarding the reports from the pharmacies. The communications and follow-up from the pharmacies will be the responsibility of the provider representative or coordinator as needed.

The information regarding intervention mail outs will be maintained in a data base such that Intervention Summary Reports, Quarterly Reports and Annual Reports are generated to reflect: Date, Pharmacy Provider Name, City, Geographic area, Purpose of target mail out, Response, Total number of mail out/responses, Cost saving, and other information as needed.

## **III. Continuing Education Programs.**

HID will conduct one education program/seminar for providers per quarter. HID will provide Continuing Education units for participating providers in conjunction with University of Alabama at Birmingham (see attached forms) and Alabama Board of Pharmacy. Seventy-five physicians and twenty-five pharmacist or more will be invited to each seminar. Programs will be held at convenient times and locations with a meal

served to encourage attendance. The locations will rotate in or near the major cities of Alabama. Seminar topics and materials will be developed and supplied by HID with approval by Medicaid. Quarterly and annual reports will contain the following information: name of seminars/programs, date, number of physician and pharmacist in attendance, total number invited, location, names of speakers, and topic(s) covered.

#### **IV. Conclusion**

HID will be responsible for developing and recommending educational materials to promote appropriate utilization of drugs and use of the PDL and shall incorporate seminars, face to face visits, telephone interventions, targeted mailings, and quarterly newsletters. Emphasis shall be placed on appropriate generic and OTC utilization. All education activities, seminar topics and material will be coordinated with the Medicaid Program Management for review and approval and/or Medicaid Outreach and Education Director. HID will work with Medicaid to identify providers for which the interventions are appropriate.

#### **HID responsibilities will include:**

1. Conducting a minimum of 1,500 academic detailing interventions/visits per quarter.
2. Completing an intervention summary report of all provider contacts.
3. Conducting a minimum of one (1) education program/seminar for providers per quarter.
4. Making recommendations to Medicaid for improvements to the academic detailing initiative.
5. Developing an intervention form for Medicaid approval to be used by provider representatives to record interventions/visits.
6. Identifying providers to be targeted for intervention based on Medicaid approved criteria.
7. Making available completed intervention contact forms for Medicaid review upon request.
8. Making recommendations to Medicaid for program/seminar presentation topics and developing program materials.

#### **HID deliverables will include:**

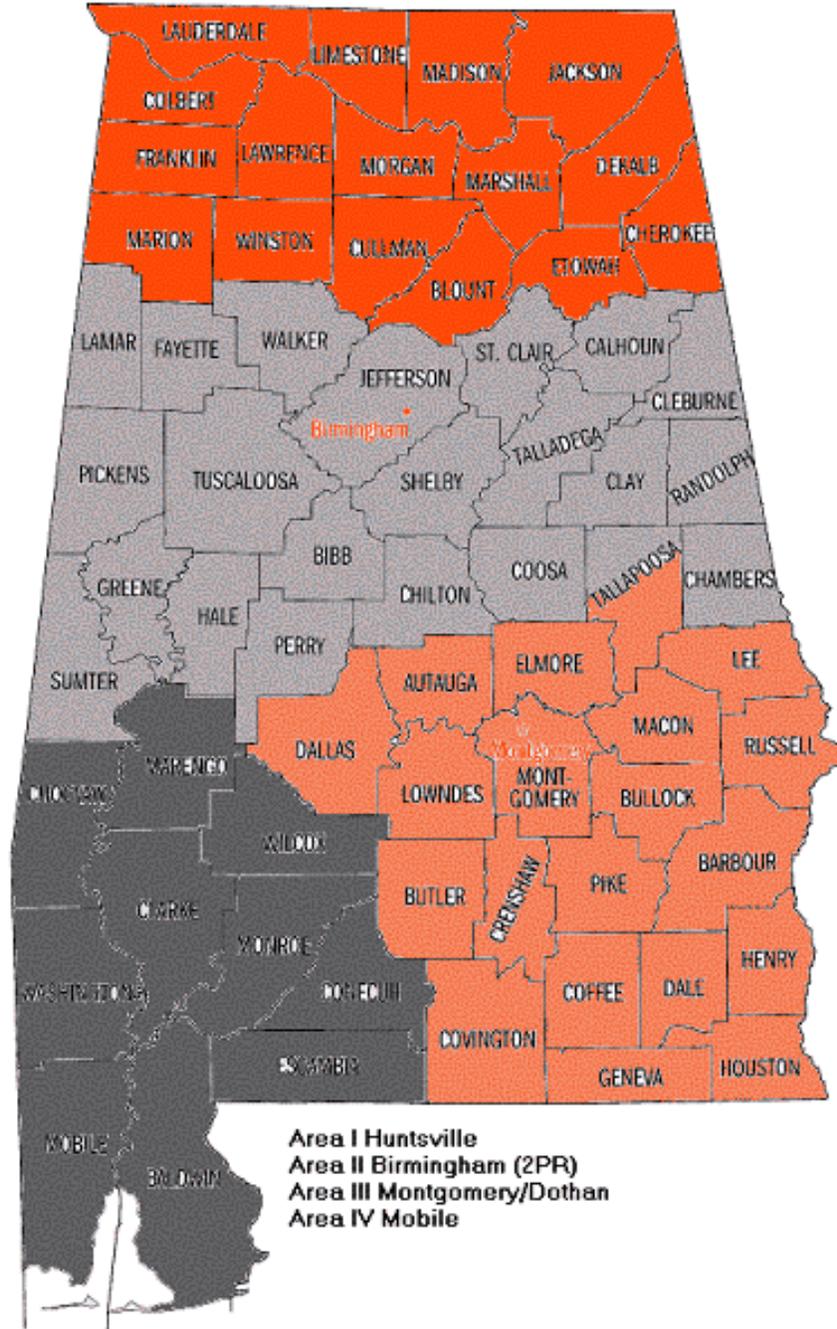
1. Quarterly reports separated by provider representative of academic detailing interventions/visits conducted to include name of provider, location of provider, title of individual(s) involved in intervention/visit, and date of intervention/visit.

2. Annual summary reports of total number of interventions/visits and programs conducted by HID and any cost savings accredited to interventions.
3. Quarterly reports of academic detailing seminars/programs conducted to include date of programs, names of speakers, and topics of presentations.
4. Supplies to provider representatives of laminated color copies of the Medicaid Preferred Drug Quicklists for intervention/visits.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Work with HID to identify providers for intervention.
2. Review and approve education materials to be used by provider representatives.
3. Provide HID with quarterly updates to Preferred Drug List and Quicklists.
4. Conduct periodic follow-up with targeted providers to verify program requirements are being met.
5. Approve presentation topics for quarterly programs/seminars.
6. Coordinate all education activities with the Medicaid Outreach and Education Director.

### State Map Showing Geographic Territories for Provider Educational Representatives



**HEALTH INFORMATION DESIGNS, INC.  
INTERVENTION CONTACT FORM**

Date \_\_\_\_\_ Time \_\_\_\_\_

Provider Name \_\_\_\_\_ Title \_\_\_\_\_

Provider Number \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ AL \_\_\_\_\_

Purpose of visit \_\_\_\_\_

Response: \_\_\_\_\_ Score \_\_\_\_\_

Contact: \_\_\_\_\_

Education materials used/given: \_\_\_\_\_

Recommendation for future visits \_\_\_\_\_

Provider Representative \_\_\_\_\_

Area: \_\_\_\_\_

**Response Score**

- 5 very useful
- 4 useful
- 3 neutral
- 2 somewhat useful
- 1 not useful

**3.60 Drug Interface**

**3.60.1 On-Line Inquiry**

HID will be responsible for having direct interfacing capabilities with Medicaid and the Medicaid fiscal agent for on-line access. HID will use the following AMMIS on-line files for eligibility verification, prior authorizations and prospective DUR overrides:

- a. Prior Authorization File
- b. Drug Pricing File
- c. Recipient Lock-in File
- d. Physician License File
- e. Provider File
- f. Recipient Eligibility File

These files are currently maintained by Medicaid's fiscal agent and access will be allowed for inquiry and updating purposes only as required by this ITB using existing CICS/GUI software. HID will not be subject to transaction user fees, but will be responsible for the telecommunications charges referred to in Section 3.30.3. HID is responsible for supplying a software license for adequate or comparable hardware to support the scope of work.

**3.60.2 Reporting Requirements**

HID will produce and submit to the Medicaid Pharmacy Program, in formats approved by Medicaid, monthly reports as described below. Unless otherwise stated, reports will be delivered to Medicaid by the 10<sup>th</sup> of each month. Management reports will be provided in hard copy and electronic version on CD (Word 6.0 or higher format) to Medicaid.

**HID deliverables will include:**

1. Prior Authorization activity by drug, including, but not limited to, the number of denied and approved requests by drug classification, number of appeals referred to consulting physician, number of requests received by fax, mail, electronic or telephone, number of requests by source such as pharmacy or physician, and number of requests received daily. HID will submit a monthly ranking report of the twenty-five (25) physicians submitting the most PA and Override Requests. HID will produce statistical reports as reasonably requested and approved by Medicaid.

2. Prospective DUR override activity, including but not limited to, the number of requests for each edit, number of denied, approved, as well as the top 50 pharmacists requesting overrides.
3. Weekly Toll Free phone line usage studies are performed to determine the capability of all lines and potential need for additional lines. Results of these studies will be provided to Medicaid's Contract Administrator.
4. Top 30 non-preferred drugs (single source brand) by dollar and claims.
5. Top 30 non-preferred drugs (multisource brand and generic) by dollar and claims.
6. Physician analysis report (top 200 prescribers) by dollar and claims.
7. Top 200 dispensers of brand name products.
8. Claims analysis by major therapeutic class.

HID understands that it is also responsible for other reports required in all sections of this ITB.

### **3.60.3 Data Entry**

HID will perform on-line updates, using CICS transaction, to Medicaid's Prior Authorization File for use by the claims processing system to edit drug claims requiring a PA number. HID will key the following data fields for updating:

- a. 13-digit Medicaid number
- b. 9-digit pharmacy provider number
- c. Date and length of approval
- d. 11-digit National Drug Code (NDC number)
- e. 10-character prior authorization number
- f. Authorized number of units

These are the only fields HID will be allowed to update after clearing network security and entering the appropriate password.

HID understands that Medicaid will work with their Fiscal Agent to provide training to HID staff on the use of system screens and fields during implementation phase and prior to contract begin date.

### **3.70 Help Desk**

HID will provide the services of a toll-free help desk which will serve as the first resort function for providers inquiring into matters of drug prior authorization, prospective DUR overrides and MAC pricing. HID will provide a minimum of twelve (12) dedicated toll-free phone lines for instate calls and calls from bordering states and five (5) dedicated toll-free FAX lines to Medicaid providers for the requirements listed below. HID understands that these are the minimum requirements of this ITB and that average weekly wait time for Help Desk calls is not to exceed twenty (20) seconds with consideration to be given for circumstances outside of HID's control such as system failure or natural disaster. HID understands that Medicaid will monitor this requirement through the weekly toll-free phone line studies and that if as a result of weekly toll-free phone line studies additional lines and staff are necessary, the additional costs associated with the additional lines and staff will be considered extra contractual services to Medicaid. HID understands and acknowledges that Medicaid will have approval for additional lines and staffing to include number of lines and qualifications of additional staff and that extra contractual services will only be considered if Medicaid has imposed one of the following policy changes that have resulted in the increase workload:

1. Prospective DUR overrides: Overrides are necessary for excessive quantities and early refills. Early refills are defined as prescriptions with greater than 25% of the prescription remaining (as described in Section 3.10.0). Medicaid anticipates the implementation of an override requirement for therapeutic duplication prior to the start of this contract.
2. Prior Authorization requests (as described in Section 3.30.1).

#### **HID responsibilities regarding a help desk include:**

1. HID will staff the help desk with nurses, pharmacy technicians or pharmacists and physicians as well as administrative, technical and clerical staff capable of responding to programmatic questions and prior authorization requests within twenty four (24) hours. Help desk staff will be trained to recognize basic medical terminology as it relates to their duties.
2. HID will provide a licensed pharmacist and licensed physician for consultation and review of prospective DUR and prior authorization requests.
3. HID will provide toll-free FAX lines and toll-free phone lines to be available to providers and Medicaid staff 24 hours a day, seven (7) days per week.
4. HID will staff the toll free phones from 8:00 a.m. - 7:00 p.m. Monday-Friday with an automated voice message system to record calls after 7:00 p.m. Phones will be staffed from 10:00 a.m. – 2:00 p.m. Saturdays. On Sundays, help desk holidays and after hours, a clinical representative will be available to respond to requests to comply with the 24-hour prior authorization response requirement.

5. HID will maintain average weekly call wait times of twenty (20) seconds or less for Help Desk phone lines.

**HID deliverables will include:**

1. Weekly toll-free phone line usage studies to Medicaid.
2. Monthly summary reports of the number of calls by call type, to include referrals.

**HID acknowledges and understands that the Alabama Medicaid Agency will:**

1. Communicate to the HID help desk any changes in State policy regarding prior authorization, prospective DUR overrides, or MAC pricing.
2. Develop policy protocol to be utilized by HID's help desk concerning prospective DUR overrides and prior authorization requests.
3. Monitor toll-free phone line usage studies and Help Desk reports.

**3.80.0 Key Personnel**

**3.80.1 Project Manager**

HID will assign a Project Manager with a minimum of an Undergraduate Degree for the duration of the contract. It is acknowledged and agreed that the Project Manager will be the person assigned under this contract who is responsible for operation of contract duties including the PA review process, MAC pricing, help desk functions, Prospective and Retrospective DUR, Academic Detailing and correspondence.

HID will make a good faith effort to use the Project Manager for not less than twelve (12) months to ensure successful contract performance, and will notify Alabama Medicaid in writing of any proposed change in Project Manager at least thirty (30) days prior to the change, if possible.

HID is furnishing with its response to this ITB a resume for Rob DiBenedetto, MBA, whom HID is proposing as Project Manager. Mr. DiBenedetto's resume is included in Appendix A of this proposal. The resume includes the individual's name, current address, current title and position, experience with HID, experience with implementing or performing prior authorization functions, experience with provider relations, experience with drug utilization review, relevant education and training, and management experience. The resume includes three work references.

HID's Project Manager will serve as liaison and will be available and responsible, as the need arises, for consultation and assistance with Medicaid personnel; will attend, upon request, Medicaid meetings, administrative hearings, meetings and hearings of Legislative Committees and interested governmental bodies, agencies, and officers; and

will provide timely and informed responses when operational and administrative issues arise in administration of the Alabama Medicaid Program.

Whenever the Project Manager is not reasonably available, HID designates J. Tyrone Gibson, R.Ph., Ph.D., as an alternate who is fully capable of meeting the requirements of this position. Dr. Gibson's resume is included in Appendix A of this proposal.

**Additional responsibilities of the Project Manager include but are not limited to:**

- Research the need for and implementation of special projects that would benefit management of the pharmacy program.
- Assure timely compliance with all contract responsibilities and deliverables.
- Attendance at quarterly DUR Board meetings as a contractor representative.
- Serve as liaison between HID and Medicaid for matters involving contract requirements.
- Attend monthly contract status meetings with Medicaid.
- Notify Medicaid's Contract Administrator of any proposed changes in personnel; organizational changes; any system problems; etc.
- Attend Medicaid meetings upon request.

**3.80.2 Account Pharmacist**

HID will also assign an account pharmacist to the contract with Alabama Medicaid Agency. The pharmacist assigned will possess superior clinical competence and demonstrate proficiency in drug therapy management.

HID is furnishing with its response to this ITB a resume for Steve Espy, R.Ph., whom HID is proposing as Account Pharmacist. Mr. Espy's resume is included in Appendix A of this proposal. The resume includes the individual's name, current address, current title and position, experience with HID, experience with implementing or performing prior authorization functions, experience with provider relations, experience with drug utilization review, relevant education and training, and management experience. The resume includes three work references.

HID's Account Pharmacist will be the person who is responsible for clinical functions, contract duties including the PA review process, MAC pricing, Preferred Drug List management, help desk functions, Prospective and Retrospective DUR, and correspondence.

HID will make a good faith effort to use the Account Pharmacist for not less than twelve (12) months to ensure successful contract performance, and will notify Alabama

Medicaid in writing of any proposed change in Account Pharmacist at least thirty (30) days prior to the change, if possible.

Whenever the Account Pharmacist is not reasonably available, HID designates John Williams, R.Ph., as his alternate, who is fully capable of meeting the requirements of this position. Mr. Williams's resume is included in Appendix A of this proposal.

**Responsibilities of the Account Pharmacist will include but are not limited to:**

- Conduct clinical research and development, with the DUR Board, of the therapeutically based criteria by which patient and provider profiles for the program will be generated.
- Provide clinical support and administrative oversight to the Help Desk.
- Coordinate review of prior authorization and override appeal requests with the Account Physician.
- Coordinate DUR Board meetings to update therapeutic criteria, provider education and interventions for retrospective and prospective DUR.
- Perform drug utilization reviews. A drug utilization review will be performed by an analysis of claims paid and/or denied to providers on behalf of Medicaid recipients.
- Conduct research relating to drug therapy and advise providers of the significance of information obtained from the DUR program.
- Provide recommendations on additional areas of improvement and/or disease management.
- Attend DUR Board meetings and P&T Committee meetings.
- Attend monthly contract status meetings with Medicaid.
- Attend Medicaid meetings upon request.
- Attend quarterly programs/seminars through the academic detailing component upon request.
- Coordinate and present DUR Board meeting materials at such meetings.

**3.80.3 Staff Pharmacist**

HID will also assign a staff pharmacist to the contract with Alabama Medicaid Agency. The pharmacist assigned will possess superior clinical competence and demonstrate proficiency in drug therapy management.

HID is furnishing with its response to this ITB a resume for Kelli Littlejohn, R.Ph., whom HID is proposing as Staff Pharmacist. Ms. Littlejohn's resume is included in Appendix A of this proposal. The resume includes the individual's name, current address, current title and position, experience with HID, experience with implementing or performing prior authorization functions, experience with provider relations, experience with drug utilization review, relevant education and training, and management experience. The resume includes three work references.

HID's Staff Pharmacist will work at the Medicaid office in Montgomery, AL on a full-time basis. The majority of his/her time will be spent providing clinical support to Medicaid's Pharmacy Program staff. He/she will report to the Pharmacy Program Manager for work assignments and scheduling requests.

HID understands that when time permits, the Staff Pharmacist will be allowed to work on other HID projects; however, Medicaid requests will be made a priority. HID understands that it will be at HID's discretion as to work requirements for this individual on State holidays that are not HID holidays since the Medicaid office will be closed. HID further understands that Medicaid will not be responsible for costs that result from the Staff Pharmacist's work on other HID projects outside of this ITB including such costs as long-distance telephone calls, postage and copying/printing.

HID understands that Medicaid will provide a suitable work-station for this individual at the Medicaid office to include a computer; however, the provision of reference materials (such as Redbook, AMMIS, DSS (Decision support System), and PDR (Physician Desk Reference)) will be at the cost of HID unless they are already maintained by Medicaid.

HID will make a good faith effort to use the Account Pharmacist for not less than twelve (12) months to ensure successful contract performance, and will notify Alabama Medicaid in writing of any proposed change in Account Pharmacist at least thirty (30) days prior to the change, if possible.

**Responsibilities of the Staff Pharmacist include, but are not limited to:**

- Perform drug utilization reviews. A drug utilization review will be performed by an analysis of claims paid and/or denied to providers on behalf of Medicaid recipients.
- Provide recommendations on additional areas of improvement such as disease management, DUR interventions, etc.
- Attend and participate in DUR Board meetings and P&T Committee meetings.
- Conduct product research for biweekly drug tape reviews and provide recommendations for coverage and restrictions by applying Medicaid guidelines.

- Conduct clinical reviews on drug classes and/or individual products upon Medicaid's request.
- Attend and participate in Medicaid meetings upon request.
- Provide clinical support to Medicaid's Pharmacy Program.
- Provide clinical support to Medicaid's Medical Director and Associate Medical Director.
- Attend monthly contract status meetings with Medicaid and HID.
- Attend quarterly programs/seminars required through the academic detailing component.
- Respond to provider/recipient inquiries upon Medicaid's request.

#### **3.80.4 Consulting Physician**

HID is furnishing with its response to this ITB a resume for L. Murray Yarbrough, M.D., whom HID is proposing as Consulting Physician. Dr. Yarbrough's resume is included in Appendix A of this proposal. The resume includes the individual's name, current address, current title and position, experience with HID, experience as it relates to the duties described in this ITB, and relevant education and training. The resume includes three work references.

HID will make a good faith effort to use the Consulting Physician for not less than twelve (12) months to ensure successful contract performance, and will notify Alabama Medicaid in writing of any proposed change in Account Pharmacist at least thirty (30) days prior to the change, if possible.

#### **Responsibilities of the Consulting Physician will include, but are not limited to:**

- Work with the Account Pharmacist to conduct clinical research and development, with the DUR Board, of the therapeutically based criteria by which patient and provider profiles for the program will be generated.
- Provide recommendations on additional areas of program improvement such as disease management, DUR interventions, etc.
- Review prior authorization and override appeal requests and make recommendations for approval or denial based on Medicaid approved criteria and supporting documentation from provider.
- Provide clinical support to the Help Desk and Account Pharmacist when needed.

- Meet with Medicaid staff upon request.
- Attend quarterly programs/seminars required through the academic detailing component.

### **3.80.5 Other Personnel**

HID will secure and retain professional staff to meet all contract requirements. This includes Physicians, Pharmacists, Pharmacist Technicians, Nurses, Information Technology (IT) personnel, administrative personnel, and help desk clericals.

HID understands that Medicaid will have the absolute right to approve or disapprove HID's Project Manager, Consulting Physician, Account Pharmacist, Staff Pharmacist, and Provider Representatives assigned to this contract; to approve or disapprove any proposed changes in these personnel; or to require the removal or reassignment of any personnel found by Medicaid to be unwilling or unable to perform under the terms of the contract. HID will upon request provide Medicaid with a resume of any member(s) of its staff assigned to or proposed to be assigned to any aspect of the performance of this contract. HID accepts that personnel commitments made in HID's response to this ITB will not be changed except as herein provided or due to the resignation of any named individual.

HID is proud of its organization and all of the employees who make up each component of the company. We work hard at creating a strong, professional team committed to excellence and client satisfaction. Our company cohesiveness and customer commitment are based on our belief in strong values of integrity and genuine care and concern for our employees and our customers. We are proud of the fact that we do not pay minimum wage to any of our employees and we offer benefits to all of our employees which includes medical, dental, life and disability insurance and an employee 401(k) plan. We are a good place to work and we do not have any problems finding the quantity and quality of workers needed to service our client commitments. The proximity of Auburn University is a particular benefit in that it provides a pool of bright, young, energetic workers who are available to augment our staffing needs. We will have no problem providing the staffing needed for the duration of this contract.

HID currently has on-board the clinical and technical staff required to implement all program features described in this ITB. These staff members have been involved in the implementation of OBRA '90 compliant RDUR programs for other state Medicaid programs, gaining invaluable insight and experience upon which they can draw in continued support of Alabama Medicaid. HID's full-time in-house system analysts/programmers all have experience in establishing and transitioning operations for RDUR and other pharmacy management services. Additionally, HID's Medical Director and full-time clinical pharmacists serve as readily available resources to support Alabama Medicaid.

### **3.80.6 Organizational Plan**

HID understands that prior to contract implementation HID will submit an organizational chart to Medicaid for approval. This plan will include a breakdown of job duties and responsibilities of management staff.

In developing its organizational plan HID understands the following:

- It is permitted by Medicaid to have one individual assigned by HID as Project Manager and Account Pharmacist as long as the individual is qualified to perform duties outlined for these positions.
- It will not be permitted by Medicaid to have one individual assigned to perform the duties of Account Pharmacist and Staff Pharmacist.
- HID may not combine the FTE Provider Representatives required for the academic detailing component with other required positions.
- Any subsequent changes to the organizational plan must be approved by Medicaid.

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## **Section 6: Approach to Administrative Responsibilities.**

HID will approach the administrative responsibilities specified in the ITB with our company commitment to customer satisfaction as its primary and unequivocal priority to Alabama Medicaid. The ability to make promises to clients in written proposals is easy, and HID is aware of many companies that make such pledges only to produce marginal or unsatisfactory work when the time comes to perform. Our 27-year history of client service and our systems approach to operational requirements will ensure that this situation will not occur if we are awarded this Alabama Medicaid Pharmacy Administrative Services contract.

We understand completely that the purpose of the Help Desk specified in the ITB is to provide a service to Medicaid providers; however, we believe the Alabama Medicaid recipients are the ultimate customers and our collective efforts must accrue to their benefit. In order to deliver customer satisfaction, HID understands that the Help Desk must be fully staffed with competent, professional and helpful attendants. We will ensure that our attendants are drawn from our current employee base, and from the pool of talented personnel available in the Auburn-Opelika-Lee County area. Additionally, HID will have a nurse (RN) and/or a pharmacy technician and pharmacist present during open phone hours, to ensure prompt, efficient and courteous service. These professionals will be available to speak to any provider should the provider or caller wish to do so. The after hours voice mail attendant will allow the providers to leave messages, and will give them the number needed to contact the on-call pharmacist.

With the assistance of the Alabama Medicaid Agency, we will train the attendants in the policies, procedures and the processes required by the services outlined in this ITB so they can be more than just a recorder of information; they will provide substantive assistance to the caller if needed. We will use the services of our local phone provider to train the attendants in phone etiquette. All of these efforts will be undertaken to make our attendants a professional and credible contact for Medicaid providers throughout the State of Alabama and our bordering states.

HID will ensure that the twelve toll-free (12) voice phone lines and the five (5) toll-free fax lines that support the services outlined in this ITB are in place and operational to properly support the providers who will be using the service. We will have the toll-free voice lines installed so that the providers need only call one number and our internal system will locate the first unused open line (twelve lines will be available) in the system, thereby improving the service efficiency and reducing any delay that the providers may be used to experiencing. The same process will be in use for the fax lines. Based on busy line studies, additional lines and attendants will be requested from Alabama Medicaid if the waiting time exceeds the amount of time deemed appropriate by Alabama Medicaid.

HID has extensive experience in large database management and will have no problem in providing the database service called for in the ITB. Our sister company Health Data, Inc., located in the building adjacent to our HID operational facility in Auburn, is a major provider in the data entry field. That experience provides a particular benefit in the data

entry function. We have the employees on staff now to handle all of the data entry requirements proposed in the ITB.

## **Section 7: Corporate Capabilities and Commitment**

### **Background and Corporate History**

Health Information Designs, Inc. was founded in 1976 and was incorporated as a C Corporation in the State of Delaware. HID was formed to market drug utilization review services nationally. It has provided DUR services for approximately two-thirds of the various states since its founding. HID was sold to Value Health, Inc. in 1987 and in turn was sold to Health Data, Inc. in 1997. HID's headquarters was in Fairfax, Virginia, until it was moved to Auburn, Alabama, in January of 2000. HID is a technology intensive firm that has historically been at the vanguard of adoption on new technology. In that tradition, HID provides its DUR and PA systems in a Web format enabling clients to access millions of drug and medical claims over the Internet, in a secure environment.

### **Experience**

Health Information Designs, Inc., is the most experienced and qualified company in the drug utilization review/pharmacy management services in the country, and is fully prepared and capable of providing the services outlined in the ITB. Our technology is the most recent and advanced in the industry and no company can provide a more technologically advanced or operationally sound service than HID. Our RxExplorer™ product is an example of our commitment to constantly updating our product offerings and services. This powerful tool will be made available at no additional cost to Alabama Medicaid as a value added product that will be available to anyone within Alabama Medicaid who has Internet access and who Alabama Medicaid has cleared for assignment of the appropriate security measures.

HID has experience providing outpatient-focused *drug utilization review services* to both public and private health care plans accumulated over the twenty-seven (27) years the company has been in the business of pharmacy service and drug utilization review. This includes extensive experience working with state and local government agencies, presently including state Medicaid programs in Alabama, Arkansas, Kentucky, Maryland, Mississippi, Montana, Nevada, New York, Rhode Island, South Carolina, South Dakota, Wisconsin, and Wyoming. These programs encompass both patient-specific therapeutic DUR and provider (physician/pharmacy) profiling and programs to educate providers by mail, phone and face-to-face (counter detailing) discussions.

The *recipient-focused programs* generally involve three basic steps: (1) Computer-based analysis of patient-specific drug and medical claims histories using therapeutic criteria to identify high-risk drug therapy cases, (2) Review of 12-18 month drug-medical history "profiles" by trained clinicians to confirm the clinical significance of the computer-identified problems, and (3) Issuance of educational intervention packages to physicians and pharmacists involved in treating patients at high risk for drug-induced illness. These programs currently result in over 6,500 monthly alert letters being issued to physicians and pharmacists. HID-administered DUR programs utilize the services of clinical

monitors—specially trained pharmacists—who review high-risk patient profiles. For most DUR programs, these clinical monitors perform this review function “in-house” at our Auburn facilities. For Kentucky, New York and Arkansas Medicaid DUR programs, HID generates exception profiles and sends them to the state for profile review and issue of physician/pharmacy interventions. State Medicaid programs in Montana, South Dakota, Wyoming, and Wisconsin utilize HID’s RDUR software to manage their RDUR programs.

HID also has experience with ***Lock-In programs***, which we are operating for Arkansas and Rhode Island State Medicaid programs. Under these programs, recipients who may be diverting drugs from legitimate medical use are restricted to a single pharmacy provider. Profiling criteria to support this program focus on recipients who are exhibiting high use of drugs with abuse/addiction potential, and who are also seeing a large number of different physician and pharmacy providers.

HID develops and implements comprehensive ***provider profiling and education programs*** that complement HID’s patient-specific monitoring efforts. HID is now performing physician profiling on behalf of several Medicaid programs. These programs identify physicians and pharmacists whose prescribing habits may be substandard in terms of clinical appropriateness or cost effectiveness. Working with clinical experts from around the country, HID has developed clinical criteria and education materials that are used to profile and educate providers concerning selected classes of medications. For the Wisconsin and Mississippi Medicaid DUR programs, these physician/pharmacist educational interventions are carried out by physicians and pharmacists engaged and trained by HID, using three different methods: (1) Detailed mailed educational materials, (2) Mailed educational materials with a follow-up telephone call, (3) Face-to-face discussions. HID has also been engaged to perform physician and pharmacy profiling for the Kentucky Medicaid program. For this program, HID generates the physician profiles and ships them to the state for review and intervention.

HID also has experience in developing and operating ***prior authorization programs*** for both Medicaid and non-Medicaid clients. These programs employ clinical protocols to limit the use of prescription medications to cases where they are medically necessary. HID currently operates prior authorization programs for the Alabama and Mississippi State Medicaid programs.

HID has implemented a ***patient-focused education program*** designed to provide recipients with information about safe and effective use of prescription medications. We have developed special patient education materials for this purpose covering several classes of medications, with materials for additional classes in development. Patient-focused profiling is performed to identify patients who can benefit from receipt of these educational materials. Medicaid is utilizing this program to educate asthma sufferers in Alabama.

HID designed and developed a ***Prospective DUR system*** that provided pharmacies pre-dispensing alerts about potential clinical conflicts for the ValueRx pharmacy benefit

management company. This system was installed and put into operation for all ValueRx clients, including American Airlines, Ford Motor Company, and the State of New York. HID's clinical staff assisted with the maintenance of the clinical criteria under this ProDUR system. The system operated in both retail and mail order settings, and was developed to take full advantage of NCPDP DUR protocols

Since the prices of generically available drugs can vary quite widely, a **Maximum Allowable Cost** program helps insure the client receives best value for the money spent. Maximum Allowable Cost (MAC) is an expansion of the Federal Upper Limit (FUL) Program (42 CFR 447.332) and applies to generic and multi-source brand name products for which there are at least three different manufacturers. Health Information Designs is experienced in administering such a program and integrating it into the Prior Authorization program.

**Academic Detailing** is a specialized method of physician education. Pharmaceutical manufacturers spend huge amounts of money "detailing" physicians about their drug products, and spend this money willingly because it is a cost effective program. Health Information Designs has a long successful history of educating physicians, and carrying the message into the physician's offices is a logical step, if the financial resources to do so are marshaled. This type of investment in physician education has been shown to be cost effective.

The Health Information Designs, Inc. staff possesses extensive experience in the area of RDUR, prior approval, ProDUR and has the ability and desire to work with Alabama Medicaid to develop other programs and reports that meet the needs of the Medicaid Agency.

## **Capabilities**

Health Information Designs, Inc. is a specialized provider of services that promote clinically appropriate and cost effective prescribing, dispensing and utilization of prescription drugs.

For 27 years, HID has been involved in technologically related lines of business, which are directed toward improving the quality and cost effectiveness of health care through clinically rational use of prescription medication. HID designs, implements and operates retrospective and concurrent drug utilization review programs for large public and private health care plans, including 13 state Medicaid programs. These programs currently monitor prescription drug use for over 8 million people nationwide, and encompass both patient and provider specific monitoring and education procedures.

### **1.20.0 Bidder's Qualifications**

HID currently is demonstrating a high level of expertise in pharmacy benefit management including extensive experience in drug utilization review through providing pharmacy benefit services including drug utilization review to thirteen (13) state Medicaid

programs, including state Medicaid programs in Alabama, Arkansas, Kentucky, Maryland, Mississippi, Montana, Nevada, New York, Rhode Island, South Carolina, South Dakota, Wisconsin, and Wyoming.

HID meets the minimum requirements listed in Section 1.20 of the ITB as follows:

1. HID has been a licensed company for more than three (3) years, and has over 27 years experience in Drug Utilization Review for State Medicaid Agencies throughout the country.
2. HID is licensed to do business in the State of Alabama. (See Appendix B.) HID's permanent headquarters and all production facilities are located at 1550 Pumphrey Av., Auburn, AL. 36832. All functions relating to this contract, including the Help Desk will be performed at this location.
3. HID is submitting an original and six (6) hard copies and one (1) electronic copy on CD in Word 6.0 or higher format of our bid response to this ITB.
4. HID's bid response to this ITB includes all required documentation as originally specified by the ITB and as amended.
5. HID's bid response covers the time period specified in the ITB.
6. HID accepts the requirement for submission of a performance bond upon execution of the contract in the amount equal to two months payments.
7. HID's bid response is accompanied by a bid guarantee for five thousand dollars (\$5,000).
8. HID has demonstrated the ability to secure and retain professional staff to meet contract requirements to include clerical and administrative personnel, pharmacists, physician and provider representatives.
9. HID commits to provide staff that are not involved in pharmaceutical detailing activities for any pharmaceutical company and that are dedicated to educating providers with Medicaid approval.
10. HID's bid response includes the submission of resumes for Project Manager, Consulting Physician, Staff Pharmacist, and Account Pharmacist.
11. HID's price sheet contains a firm and fixed price, including individual component prices, for the services specified in the ITB as amended with extra-contractual service prices and total evaluated price as specified in section 5.10.
12. Page 1 of HID's bid response is properly signed and notarized as specified in the ITB.

13. A brief overview of HID's history and structure as well as a description of our overall capabilities are included with this proposal.
14. HID's bid proposal demonstrates HID's ability to recommend and apply predetermined standards for drugs or drug classes added to the contract subsequent to the initial drugs identified for prior authorization.
15. HID's proposal contains work plans for educating physicians and pharmacists on preferred drug utilization and appropriate generic utilization.
16. HID's proposal contains a work plan for meeting Maximum Allowable Cost (MAC) program responsibilities.
17. HID's proposal contains documented experience and work plans for provider education programs, prior authorization and MAC pricing programs.
18. HID's proposal contains at least four (4) references – all of which are with a state Medicaid agency. The client name, contact name, title, telephone number, contract type, size and duration are provided for each reference.
19. HID personnel are not involved in pharmaceutical detailing activities for any pharmaceutical company. Our proposed documented work plans assure the avoidance of real or perceived conflicts of interest.
20. HID hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency.
21. HID's corporate headquarters facility is located in Auburn, Alabama, from which all functions included in this ITB, including the Help Desk, will be operated.

#### **1.20.1 Mandatory Pre-Bid Conference**

HID representatives attended the mandatory Pre-Bid conference held in Montgomery, Alabama, at 10:00 a.m. Central Time on June 4, 2003.

#### **1.20.2 Disclosure Statement**

1. Health Information Designs, Inc. is a wholly owned by Health Data, Inc. (HDI) which is a data capture company owned and operated by J. Tyrone Gibson and Judith Gibson. Health Data, Inc. is incorporated in the State of Alabama and is licensed to do business in the State. HDI is located at 1510 Pumphrey Av., Auburn, AL. and its primary business is data capture through document imaging and data entry. Its clients are state governmental agencies and private businesses. Health Information Designs, Inc. operates as an independent company incorporated in Delaware, and is licensed to do business in the State of Alabama.

2. Health Information Designs, Inc. has no financial relationships with any pharmaceutical manufacturers or distributors.
3. Health Information Designs, Inc. is not owned in part or wholly by any pharmaceutical manufacturers, and is not strategically aligned with any pharmaceutical manufacturers.
4. Health Information Designs, Inc. will insure that no employee associated with the Alabama Medicaid Pharmacy Administrative Services has any alliance, part or full time employment, written or verbal consultative contract or any other association with any pharmaceutical manufacturer or association, or any business or agency that could profit in any way from his/her contract relationship with the State of Alabama Medicaid Agency. HID will require that all employees who may be in any position with the company to sign an affidavit that they will not be subject to any of the above situations, and that violation of the affidavit may result in termination, and could result in civil or criminal penalties.
5. Health Information Designs, Inc. has administered pharmacy benefits for the clients listed below within the last three (3) years.
  - a. New York State Department of Health  
Contact Person: Lydia Kosinski, R.Ph.  
Title: DUR Manager  
Address: Office of Medicaid Management  
99 Washington Ave.  
Albany, New York 12210  
Telephone Number: 518-474-6866  
FAX Number: 518-473-5332  
E-mail address: [lj02@health.state.ny](mailto:lj02@health.state.ny)
  - b. State of South Carolina Dept. of Health and Human Services  
Contact Person: Caroline Y. Sojourner, R.Ph.  
Title: Department Head, Pharmacy Services  
Address: P.O. Box 8206  
Columbia, SC 29202-8206  
Telephone Number: 803-898-2872  
FAX Number: 803-898-4517  
E-mail address: [sojourne@dhhs.state.sc.us](mailto:sojourne@dhhs.state.sc.us)
  - c. State of Alabama Medicaid  
Contact Person: Louise Jones  
Title: Pharmacy Program Manager  
Address: 501 Dexter Avenue  
Montgomery, AL 36103-5624  
Telephone Number: 334-242-5039  
FAX Number: 334-353-7014

E-Mail Address: [lljones@medicaid.state.al.us](mailto:lljones@medicaid.state.al.us)

d. State of Mississippi Medicaid

Contact Person: Phyllis Williams  
Title: Staff II Officer  
Address: 239 N. Lamar Street, Suite 801  
Robert E. Lee Building  
Jackson, MS 39201-1399  
Telephone Number: 601-359-5244  
Fax Number: 601-359-6048  
E-Mail Address: [expdw.rel.dom@medicaid.state.ms.us](mailto:expdw.rel.dom@medicaid.state.ms.us)

e. Wisconsin Bureau of Healthcare Financing

Contact Person: Mike Mergener, R.Ph., Ph.D.  
Title: Project Manager  
Address: Meridian Resource Corporation  
10 East Doty Street  
Suite 210  
Madison, WI  
Telephone Number: 608-258-3350  
FAX Number: 608-258-3359  
E-Mail Address: [mergema@dhfs.state.wi.us](mailto:mergema@dhfs.state.wi.us)

f. State of Maryland Medicaid, Department of Health and Mental Hygiene

Contact Person: Judith Geisler, R.Ph.  
Title: Pharmacist Consultant  
Department of Health and Mental Hygiene  
Address: 201 West Preston Street, Room 210  
Baltimore, Maryland 21201  
Telephone Number: 410-767-6706  
FAX Number: 410-333-7049  
E-Mail Address: [geislerj@dnhm.state.md.us](mailto:geislerj@dnhm.state.md.us)

g. Kentucky Cabinet for Health Services, Department for Medicaid Services

Contact Person: Debra Bahr  
Title: Pharmacy Services Program Manager  
Address: Unisys Pharmacy Consultant  
300 Fair Oaks Lane  
Frankfort KY 40601  
Telephone number: 502-564-5611  
FAX Number: 502-564-0509  
E-mail address: [debra.bahr@mail.state.ky.us](mailto:debra.bahr@mail.state.ky.us)

- h. Arkansas Department of Human Services, Division of Medical Services  
Contact Person: Suzette Bridges, RPh  
Title: Pharmacy Director  
Address: 700 Main S415  
Little Rock, AR 72201  
Telephone Number: 501-683-4120  
FAX Number: 501-683-4124  
E-mail address: [suzette.bridges@medicaid.state.ar.us](mailto:suzette.bridges@medicaid.state.ar.us)
  
- i. State of Nevada Medicaid, Department of Human Resources, Division of Health Care Financing  
Contact Person: Coleen Lawrence  
Title: Chief of Program Services  
Address: Pharmacy Services Consultant  
2527 North Carson Street  
Carson City, NV 89710  
Telephone Number: 775-684-3744  
FAX Number: 775-684-3762  
E-Mail Address: [coleenl@govmail.state.nv.us](mailto:coleenl@govmail.state.nv.us)
  
- j. State of South Dakota, Department of Social Services  
Contact Person: Michael L. Jockheck, R.Ph.  
Title: Pharmacy Consultant  
Address: 700 Governors Drive  
Pierre, SD 57501  
Telephone number: 605-773-3656  
FAX Number: 605-773-6834  
E-mail address: [mike.jockheck@state.sd.us](mailto:mike.jockheck@state.sd.us)
  
- k. State of Montana, Mountain-Pacific Quality Health Foundation  
Contact Person: Mark Eichler, R.Ph.  
Title: DUR Coordinator  
Address: 3404 Cooney Dr  
Helena, MT 59602  
Telephone Number: 406 443 4020  
FAX Number: 406-443-0162  
E-mail address: [meichler@mpqjf.org](mailto:meichler@mpqjf.org)
  
- l. University of Wyoming School of Pharmacy (Wyoming Medicaid)  
Contact Person: Debra Devereaux, R.Ph  
Title: DUR Coordinator  
Address: P O Box 3375  
Laramie, WY 82071-3375  
Telephone Number: 307 766 6750  
FAX Number: 970-226-1487

E-mail address: [debdev@concentric.com](mailto:debdev@concentric.com)

m. State of Rhode Island, Department of Human Services, Department of Medical Services

Contact Person: Ingelica Jiran  
Title: Pharmacy Coordinator  
Address: EDS  
1471 Elmwood Ave.  
Cranston, RI 02910  
Telephone Number: 401-784-3818  
FAX Number: 401-467-9581  
E-Mail Address: [ingelica.jiran@eds.com](mailto:ingelica.jiran@eds.com)

### **1.20.3 Disclosure of Information**

HID and the Alabama Medicaid Agency will agree that all information, records, and data collected in connection with this contract, will be protected from unauthorized disclosure. Access to such information shall be limited by HID and Medicaid to persons or agencies conducting authorized business relating to the administration of this contract, including, but not limited to, HHS and CMS. All disclosures are subject to the confidentiality restrictions expressed in this contract, state and federal law, and regulations.

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## **Section 8: Interfacing Capabilities**

HID will be responsible for having direct interfacing capabilities with Medicaid and the Medicaid fiscal agent for on-line access. HID will utilize for eligibility verification, prior authorizations and prospective DUR overrides the following AAMIS on-line files:

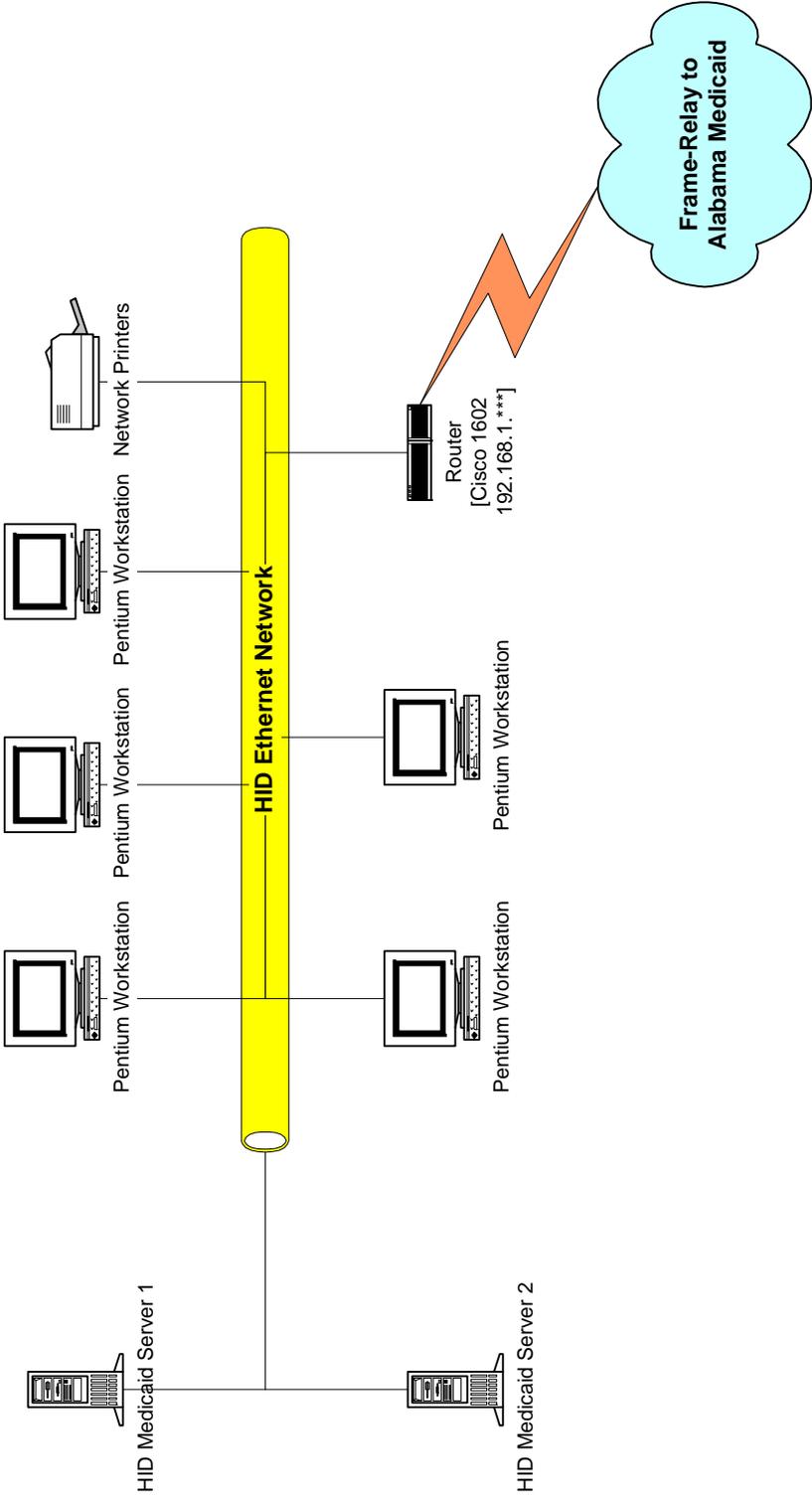
- a. Prior Authorization File
- b. Drug Pricing File
- c. Recipient Lock-In File
- d. Physician License File
- e. Provider File
- f. Recipient Eligibility File

These files are currently maintained by Medicaid's fiscal agent and access will be restricted to inquiry only using existing CICS/GUI software. HID understands that it will not be subject to transaction user fees, but will be responsible for the telecommunication charges referred to in Section 3.30.3. Further, HID understands that it is responsible for supplying a software license to support adequate or comparable hardware to support the scope of work. HID has the capability to interface with whatever system or software is used by Alabama Medicaid and its fiscal agent. We currently interface with a wide variety of computer systems and software, and interfacing with Alabama Medicaid and the fiscal agent will be easily accomplished.

HID will capture the information from the PA requests daily and will update the database which will reside on our server. The database will be accessible to the fiscal agent and/or Medicaid, and the information will be sent to AMMIS by whatever media is desired by Alabama Medicaid to include, tape, floppy, CD or electronically.

HID currently uses frame relay telecommunications to link with its customers. We have a strong working knowledge of Frame Relay and have the capability to expand our existing Frame network and add additional ports as necessary. HID supports both TN 3270 and TCP/IP stack.

# Health Information Designs, Inc. Network Connection to Medicaid's Fiscal Agent



## **Section 9: Bidder's Understanding of Alabama Requirements**

### **4.00.0 General**

It is acknowledged and agreed that this ITB and HID's ITB response will be incorporated into a contract by the execution of a formal agreement. No alteration or variation of the terms of the contract will be valid unless made in writing and duly signed by the parties thereto. The contract may be amended by written agreement duly executed by the parties. Every such amendment will specify the date its provisions shall be effective as agreed to by the parties. The contract and amendments, if any, are subject to approval by the Governor of the State of Alabama and CMS.

### **4.00.1 Compliance with State and Federal Regulations**

HID will perform all services under the contract in accordance with applicable federal and state statutes and regulations. HID acknowledges and agrees that Medicaid retains full operational and administrative authority and responsibility over the Alabama Medicaid Program in accordance with the requirements of the federal statutes and regulations as the same may be amended from time to time.

### **4.00.2 Confidentiality**

HID will treat all information, and in particular information relating to enrollees that is obtained by or through its performance under the contract, as confidential information to the extent confidential treatment is provided under State and Federal laws including 45 CFR §160.101 – 164.534.

HID will not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and rights under this contract. All information as to personal facts and circumstances concerning enrollees obtained by HID will be treated as privileged communications, will be held confidential, and will not be divulged to anyone other than the agencies already specified without written consent of Medicaid or the enrollee, provided that nothing stated herein will prohibit the disclosure of information in summary, statistical, or other form that does not identify particular individuals.

The use or disclosure of information concerning enrollees shall be limited to purposes directly connected with the administration of the State Plan. Upon signing of this contract by all parties, the terms of the contract become available to the public pursuant to Alabama law. HID agrees to allow public access to all documents, papers, letters, or other materials subject to the current Alabama law on disclosure. It is expressly understood that substantial evidence of HID's refusal to comply with this provision shall constitute a material breach of contract.

HID will insure safeguards that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the

Plan in accordance with 42 CFR Part 431, Subpart F, as specified in 42 CFR §434.6(a)(8). Purposes related directly to the Plan administration include:

- (a) Establishing eligibility;
- (b) Determining the amount of medical assistance;
- (c) Providing services for recipients; and
- (d) Conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the Plan.

Pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191), HID will be required to sign a business associate agreement. (See Attachment V of the ITB.)

#### **4.00.3 Term of Contract**

HID understands and agrees that every effort will be made to ensure the successful completion of this contract. The initial contract will be for twelve (12) months commencing November 1, 2003, through October 31, 2004. Medicaid will have two (2) one year options for extending this contract. At the end of each contract year Medicaid may at its discretion, exercise the extension option and allow the period of performance to be extended for an additional year. HID understands that the payment rate during the period prior to execution of the succeeding contract extension year will be the same as the rate paid during the preceding contract year and that in no event will the term of the original contract plus the two extension year options exceed a total of three years.

HID understands that the contract for administrative services shall include the following:

1. Executed contract
2. ITB, and any amendments thereto,
3. HID's response to the ITB, and shall be construed in accordance with and in the order of the applicable provisions of:
  - Title XIX of the Social Security Act, as amended and regulations promulgated thereunder by HHS and any other applicable federal statues and regulations.
  - The statutory and case law of the State of Alabama.
  - The Alabama State Plan for Medical Assistance under Title XIX of the Social Security Act, as amended.
  - The Alabama Medicaid Agency Administrative Code.

- Medicaid's written response to prospective bidders' questions.

#### **4.00.4 Contract Amendments**

The contract will be deemed to include all applicable provisions of the State Plan and of state and federal laws and regulations applicable to the Alabama Medicaid Program, as they may be amended. In the event of any substantial change in such Plan, laws, or regulations, which materially affect the operation of the Alabama Medicaid Program, or the costs of administering such Program, either party, after written notice and before performance of any related work, may apply in writing to the other for an equitable adjustment in compensation caused by such substantial change. In the event of any such substantial change that decreases HID's cost of performance, Medicaid will be entitled to a decrease in HID reimbursement commensurate with such substantiated change. In the event of any substantial change mandated by Medicaid that increases HID's cost of performance, HID may, in the sole discretion of Medicaid, be entitled to an increase in reimbursement commensurate with such substantiated increased cost. Such payment will not exceed the lesser of documented cost or approved estimated cost, based on cost specified in Pricing Schedule B.

HID acknowledges that House Bill Number 603, pending before the Alabama Legislature at the time of the issuance of this ITB, may alter the scope of work of this contract and that if such legislation passes during the current legislative session, Medicaid reserves the right to negotiate any changes required by said law which results in significant changes to the scope of work as outlined in this ITB.

#### **4.10.0 Termination of Contract**

##### **4.10.1 Termination For Bankruptcy**

HID understands that the filing of a petition for voluntary or involuntary bankruptcy or a company or corporate reorganization pursuant to the Bankruptcy Act will, at the option of Medicaid, constitute default by HID effective the date of such filing. HID will inform Medicaid of any such action(s) immediately upon occurrence by the most expeditious means possible.

##### **4.10.2 Termination For Default**

It is acknowledged and understood that the Alabama Medicaid Agency may, by written notice, terminate performance under the contract, in whole or in part, for failure of HID to perform any of the contract provisions. In the event, HID defaults in the performance of any of its material duties and obligations, written notice will be given to HID specifying default. A copy of the written notice will be sent to the Surety of HID's Performance Bond.

HID will have thirty (30) calendar days, or such additional time as agreed to in writing by Medicaid after the mailing of such notice to cure any default. In the event HID does not

cure a default within thirty (30) calendar days, or such additional time allowed by Medicaid, Medicaid at its option may notify HID in writing that performance under the contract is terminated and proceed to seek appropriate relief from HID and Surety.

#### **4.10.3 Termination For Unavailability Of Funds**

HID acknowledges and understands the performance by the State of Alabama of any of its obligations under the contract is subject to and contingent upon the availability of state and federal monies lawfully applicable for such purposes. If Medicaid, in its sole discretion, deems at any time during the term of the contract that monies lawfully applicable to this agreement shall not be available for the remainder of the term, Medicaid shall promptly notify HID to that effect, whereupon the obligations of the parties hereto shall end as of the receipt of such notice and the contract shall at such time be cancelled without penalty to Medicaid, State or Federal Government.

#### **4.10.4 Force Majeure**

HID will be excused from performance hereunder for any period HID is prevented from performing any services pursuant hereto in whole or in part as a result of an act of God, war, civil disturbance, epidemic, or court order; such nonperformance will not be a ground for termination for default.

#### **4.20.0 Contractor's Duties Upon Expiration/Termination**

##### **4.20.1 Transfer Of Documents**

At Medicaid's discretion, but no later than three (3) working days following expiration or termination of the contract, HID, at its expense, will box, label, and deliver to Medicaid, the following items:

- All unprocessed and pending original PA requests
- All PA Request supporting documentation and correspondence regarding PA Requests
- Any information, data, manuals, or other documentation which shall permit Medicaid to continue contract performance or contract for further performance by others.

##### **4.20.2 Change of Address**

HID will no later than the last postal business day of the contract submit to the United States Postal Service a standard change of address form indication the new mailing address supplied to it by the successor Contractor. A change of address shall be turned in for each street address, post office box, or post office drawer used for receiving delivery of Medicaid drug PA requests and correspondence.

#### **4.20.3 Dialogue**

HID will at any time during the transition period and up to thirty (30) calendar days after expiration of the contract answer all questions and provide all dialogue and training that Medicaid deems necessary to enable the successor Contractor to take over the prior authorization function. All such communications shall be with or through Medicaid's Administrator for this contract.

#### **4.30.0 Employment Practices**

##### **4.30.1 Nondiscrimination Compliance**

HID will comply with Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Executive Order No. 11246, as amended by Executive Order No. 11375, both issued by the President of the United States, the Americans with Disabilities Act of 1990, and with all applicable federal and state laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination in employment.

##### **4.30.2 Small and Minority Business Enterprise Utilization**

In accordance with the provisions of 45 CFR Part 74 and Attachment O of this ITB, paragraph 9 of OMB Circular A-102, HID will take affirmative steps to assure that small and minority businesses are utilized when possible as sources of supplies, equipment, construction, and services.

##### **4.30.3 Worker's Compensation**

HID will take out and maintain, during the life of this contract, Worker's Compensation Insurance for all of its employees under the contract or any subcontract thereof, if required by state law.

##### **4.30.4 Employment of State Staff**

HID will not knowingly engage on a full-time, part-time, or other basis during the period of the contract any professional or technical personnel, who are or have been in the employment of Medicaid during the previous twelve (12) months, except retired employees or contractual consultants, without the written consent of Medicaid.

#### **4.40.0 Guarantees, Warranties, and Certifications**

##### **4.40.1 Security and Release of Information**

HID will take all reasonable precautions to ensure the safety and security of all information, data, procedures, methods, and funds involved in the performance under the contract, and shall require the same from all employees so involved. In compliance with 42 CFR §431.300 et seq. HID will conform to the requirements of federal and state

regulations regarding confidentiality of information about eligible recipients. HID will not release any data or other information relating to the Alabama Medicaid Program without prior written consent from Medicaid. This provision covers both general summary data as well as detailed, specific data.

HID will not be entitled to use of Alabama Medicaid Program data in its other business dealings without prior written consent of Medicaid. All requests for program data shall be referred to Medicaid for response by the Commissioner only.

#### **4.40.2 Share of Contract**

HID acknowledges and understands that no official or employee of the State of Alabama shall be admitted to any share of the contract or to any benefit that may arise therefrom.

#### **4.40.3 Conflict of Interest**

HID acknowledges, understands and agrees that a conflict of interest exists where HID will receive direct or indirect financial gain as a result of the prior authorization of a Medicaid prescription. A conflict of interest also exists where HID has a contract, business arrangement or other professional association with, or acts as the personal or professional representative of a physician, pharmacist, or other Medicaid provider affected by the decision made on a prior authorization request. HID further understands that it cannot possess or be awarded any additional contract with Medicaid which would impact the pharmacy prior approval program and that Medicaid reserves the right to determine in its sole discretion what constitutes a conflict of interest.

HID states unequivocally that it has no such arrangements or association with any individual, organization, or corporate entity or business that in any way is a conflict of interest. HID takes its independent stand on matters of conflict of interest seriously, and values its many contractual arrangements with other State Medicaid agencies, and will obey both the letter and spirit of the laws and regulations covering this subject.

#### **4.40.4 Performance Bond**

HID will post a performance bond with a corporate bonding company licensed by the Alabama Department of Insurance as surety upon execution of the contract to be effective no later than the first day of the first month in which capitation payments are made in accordance with the provisions of Code of Alabama, 1975, 41-16-28.

The performance bond shall be in the amount equal to two months payments. This bond shall be in force from that date through the term of the contract and one hundred eighty (180) calendar days beyond and shall be conditioned on faithful performance of all contractual obligations.

HID understands that failure to perform satisfactorily, breach of contract, or termination of the contract shall cause the performance bond to become due and payable to the State of Alabama to the extent necessary to cover the cost incurred by Medicaid as a result of

HID's failure to perform its contractual obligations. These costs include, but are not limited to, costs to correct any Medicaid program errors caused by HID's default and costs incurred by Medicaid for completion of the contracted work, including any costs associated with the preparation, solicitation, and award of a competitive bid for these contract services and any federal state or other penalties, sanctions, disallowances, or other such costs incurred by Medicaid as a result of HID's default and any liquidated damages necessary as a result of HID's default.

The Commissioner of Medicaid shall be custodian of the performance bond. Said bond shall be extended in the event Medicaid exercises its option to extend the contract.

#### **4.40.5 Indemnification**

HID will hold harmless and indemnify Medicaid as to any penalties or federal recoupment and any interest incurred by reason of any Title XIX noncompliance due to the fault of HID and/or any subcontractors. The term "Title XIX noncompliance" shall be construed to mean any failure or inability of Medicaid to meet the requirements of Title XIX of the Social Security Act, due to an act or omission of HID or subcontractor and/or any regulations promulgated by the federal government in connection therewith.

HID will be liable and agrees to be liable for and shall indemnify, defend, and hold the State and Medicaid and their officers, employees and agent harmless from all claims, suits, judgments or damages, including court costs and attorney fees, arising out of or in connection with this contract due to negligent or intentional acts of omissions of HID and/or any subcontractors.

HID will hold the State and Medicaid harmless from all subcontractor liabilities under the terms of this contract. HID agrees to indemnify, defend, and hold harmless Medicaid, its officers, agents, and employees from:

1. Any claims or losses attributable to a service rendered by HID or any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the contract regardless of whether Medicaid knew or should have known of such improper service, performance, materials or supplies unless otherwise specifically approved by Medicaid in writing in advance.
2. Any claims or losses attributable to any person or firm injured or damaged by the erroneous or negligent acts, including without limitation, disregard of Federal or State Medicaid regulations or statutes, of HID, its officers, employees, or subcontractors in the performance of the contract, regardless of whether Medicaid knew or should have known of such erroneous or negligent acts.
3. Any failure of HID, its officers, employees, or subcontractors to observe Alabama Laws, including, but not limited to labor laws and minimum wage laws, regardless of whether Medicaid knew or should have known of such failure.

4. If at any time during the operation of this contract, Medicaid gains actual knowledge of any erroneous, negligent, or other wise wrongful acts by HID, its officers, employees, or subcontractors, Medicaid agrees to give HID written notice thereof. Failure by Medicaid to give said notice does not operate as a waiver of HID's obligations to Medicaid, or a release of any claims Medicaid may have against HID.

#### **4.40.6 Waivers**

HID acknowledges and understands that no covenant, condition, duty, obligation, or undertaking contained in or made a part of the contract will be waived except by written agreement of the parties.

#### **4.40.7 Warranties against Broker's Fees**

HID warrants that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee excepting bona fide employees. For breach of this warranty, Medicaid shall have the right to terminate the contract without liability.

#### **4.40.8 Novation**

HID acknowledges and understands that in the event of a change in the corporate or company ownership of HID, Medicaid shall retain the right to continue the contract with the new owner or terminate the contract. The new corporate or company entity must agree to the terms of the original contract and any amendments thereto. During the interim between legal recognition of the new entity and Medicaid execution of the Novation agreement, a valid contract shall continue to exist between Medicaid and HID (the original Contractor). When, to Medicaid's satisfaction, sufficient evidence has been presented of the new owner's ability to perform under the terms of the contract, Medicaid may approve the new owner and a Novation agreement will be executed.

#### **Employment Basis**

It is expressly understood and agreed that Medicaid enters into this agreement with HID and any subcontractor as authorized under the provision of this contract as an independent Contractor on a purchase or service basis and not on an employer-employee basis and not subject to State Merit System law.

#### **Disputes and Litigation**

Except in those cases where the bid response exceeds the requirements of the ITB, any conflict between HID's bid response and the ITB shall be controlled by the provisions of the ITB. Any dispute concerning a question of fact arising under the contract which is not disposed of by agreement shall be decided by the Commissioner of Medicaid.

Any litigation brought by Medicaid or HID to enforce any provision of the contract shall be brought in either the Circuit Court of Montgomery County, Alabama, or the United States District Court for the Middle District of Alabama, Northern Division, according to the jurisdictions of these courts.

This provision shall not be deemed an attempt to confer any jurisdiction on these courts which they do not by law have, but is a stipulation and agreement as to forum and venue only.

**4.60 Records**

**4.60.1 Records Retention and Storage**

In accordance with 45 CFR §74.164, HID will maintain financial records, supporting documents, statistical records, and all other records pertinent to the Alabama Medicaid Program for a period of three (3) years from the date of the final payment made by Medicaid to HID under the contract. However, if audit, litigation, or other legal action by or on behalf of the State or Federal Government has begun but is not completed at the end of the three (3)-year period, or if audit findings, litigation, or other legal action have not been resolved at the end of the (3)-year period, HID will retain the records until resolution. Subsequent to the contract term, documents shall be returned to Medicaid within three (3) working days following expiration or termination of the contract. Micromedia copies of source documents for storage may be used in lieu of paper source documents subject to Medicaid approval.

**4.60.2 Inspection of Records**

HID agrees that representatives of the Controller General, HHS, the General Accounting Office, the Alabama Department of Examiners of Public Accounts, and Medicaid and their authorized representatives shall have the right during business hours to inspect and copy HID books and records pertaining to contract performance and cost thereof.

HID will cooperate fully with requests from any of the agencies listed above and will furnish free of charge copies of all requested records. HID may require that a receipt be given for any original record removed from HID's premises.

**4.70.0 Method of Payment**

**4.70.1 Use of Federal Cost Principles**

For any terms of the contract which allow reimbursement for the cost of procuring goods, materials, supplies, equipment, or services, such procurement will be made on a competitive basis (including the use of competitive bidding procedures) where practicable, and reimbursement for such cost under the contract shall be in accordance with 48 CFR, Chapter 1, Part 31.

Further, if such reimbursement is to be made with funds derived wholly or partially from federal sources, such reimbursement shall be subject to HID's compliance with applicable federal procurement requirements and the determination of costs shall be governed by federal cost principles.

#### **4.70.2 Invoice Submission**

HID will submit to Medicaid monthly a detailed invoice for compensation for the previous month's services. Each invoice will state at a minimum, the total number of prior authorization reviews completed (approved, denied), total number of prospective DUR overrides completed (number approved, denied), number of academic detailing interventions completed, and the administrative fee due. Any subsequent charges through contract amendments will be detailed individually.

#### **4.70.3 Payment**

Alabama Medicaid will make payments for successful completion of deliverables/requirements received and accepted as specified in the Scope of Work. Payments will be withheld until reports, deliverables, and task completion schedules by the ITB during the applicable period are received as acceptable by Alabama Medicaid. Payments are dependent upon successful completion and acceptance of described work and delivery of required documentation.

Payment for HID's services will be made according to the following provisions:

- Firm and Fixed Price to be paid in twelve (12) equal payments
- Extra contractual services in accordance with any contract amendment and calculated using reimbursement base reflected in Pricing Schedule B.
- Usual Payment Practices: HID compensation shall be issued through the Comptroller of the State of Alabama in accordance with the usual payment practices of Medicaid.
- Recoupments: Payments made for services performed which fail to comply with the terms and conditions of the contract are subject to recovery by Medicaid through applicable administrative and legal proceedings.

#### **4.80.0 Other Requirements**

##### **4.80.1 Notice to Parties**

Any notice to Medicaid under the contract shall be sufficient when mailed to Alabama Medicaid Agency, Attention: Associate Director, Pharmacy Program, P.O. Box 5624, 501 Dexter Avenue, Montgomery, Alabama 36103-5624. Any notice to HID shall be sufficient when mailed to HID at the address given on the return receipt from this ITB or

on the contract after signing. Notice shall be given by certified mail, return receipt requested.

#### **4.80.2 Disaster Recovery Plan**

HID will provide to Medicaid not later than October 1, 2003, a written implementation plan addressing satisfactory back-up arrangements for data processing equipment and files to provide continued contract performance in the event of machine failure or loss of records. HID acknowledges that Medicaid must approve the plan prior to implementation of the contract.

HID's implementation plan will provide detailed back up procedures that will ensure HID's capability to meet ITB specifications in the event of equipment failure to include all network equipment and computer systems as they relate to this contract.

In the event of equipment failure or loss of records due to a disaster, HID will provide an uninterrupted power system adequate enough for proper system shutdown and completion of current transactions. HID will store data backup tapes at an off-site location provided by HID. HID will restore data within 24 hours of system failure.

HID understands that system down time due to hardware failure must not exceed eight (8) business hours.

#### **4.80.3 Cooperation**

Effective cooperation of the Alabama Medicaid Program will require close cooperation between Medicaid and HID. To this end, the parties agree to work mutually in solving operational problems.

HID will make known and fully describe to Medicaid, in writing, any difficulties encountered that threaten required performance or when such a potential exists. Such difficulties may include, but not be limited to, system "down" times, scheduling problems, meeting reporting requirements, accuracy of data, etc.

If HID determines that Medicaid's input or direction is required to resolve the difficulties, such an explanation describing the desired input along with any applicable timetables and projected corrections shall be included in a report. HID will notify the Medicaid Contract Administrator by telephone within one (1) working day of discovery of any problem which has already occurred, or within one (1) working day of the identification of potential problems that threaten required performance. All telephone notices will be followed up in writing, including any action taken.

#### **4.90.0 Liquidated Damages**

HID will be liable for any penalties and late deliverables or disallowance of Federal Financial Participation incurred by Medicaid due to HID's failure to comply with the terms of the contract. HID understands that imposition of liquidated damages may be in

addition to other contract remedies, and does not waive Medicaid's right to terminate the contract.

The following liquidated damages will be assessed against HID for:

- Failure to produce required report or any HID deliverable - \$100 per day per report.
- Failure to respond to a prior authorization request within 24 hours - \$1,000 per hour for each request up to time request is complete. Penalty is assessed in full hour increments. No partial penalties will be allowed.
- Failure to use of educational materials and newsletter without review and approval by Medicaid - \$1,000 per instance.
- Failure to follow Medicaid criteria and/or directives in approval/denial of PA requests or Override requests - \$500 per instance or cost to Medicaid, whichever is greater.
- Failure to include Medicaid requested changes/corrections/revisions in reports, minutes of DUR Board meetings, newsletters or any other HID deliverable - \$100 per change/correction/revision per document.
- Failure of designated HID staff to be punctual for DUR Board meetings - \$100 per minute past scheduled start time.
- Presentations to groups/associations or others regarding this contract and work thereunder without prior approval of Medicaid - \$1,000 per instance.
- Failure to safeguard confidential information of providers, recipients or the Medicaid program - \$2,500 per instance plus any penalties incurred by Medicaid for said infractions.
- Failure to manage average call wait times of twenty (20) seconds or less for Help Desk phone lines - \$500 per week that performance standard is exceeded.
- Failure to make required academic detailing provider visits per quarter - \$100 per visit under requirement.
- Failure to meet equipment, technical, or personnel requirements - \$100 per day that requirement is not met.
- Failure to input DUR criteria into the retrospective DUR database within four (4) weeks of DUR Board and Medicaid approval - \$100 per business day until criteria have been implemented to the satisfaction of Medicaid.

- Failure to respond to an appeal request within 12 hours of receipt of completed appeal or failure to respond to provider within four (4) hours of receipt of response from Medicaid - \$1,000 per hour for each appeal request up to the time appeal request is complete. Penalty assessed in full hour increments. No partial penalties allowed.
- Failure to respond to 75% of monthly total of prior authorization and override requests within 8 hours of receipt of completed requests will result in penalty of \$1,000 per percentage point below 75%. In no event shall response time exceed 24 hours.
- Failure to provide system and data back up within the defined acceptable time as outlined in the submitted and approved Disaster Recovery Plan - \$500 per hour beyond approved acceptable down time.

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## Section 10: References

### STATE OF NEVADA

|   |   |
|---|---|
| <b>Reference Organization:</b>                  | State of Nevada Medicaid  |
| <b>Reference Address:</b>                       | Pharmacy Services Consultant<br>Department of Human Resources<br>Division of Health Care Financing<br>2527 North Carson Street<br>Carson City, NV 89710 |
| <b>Contact Person:</b>                          | Coleen Lawrence   |
| <b>Title:</b>                                   | Chief of Program Services   |
| <b>Telephone Number:</b>                        | 775-684-3744  |
| <b>E-Mail Address:</b>                          | <a href="mailto:coleenl@govmail.state.nv.us">coleenl@govmail.state.nv.us</a>  |
| <b>Dates of Prior Service:</b>                  | From 1999 and ongoing   |
| <b>Dollar Value of Prior Services:</b>          | \$405,000 for contract period   |
| <b>Description of Prior Services Performed:</b> | RDUR & Physician Educational Services   |

HID has developed and implemented a comprehensive retrospective drug utilization review (RDUR) program for approximately 140,000 Nevada Medicaid recipients. HID also has developed and distributed educational materials to all providers in Nevada, which include physicians, pharmacists and nurse practitioners. HID has developed and distributed drug news bulletins and quarterly newsletter to providers in Nevada. HID in cooperation with the Nevada Pharmacy Alliance has established educational seminars for providers in Nevada. HID also provides drug information for the Nevada Pharmacy Department and to providers as requested. Nevada Medicaid makes extensive use of RxExplorer®, HID's Web-based data mining tool, to query the information in the HID proprietary database and bring it to user desktops in an HIPAA compliant manner.

The cost saving associated with the Nevada RDUR program is approximately \$250,000 per year.

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## **STATE OF MISSISSIPPI**

|   |  |
|---|--|
| <b>Reference Organization:</b>            | State of Mississippi Medicaid  |
| <b>Reference Address:</b>                 | 239 N. Lamar Street, Suite 801<br>Robert E. Lee Building<br>Jackson, MS 39201-1399       |
| <b>Contact Person:</b>                    | Ms. Phyllis Williams   |
| <b>Title:</b>                             | Staff II Officer   |
| <b>Telephone Number:</b>                  | 601-359-5244   |
| <b>E-Mail Address:</b>                    | expdw.rel.dom<br>@medicaid.state.ms.us   |
| <b>Dates of Services:</b>                 | From January 2002 and ongoing  |
| <b>Dollar Value of Services:</b>          | \$9.8 million for contract period  |
| <b>Number of Covered Recipients</b>       | 650,000  |
| <b>Description of Services Performed:</b> | Preferred Drug List, Prior<br>Authorization and Retrospective<br>Drug Utilization Review |

Health Information Designs, Inc. (HID) is currently under contract with the State of Mississippi to develop and administer a voluntary Preferred Drug List (PDL). HID is also responsible for administering a Prior Authorization Program for the State including authorization for selected high cost drugs, extension of monthly maximum benefit limit (five prescriptions per month) and overrides of early refills. A Prior Authorization help center is located in Jackson, Mississippi, that is staffed by approximately 30 HID employees including two registered nurses and one pharmacist.

In July 2002, the State of Mississippi contracted HID to develop a clinically based PDL. At that time, the State requested that several drug classes be exempt from the PDL. Those drug classes exempt from the PDL include the following:

- Agents for the treatment of Parkinson's Disease
- Anti-convulsants
- Anti-infective agents for the treatment of tuberculosis
- Antineoplastics
- Antiretroviral agents
- Hematopoietic Agents
- Hormone Replacement Therapy
- Lipid Lowering Agents
- Mental Health Agents
- Miscellaneous Topical Agents

The following criteria were utilized by HID clinical staff to develop the PDL:

- Inclusion of adequate coverage of drugs with similar mechanism of action and FDA indications
- Inclusion of specific drugs with unique indications
- Availability of therapeutically equivalent agents (including generics) in the same or similar drug classes
- Availability of new FDA drugs within the drug class under review
- Requirements for specific drug coverage based on State and Federal regulations
- Potential for adverse events
- Drug-drug interactions
- Drug-disease interactions
- Contraindications
- Warnings
- Dosing considerations
- Ease of administration
- Pediatric and elderly indications
- Drug cost based on Average Wholesale Price (AWP)

HID presented the PDL to the State's P&T Committee. Through a series of monthly meetings with the P&T Committee, the PDL was approved and implemented.

Compliance with the PDL by prescribers continues to be voluntary at this time. However, at the onset of the process, the State expressed an interest in making compliance with the PDL mandatory and pursuing supplemental rebates from pharmaceutical manufactures. In response to this, HID began to develop relationships with most of the major pharmaceutical manufactures through meetings at HID headquarters in Auburn, Alabama. During the development and implementation phase of the PDL, HID had extensive meetings with pharmaceutical manufacturers to forge working relations with each company in anticipation of negotiating supplemental rebates on behalf of the State of Mississippi. As of this time the State of Mississippi has not decided to pursue supplemental rebates but HID has developed and continues to maintain good working relationships with most of the major pharmaceutical companies.

The Prior Authorization Program for Mississippi Medicaid currently includes more than 80 drugs. The HID-operated help center receives approximately 1,700 calls per week. HID is responsible for developing and implementing all Prior Authorization criteria and recommending new drugs for consideration for Prior Authorization. The Prior Authorization Program also includes an extension of benefits program, which allows recipients to receive an additional two prescriptions per month over the five prescriptions per month limit, set by the State. Requests for extension of benefits are handled on a case-by-case basis by HID at its help center in Jackson.

HID is also responsible for the Mississippi Retrospective DUR Program, which includes coordinating all activities of the DUR Board quarterly meetings and mailing prescriber and recipient specific intervention letters.

## **STATE OF RHODE ISLAND**

**Reference Organization:** State of Rhode Island  
Department of Human Services  
Department of Medical Services

**Reference Address:** EDS  
1471 Elmwood Ave.  
Cranston, RI 02910

**Contact Person:** Ingelica Jiran  
Pharmacy Coordinator

**Telephone Number:** 401-784-3818

**E-Mail Address:** [ingelica.jiran@eds.com](mailto:ingelica.jiran@eds.com)

**Dates of Prior Service:** From May 2000 and ongoing

**Dollar Value of Prior Services:** \$18,000 for contract period

**Description of Prior Services Performed:** RDUR

HID implemented and supplies the software to operate a comprehensive retrospective drug utilization review (RDUR) program covering approximately 150,000 recipients. HID oversees all aspects of the program which consists of both specific therapeutic DUR and provider profiling.

HID coordinates and moderates the quarterly DUR Board meeting. HID provides quarterly reports to include cost management and program analysis and provides various ad hoc reports at the request of the client.

The cost saving associated with the Rhode Island RDUR program is approximately \$354,000 per year.

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## **STATE OF SOUTH CAROLINA**

|   |   |
|---|---|
| <b>Reference Organization:</b>            | State of South Carolina   |
| <b>Reference Address</b>                  | Department of Health and Human Services<br>P.O. Box 8206<br>Columbia, SC 29202-8206 |
| <b>Contact Person</b>                     | Caroline Y. Sojourner, R.Ph.  |
| <b>Title</b>                              | Department Head Pharmacy Services   |
| <b>Telephone number:</b>                  | 803-898-2872  |
| <b>E-mail address:</b>                    | <a href="mailto:sojourne@dhhs.state.sc.us">sojourne@dhhs.state.sc.us</a>            |
| <b>Dates of Service:</b>                  | From July 2002 and ongoing  |
| <b>Dollar Value of Services:</b>          | \$178,143 for contract period   |
| <b>Description of Services Performed:</b> | RDUR  |

HID implemented and operates a comprehensive retrospective drug utilization review (RDUR) program that covers approximately 766,000 recipients. HID oversees all aspects of the program which consists of specific therapeutic DUR and provider profiling.

HID attends the DUR Board meeting on a quarterly basis and provides a quarterly report that includes a program analysis and cost management information. HID also provides various ad hoc reports at the client's request.

This is a relatively new account and sufficient data has not been accumulated to enable a thorough cost savings analysis to be completed at this time.

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**Section 11: Submission of Firm and Fixed Bid Price****Bid Pricing Schedule**

## Pricing Schedule A

## Bid Components

| <b>Bid Component</b>               | <b>Price</b>       |
|------------------------------------|--------------------|
| Prospective DUR Monitoring Program | \$ 65,000          |
| Maximum Allowable Cost Pricing     | \$ 50,000          |
| Prior Authorization Requirements   | \$ 75,000          |
| Drug Interface System              | \$ 25,000          |
| Retrospective DUR                  | \$ 65,000          |
| Academic Detailing                 | \$ 769,463         |
| Help Desk                          | \$ 563,266         |
| Staff Pharmacist                   | \$ 100,000         |
| <b>Total</b>                       | <b>\$1,712,729</b> |

## Pricing Schedule B

## Extra Contractual Services

| <b>Contract Item</b>                   | <b>Monthly Rate</b> | <b>Units*</b> | <b>Price</b>      |
|--|---------------------|---------------|-------------------|
| Help Desk Clerk<br>Salary and Benefits | \$ 1,750            | 120           | \$ 210,000        |
| Help Desk Phone<br>Line                | \$ **               | 120           | \$ **             |
| FAX Line                               | \$ **               | 24            | \$ **             |
| Help Desk Furniture<br>and Equipment   | \$ **               | 120           | \$ **             |
| <b>Total</b>                           | <b>\$ 1,750</b>     |               | <b>\$ 210,000</b> |

\*for evaluation purposes only  
calculations based on addition of 10 staff

\*\*no additional charge proposed as  
facilities are already available

## Pricing Schedule C

## Evaluated Price

| <b>Contract Item</b>                                  | <b>Price</b>        |
|---|---------------------|
| Firm and Fixed Annual Base Price (from<br>Schedule A) | \$ 1,712,729        |
| Extra Contractual Services Total (from<br>Schedule B) | \$ 210,000          |
| <b>Total Evaluated Price (Enter on ITB Form)</b>      | <b>\$ 1,922,729</b> |

Signature \_\_\_\_\_ Date 6/30/03

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**Section 12: Appendices**

**Appendix A Resumes**

**Appendix B Business License**

**Appendix C Quick List Examples**

## **Appendix A: Resumes**

## **Guy Robert DiBenedetto, M.B.A.**

### **Position: Project Manager for Alabama Medicaid**

#### **Summary of Qualifications**

| Criteria                 | Qualifications   |
|--------------------------|--|
| Experience with Proposer | Project Manager for Alabama Medicaid   |
| Location                 | Health Information Designs, Inc. (HID)<br>1550 Pumphrey Ave Auburn, AL 36830                       |
| Education / Credentials  | Master of Business Administration - University of Alabama<br>B.S. in Marketing – Auburn University |

#### **Detailed Qualifications**

##### **Experience With Proposer:**

Mr. DiBenedetto is Project Manager for Alabama Medicaid with Health Information Designs, Inc. He has primary responsibility for the day-to-day operation of the Alabama Medicaid account and for all research and development activities. Mr. DiBenedetto has the combined experiences of a management background, along with five plus years of information systems development and management, and has extensive experience in DUR systems analysis, programming and operations. Mr. DiBenedetto reports directly to Dr. Gibson on all strategic decisions concerning Health Information Designs, Inc.

##### **Other Relevant Experience:**

Health Data Inc., Auburn, Alabama, 1997 until present. VP – Marketing and Sales. Responsible for all marketing and sales for Health Data, Inc.

Pfizer Inc., 1995-1997. Director of Accounts for the Southeastern United States. Responsible in the states of Florida, Georgia, and South Carolina for new business development, management of account managers servicing current customers, and all interactions between the field and the corporate office in New York City, NY.

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## **Ty Gibson, Ph.D.**

### **Position: Chief Executive Officer**

#### **Summary of Qualifications**

| Criteria                 | Qualifications   |
|--------------------------|--|
| Experience with Proposer | Chief Executive Officer<br>Health Information Designs, Inc. (HID)  |
| Location                 | 1550 Pumphrey Ave., Auburn, AL 36832   |
| Education / Credentials  | Ph.D. in Health Care Administration, University of Mississippi<br>B.S. and M.S. in Pharmacy, University of Georgia<br>Licensed Pharmacist in Alabama & Mississippi |

#### **Detailed Qualifications**

##### **Experience with Proposer:**

As CEO of HID since 1997, Dr. Gibson has managed the transition of Health Information Designs, Inc. (HID) from being a clinical division of a large Pharmacy Benefit Manager (PBM) to an independent company. Most recently, under Dr. Gibson's leadership, HID has developed an Internet product which will enable authorized persons to do online personal DUR, interactive retrospective drug use review, and locate any drug based on any of over 500 different facts.

##### **Other Relevant Experience:**

CEO of Health Data, Inc., Auburn, Alabama, 1990 until present. Dr. Gibson has managed the growth of Health Data, Inc. from a company that employed two people in 1982 to one that employs over 100 people currently and that offers new, successful, high tech products, including radiographic imaging and audiometric database analysis.

Director of Information Systems Planning, George H. Lanier Hospital, 1977-1984.

Professor of Pharmacy Care Systems and Head, Division of Pharmacy Administration, Auburn University, 1972- 1995.

Asst. Professor of Pharmacy Administration, University of Houston, 1971-1972.

Research Associate, Research Institute of Pharmaceutical Sciences, 1970-1971.

Page 2

**Dr. Ty Gibson**

Commissioned Officer (Captain), U.S. Public Health Service, detailed to U.S. Food and Drug Administration (F.D.A.), 1966-1968.

**Consulting Relationships**

American Technical Assistance Corporation, McLean, VA  
University of Alabama (Tuscaloosa)  
University of Alabama, Department of Hospitals and Clinics, Birmingham, AL  
Lanier Hospital, Valley, AL  
IBM Corporation  
Professional Services, Inc., Montgomery, AL  
Datanet, Inc., Nashville, TN  
Sinai Hospital, Detroit, Michigan  
IMS, Inc., Montgomery, AL  
U.S. Veterans Administration Central Office, Washington, D.C.  
Drug Data, Inc., Auburn, AL  
Am. Society for Testing & Materials  
EPOS Corp., Auburn, AL  
ComputeRx, Richmond, Va  
Texas Dept. of Corrections, Huntsville, TX  
Mid-South Business Forms, Inc., Memphis, TN  
Frank Knowles Agency, Montgomery, AL  
Hospital Corporation of America  
Industrial Hearing Conservation Service

**Current or Former Association Memberships**

American Association Colleges Pharmacy  
North American Data General Users Group  
Data Processing Management Association  
American Pharmaceutical Association  
American Society of Hospital Pharmacists  
Southeastern Society of Hospital Pharmacists  
Rho Chi Honorary Society  
Kappa Psi Professional Fraternity  
Alabama Pharmaceutical Association  
Alabama Society of Hospital Pharmacists  
Society of Sigma Xi  
American Association of University Professors

Page 3

**Dr. Ty Gibson**

**Publications**

**Books**

Gibson, J. T.: Medication Law and Behavior, John Wiley & Sons, New York, 1976. 407 pages.

**Monographs**

1. Pharmacy as Foundation for Decision Making: A Management Perspective, University of Missouri, Kansas City, Missouri, 1985, 33 pp.
2. Fundamentals of Pharmacy Computer Systems, Auburn University School of Pharmacy, August, 1984, 26 pp.
3. Drug Interactions Project Status Report for Durr-Fillauer Medical, Inc., March, 1981, 247 pp.

**Recent Research Publications**

1. Gibson, JT, Guo, JJ, Gropper, DM, Oswald, SL, and Barker KN. "Empiric investigation on direct costs-of-illness and healthcare utilization of Medicaid patients with diabetes mellitus." American J Managed Care. 1998; 4(10):1433-1446.
2. Gibson, JT, Guo JJ, Diehl MC, Felkey BG, and Barker KN. "Comparison and analysis of the national drug code systems among drug information databases." Drug Information Journal. 1998;32(3):769-775.
3. Guo JJ, Gibson JT, Hancock GR, Barker KN. Retrospective drug utilization review and the behavior of Medicaid prescribers: an empirical marginal analysis. Clinical Therapeutics. 1995;17(6):1174-1187.
4. Guo JJ, Gibson JT, Hancock GR, Barker KN. Economic evaluation of retrospective drug utilization review on the Medicaid pharmacy dispensing behavior. Journal of Research in Pharmaceutical Economics, 1997;8(2):25-41.
5. Guo J, Gibson JT, Allen WO. Estimating the costs savings of the Alabama Medicaid drug utilization review program: an annual report. Alabama Pharmacy Journal. 1995; 26(8): 12-15.
6. Guo J, Gibson JT. Study of Alabama Medicaid Drug Utilization Review Letter Intervention: Behavior of Prescriber Responders Compared With Non-responders. International Pharmaceutical Abstracts. Abstract No. 3214482. 1995; 32(23):2606.

7. Auburn University Department of Pharmacy Care Systems. Final reports on Alabama Medicaid drug utilization review in 1993. Alabama Medicaid Agency, Montgomery, Alabama. June, 1994.

Page 4

**Dr. Ty Gibson**

8. Real-time Automated Interfacing of a Dedicated Departmental Computer to a Mainframe Computer in Hospital Material Management Forms, Checklists & Guidelines Manual, Aspen Publishers, Gaithersburg, MD, 1992.
9. Illumination and Errors in Dispensing, Am. J. Hospital Pharmacy, V. 48, Oct., 1991, p.2137. (Co-author)

**Recent Papers Read**

1. Guo JJ, Gibson JT. "Use of an automated Medicaid relational database for drug utilization review and pharmacoepidemiology," (invited podium presentation), Conference of Automated Managed Care Pharmacy Project, held by the State of Florida Agency for Health Care Administration. Tallahassee, FL, February 20, 1996.
2. Guo JJ, Hancock GR, Gibson JT, Barker KN. "Effects of retrospective drug utilization review on Medicaid prescriber behavior: a structural equation modeling analysis," (invited podium presentation), 4th Wintergreen Academic Conference, Wintergreen, VA, May 2-5, 1996.
3. Guo JJ, Gibson JT, Barker KN. "A population-based pharmacoepidemiologic study for diabetes mellitus Medicaid patients in Alabama," Association for Pharmacoeconomics and Outcomes Research (APOR) First Annual International Meeting, Philadelphia, PA, May 12-15, 1996.
4. Guo JJ, Gibson JT, Barker KN. "Economic evaluation of drug use review on Medicaid pharmacy dispensing behavior: an empirical marginal analysis," APOR First Annual International Meeting, Philadelphia, PA, May 12-15, 1996.
5. Guo JJ, Gibson JT, Barker KN. "Diabetes mellitus Medicaid patients in Alabama: disease state management," (invited podium presentation), Alabama Medicaid Agency, Montgomery, AL, May 15, 1996.
6. Guo JJ, Gibson JT, Barker KN. "A pharmacoepidemiologic study on diabetes mellitus Medicaid patients in long-term care facilities," American Association of College of Pharmacy Annual Meeting, Reno, Nevada, to be held July 14-18, 1996.
7. Gibson JT, Guo JJ, Barker KN. "Use of the automated relational database of Alabama Medicaid claims for drug utilization review," American Association of College of Pharmacy Annual Meeting, Reno, Nevada, to be held July 14-18, 1996.

8. Guo JJ, Gibson JT, Barker KN. "A pharmacoeconomic study of the direct costs-of-illness for non-insulin-dependent diabetes mellitus Medicaid patients," Southern Pharmacy Administration Conference, Oxford, Mississippi, to be held by May 31-June 2, 1996.

Page 5

**Dr. Ty Gibson**

9. Guo J, Gibson JT. A study of Medicaid drug utilization review letter intervention on the behavior prescriber responders compared with non-responders. the APhA 142th annual meeting, Orlando, Florida, March 1995.
10. Guo J, Gibson JT. Economic evaluation of effects of drug utilization review on the behavior of Medicaid prescribers. Auburn graduate research forum, Auburn University, Auburn, May 1995.
11. Gibson JT, Guo J. Reports on the Alabama Medicaid drug utilization review. Alabama Medicaid drug utilization review board meeting, Montgomery, Alabama, June 1994.
12. Guo J, Gibson JT. Effects of retrospective drug utilization review letter intervention on the behavior of Medicaid prescribers and dispensers. Southern Pharmacy Administration Conference (SPAC), University of Florida, June 1994.
13. Gibson JT, Guo JJ, Felkey BG, Barker KN. "Comparisons of national drug code directory among pharmaceutical information resources," Southern Pharmacy Administration Conference, Oxford, Mississippi, to be held by May 31-June 2, 1996.
14. Guo JJ, Gibson JT. "A pharmacoeconomic study of metformin for non-insulin-dependent diabetes mellitus Medicaid patients," (invited podium presentation), Meeting of Bristol-Myers-Squibb Research and Marketing Managers Group. Lake Martin, AL, August 1995.
15. The Utilization of Interactive Video and Instructional Design Systems in the Delivery of Visualized Drug Information to the Patient with Diabetes, American Diabetes Association Annual Meeting, June 16-19, 1990, Atlanta, GA. (Co-author)
16. Measuring Hearing Conservation Effectiveness Using a Non-noise Exposed Population, Speech & Hearing Association Annual Convention, April 20, 1990, Gulf Shores, AL. (Co-author)

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## Steven P. Espy, R.Ph.

### Position: Account Pharmacist for Alabama Medicaid Contract and Director of Prospective Drug Utilization Review

#### Summary of Qualifications

| Criteria                 | Qualifications   |
|--------------------------|--|
| Experience with Proposer | Account Pharmacist for Alabama Medicaid Contract and Director of Prospective Drug Utilization Review   |
| Location                 | Health Information Designs, Inc. (HID)<br>1550 Pumphrey Ave., Auburn, AL   |
| Education/Credentials    | B.S. Pharmacy- Auburn University, Auburn, AL<br>Licensed Registered Pharmacist- Alabama and Florida<br>Licensed Consultant Pharmacist- Florida |

#### Detailed Qualifications

##### **Experience with Proposer:**

As Account Pharmacist of the Alabama Medicaid contract, Mr. Espy organized, trained and manages a help desk that responds to the daily Prior Authorization requests. Mr. Espy maintains compliance of the contracts by ensuring a response to requests in the contract mandated time limit. He provides monthly drug utilization reports, and publishes and distributes a quarterly newsletter. He prepares the agenda and presides over the quarterly DUR Board meeting.

Mr. Espy also is currently the Director of Prospective Drug Utilization Review, supervising the various components of the review, to include printing of profiles, reviewing of profiles, case summary reports, data entry of review, and printing and mailing of intervention letters.

##### **Other Relevant Experience:**

Pharmacy Manager-Wal-Mart Pharmacy- Opelika, AL 3/00- 10/00. Responsible for the daily operations of the pharmacy, including forecasting and scheduling of personnel, maintaining inventory, assuring compliance with company policies and procedures as well as State and Federal Regulations.

Pharmacy Manager- SAM'S Club Pharmacy- Montgomery, AL 2/99-3/00. Opened and managed this new pharmacy, including overseeing daily operations, scheduling

Page 2

**Steven P. Espy**

personnel, maintaining inventory, and assuring compliance with company policies as well as State and Federal regulations.

Pharmacist- Wal-Mart Pharmacy- Eufaula, Al- 11/98-2/99. Dispensed prescriptions, performed patient counseling, and monitored drug therapy.

Branch Manger- American Pharmaceutical Services- 10/95-8/98. Responsible for the daily operations of this long-term care/ home care pharmacy, including participating in negotiating contracts with Managed Care vendors and marketing to the local community; maintaining compliance with corporate policies; managing forecasting and working within an annual budget for the branch; and compounding infusion pharmaceuticals including, Parental Nutrition, Chemotherapy, IV Antibiotics and Pain Management.

Administrator- Physicians Home Care, Inc. - Ft Walton Beach, Fl - 4/90-10/95. Responsible for overseeing this Home Health Agency that provided Skilled Nursing, Home Medical Equipment, and Infusion Therapy, including marketing to the local community; negotiating contracts with Managed Care vendors; developing and administering policies of the company; preparing and securing JCAHO accreditation; and compounding infusion pharmaceuticals including Parental Nutrition, Chemotherapy, IV Antibiotics and Pain Management.

Owner/Manager- Wright Pharmacy, Inc. - Ft Walton Beach, Fl -5/74-4/90. Responsible for the day-to-day operations of this independent full service retail pharmacy, including supervision of nine full time employees; maintaining inventory for the entire pharmacy; compounding and dispensing prescriptions; counseling patients; supervising accounts receivables as well as account payables; supervising pharmacy services to 300 long-term care patients. Mr. Espy also provided on site consultative services to these patients, including review of medication administration records, physicians' orders, and progress notes; reporting errors in therapy or compliance; and providing corrective measures.

**Appointments**

Florida Board of Pharmacy, 1987-1991 (Chairman, 1991)

## John M. Williams, R.Ph.

### Position: Profile Review Coordinator and Account Manager for the South Carolina Medicaid Contract

#### Summary of Qualifications

| Criteria                 | Qualifications  |
|--------------------------|---|
| Experience with Proposer | Profile Review Coordinator and Account Manager for the South Carolina Medicaid Contract |
| Location                 | Health Information Designs, Inc. (HID)<br>1550 Pumphrey Ave., Auburn, AL 36832          |
| Education/Credentials    | B.S. Pharmacy – Auburn University<br>Licensed Registered Pharmacist - Alabama           |

#### Detailed Qualifications

##### **Experience with Proposer:**

Mr. Williams is currently the Profile Review Coordinator, performing Retrospective Drug Utilization Review by reviewing patient profiles for drug-disease interactions, drug-drug interactions, underutilization, overutilization (including excessive use, exceeding recommended dosage, chronic use, early refills, multiple physicians writing for similar or potentially conflicting drugs), duplicate therapy, and therapeutic appropriateness. He also serves as a member of the Lock-In process committee.

Mr. Williams also serves as account manager of the South Carolina Medicaid contract. In this role Mr. Williams submits criteria for profile review to the South Carolina Head of Pharmacy Services, meets with the South Carolina DUR Board to present drug utilization reports on a quarterly basis, and prepares the agenda and presides over the quarterly DUR Board meeting.

##### **Other Relevant Experience:**

##### **Operations Pharmacist - Unicare Pharmacy - Prattville, Al. 6/00-8/02**

Mr. Williams was responsible for reading and interpreting physician orders, checking for drug interactions and appropriate dosing, verifying prescription labels against physicians orders, verifying pre-packed medications, compounding medication (ie: topicals, ophthalmics, oral liquids, intravenous meds), communicating with other health care professionals, serving on-call pharmacist functions.

Page 2

**John M. Williams**

**Managing Pharmacist - Rite Aid Pharmacy - Union Springs, Al. 10/98-6/00**

Mr. Williams served as managing pharmacist by overseeing the daily operations, scheduling, maintaining inventory, completing daily and weekly paperwork, filling prescription orders, monitoring drug therapy, compounding, making recommendations on over-the-counter medications, and patient counseling. He assured compliance with company policies as well as State and Federal regulations.

**Staff Pharmacist - Winn-Dixie Pharmacy – Montgomery and Auburn, Al. 3/98-10/98**

Mr. Williams filled prescription orders, made recommendations on over-the-counter medications, counseled patients regarding their medicine and disease state, and compounded medication.

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## Kelli D. Littlejohn

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1648 Parkview Drive  
Montgomery, Alabama 36117  
Home Phone (334) 273-8644

### **S U M M A R Y**

Ms. Littlejohn is an energetic, enthusiastic pharmacist. Organization, dedication and efficiency are among her strongest assets while always providing quality, professional patient care.

### **W O R K H I S T O R Y**

***Unicare Inc.*** ***10/00-present***

Provide pharmaceutical services for approximately 80 long-term care facilities throughout the state of Alabama. Responsibilities and duties include: In-house consulting (drug utilization review and clarification, preferred drug formulary management, medical justification for insurance authorization), IV services, control drug services (obtaining prescriptions and documentation, narcotic inventory), and dispensing (chart review, order verification, compounding, medication verification). Prepare and coordinate continuing education seminars for staff pharmacists.

***Pharmacist, Winn-Dixie 460, Atlanta Highway*** ***5/99-9/01***

Opened new retail store and built customer base. Provided quality customer care while keeping professional pharmaceutical care at a maximum.

***Rite Aid/Harco: Pharmacist, Rite Aid 7080, Bell Road*** ***3/98-5/99***

Continue to provide quality pharmaceutical services from a full-service pharmacy. Performed all duties of practicing pharmacist: prescription entry and screening, medication filling and dispensing, and patient counseling.

***Pharmacy Manager, Rite Aid 7176, McGehee*** ***12/97-3/98***

Organized merger of pharmacies, dealt with lost insurance files, prescriptions, and charge accounts. Continued delivery service; decreased inventory while increasing sales. Ensured compliance with all State and Federal policies. Responsible for maintaining adequate staffing. Performed all duties of practicing pharmacist: prescription entry and screening, medication filling and dispensing, and patient counseling.

***Pharmacy Manager, Rite Aid 7078, Suburban*** ***11/97-12/97***

Prepared pharmacy for move to neighboring store: updated and kept CII log, updated and stored prescription and insurance logs, destroyed medication, and prepared both locations' customer base for closure of thirty-year full service pharmacy and delivery service. Ensured compliance with all State and Federal policies. Responsible for maintain adequate staffing. Performed all duties of practicing pharmacist: prescription entry and screening, medication filling and dispensing, and patient counseling.

**Pharmacist, Harco/Rite Aid 7081, Twin Oaks**

**8/97-11/97**

Updated pharmacy's filing system due to buyout, and conversion to new RADS computer system. Performed all duties of practicing pharmacist: prescription entry and screening, medication filling and dispensing, and patient counseling.

**Intern, Harco Drugs 245, Sturbridge**

**4/97-8/97**

Performed all duties of practicing pharmacist: prescription entry and screening, medication filling and dispensing, and patient counseling.

**E D U C A T I O N**

Associate of Science Degree, Snead State Community College, May 1993  
*Activities and awards included:* Most Outstanding Student, Student Government Association Treasurer, Ambassadors, Baptist Campus Ministries President

Bachelor of Science Degree: Pharmacy, Auburn University, March 1997  
*Activities and awards included:*  
*Association of Students of Pharmacy (ASP): Vice-President; Represented ASP on Alabama Board of Pharmacy.* Represented AUSOP at leadership conferences, state and national meetings. Attended Alabama Pharmaceutical Association (APA) annual conference in 1995 and 1996, handled AUSOP's booth during sales show, sat on APA board representing AUSOP. Represented AUSOP and attended American Pharmaceutical Association (APhA) national meeting in Los Angeles, California, in 1996. Sold AUSOP merchandise during ball games, beginning of school, and all school functions. Co-organizer of AUSOP's first student four-day orientation; planned and oversaw all activities for incoming pharmacy students during orientation, contacted sales representatives and gathered products and information for student grab bags. Represented ASP in AUSOP Student Council. Wrote article for AUSOP weekly newsletter.  
*Kappa Psi: Secretary;* Represented Kappa Psi during APA's state meetings, APhA's national meetings, and Kappa Psi's regional and state meetings.

**References:**

Robert Douglas, RPh  
IV Supervisor, Unicare  
842 Peachtree Street  
Prattville, AL 36066  
(334) 365-6502

Barbara Eichens, RPh  
Staff Pharmacist, Unicare  
842 Peachtree Street  
Prattville, AL 36066  
(334) 365-6502

Charles Johnston, RPh  
Manager, Winn Dixie Pharmacy  
5841 Atlanta Highway  
Montgomery, AL 36117  
(334) 277-9676

Brenda Basnight, CRT  
Manager, American Home Patient  
6240 Brewbaker Boulevard  
Montgomery, AL 36116  
(334) 613-0303

## W. Murray Yarbrough, M.D.

### Position: Medical Director

#### Summary of Qualifications

| Criteria                 | Qualifications   |
|--------------------------|--|
| Experience with Proposer | Medical Director<br>Health Information Designs, Inc. (HID)   |
| Location                 | 1550 Pumphrey Ave., Auburn, AL 36832   |
| Education / Credentials  | M.D. Vanderbilt Medical School, Nashville, TN<br>B.A. Vanderbilt University, Nashville, TN<br>Alabama License No. 3138 |

#### Detailed Qualifications

##### Experience with Proposer:

##### **Health Information Designs, Inc. (HID)**

Dr. Yarbrough is Medical Director for Health Information Designs, Inc. In this role Dr. Yarbrough is available for consultations from staff on medical aspects of HID's products and services, including RDUR. In addition, Dr. Yarbrough conducts research and writes papers in areas relevant to HID programs and products.

##### Other Relevant Experience:

|              |  |
|--------------|--|
| 1999-Present | Proofing for Oakstone Medical Publishing   |
| 1963-Present | Private Practice, Internal Medicine, Simon-Williamson Clinic, P.C. Birmingham, Alabama |
| 1960-1963    | Ward Physician, V.A. Hospital, Grand Junction, Colorado                                |
| 1959-1960    | Chief Medical Resident, Denver V.A. Hospital   |
| 1958-1959    | Medical Resident, Denver V.A. Hospital, Denver, Colorado                               |
| 1957-1958    | Medical Resident, Thayer V.A. Hospital, Nashville, Tennessee                           |
| 1956-1957    | Internship, Vanderbilt University Hospital   |

##### Committees And Appointments:

|              |   |
|--------------|---|
| 1992-Present | Alacare Home Health Agency Advisory Committee             |
| 1993-1996    | Member/Chairman, Credentials Committee, B.M.C., Princeton |
| 1986-1995    | Quality Assurance Committee, Partners Health Plan         |

Page 2

**Dr. Murray Yarbrough**

|           |  |
|-----------|--|
| 1983-1986 | Member Joint Conference Committee, B.M.C., Princeton   |
| 1983-1986 | Board of Directors, Landmark HMO   |
| 1983-1986 | President, Board of Governors, Simon-Williamson Clinic   |
| 1982-1986 | Executive Committee, B.M.C., Princeton, Chairman, 1983-1984  |
| 1961-1986 | Member, Advisory Committee of Medical Records Training Program at University of Alabama Medical Center |
| 1982-1984 | Observer, Baptist Medical Center Board of Trustees   |
| 1983-1984 | President, Medical Staff, B.M.C., Princeton  |
| 1981-1984 | Member, JCAH Accreditation Committee, B.M.C., Princeton  |
| 1982-1983 | Chairman, Credentials Committee, B.M.C., Princeton   |
| 1975-1983 | Chairman, Utilization Review Committee, B.M.C., Princeton  |
| 1982      | Member, ad hoc Committee of Board of Trustees to Study Feasibility of Heart Transplants                |
| 1972-1980 | Medical Audit Committee, B.M.C., Princeton   |
| 1974-1976 | Pharmacy and Therapeutics Committee, B.M.C., Princeton   |
| 1966-1972 | Member Medical Records Committee, Baptist Medical Center, Princeton, Chairman, 1970-1972               |
| 1966      | Member Dietary Committee, Baptist Medical Center, Princeton  |

**Board Certification And Licensing:**

|      |                                     |
|------|-------------------------------------|
| 1963 | American Board of Internal Medicine |
| 1962 | State of Alabama Medical License    |

**Hospital Affiliations:**

|              |   |
|--------------|---|
| 1963-Present | Active Staff, Baptist Medical Center, Princeton   |
| 1965-Present | Courtesy Staff, Baptist Medical Center, Montclair |
| 1986-1995    | Consulting Staff, Lakeshore Rehab Hospital        |

**Professional Societies:**

|              |  |
|--------------|--|
| 1965-Present | Member, Birmingham Society of Internists |
| 1963-Present | American College of Physicians           |
| 1963-Present | Jefferson County Medical Society         |
| 1990-1997    | Southern Medical Association             |

## Lisa A. Stallings, BS, BSN, RN

### Position: Director of Clinical Lock-In Programs

#### Summary of Qualifications

| Criteria                 | Qualifications  |
|--------------------------|---|
| Experience with Proposer | Director of Clinical Lock-In Programs<br>Health Information Designs<br>1550 Pumphrey Ave., Auburn, AL |
| Location                 | B.S. Biochemistry - Auburn University, Auburn, AL   |
| Education/Credentials    | BSN - Auburn University, Auburn, AL<br>Registered Nurse - Alabama                                     |

#### Detailed Qualifications

##### Experience with Proposer:

Ms. Stallings is currently the Director of Clinical Lock-In Programs and Clinical Nurse Supervisor of the Alabama Medicaid Contract. Her duties include overseeing all aspects of HID's clinical lock-in programs and assisting with the organization, training, and managing of a help desk that responds to the daily Prior Authorization requests. She assists with the compliance of the contracts by ensuring a response to requests in the contract mandated time limit. She is the direct supervisor of the help desk employees.

##### Other Relevant Experience:

- Home Health Nurse, Southern Rural Home Care- Auburn, AL 4/99-6/00.
- Quality Assurance/Assistant Dir. of Nursing, Salem Nursing & Rehab. - Tuskegee, AL - 2/98-4/99.
- Home Health Case Manager, East AL Medical Center, Opelika, AL - 6/97-1/98.
- Quality Assurance/Resident Care Manager, Care Center of Opelika, Opelika AL – 7/94-5/97.
- Clinic Nurse, Lee County Health Dept. Opelika AL – 1/91- 7/94
- Staff Nurse, Progressive Intensive Care Unit, East AL Medical Center, Opelika, AL – 06/90-12/90.
- Chemist, Pharmaceutical Dept. Radian Corporation, Austin TX – 05/85-08/87.
- Chemist, Drug Dynamics Institute, Biopharmaceutical Analysis Laboratory, University of Texas at Austin, Austin, TX – 06/84-05/85.

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**KAYCEE MAY**

6363 Flatrock Road #490  
Columbus, Georgia 31907  
Phone: (706) 332-8328  
Email: kayceemay@yahoo.com

**OBJECTIVE:** Seeking a challenging position that will enable me to use my organization, management, and human relations skills.

**HIGHLIGHTS OF QUALIFICATIONS**

- Highly competent and energetic professional with demonstrated experience in developing positive working relations with management and employees
- Proven ability to collaborate effectively, assessing needs and resolving any issues related
- Experience in working in a fast paced environment with effective problem solving and leadership capabilities
- Knowledge of Spanish with intermediate speaking and written skills
- Experience with SAP, PowerPoint, Excel, Access, and Microsoft Word

**EDUCATION**

2000-2002 **Bachelor of Science in Business Administration**, Auburn University, August 2002

**Major:** Human Resource Management

**Minor:** Spanish

**GPA:** 3.26

1998-2000 Southern Union State Community College

**PROFESSIONAL EXPERIENCE**

*2002- Assistant Manager, Abercrombie and Fitch*  
Responsible for recruiting, interviewing, and hiring job candidates. In charge of training new hires, supervising current employees, and terminating workers. Other responsibilities of the position include preparing payroll, balancing cash drawers, and preparing deposits. Responsible for managing the girls' placement and visual department. Accountable for resolving customer issues as well as employee issues.

*2001-2002 Quality Assurance Clerk, Health Information Designs*  
Responsible for data entry of prior authorization requests into Medicaid database, responding to providers' calls, and assisting them with resolving their problems. Responsible for reviewing prior authorization folders on a daily basis making sure that provider responses are correct, complete, and issued in the time limits allowed by the contract with Medicaid. Responsible for notifying help desk attendants of any missing or incorrect information. Requirements include confidentiality, organizational skills, computer skills, and human relations skills.

*1999-2000 Sales Associate, Friedman's Jewelers*  
Responsibilities included showing jewelry, selling jewelry, balancing cash register, preparing deposit slips, and performing credit checks.

**ACHEIVEMENTS TO DATE**

- 1998 - 2 year Presidential Scholarship to Southern Union State Community College
- 1998 - Scholastic Scholarship from SouthTrust Bank

**RELEVANT COURSEWORK**

|   |                            |
|---|----------------------------|
| Employee Benefits and Compensation                  | Human Resource Selection   |
| Human Resource Planning, Development, and Appraisal | Labor Relations Law        |
| Human Resource Information Systems                  | Human Resource Legislation |
| Strategic Management                                |                            |

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## LAINA D. MCWHORTER

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1100 Stonegate Dr. Lot 225 Auburn, Alabama 36832 (334) 502 7471  
lainamcwhorter@charter.net

### HIGHLIGHTS OF QUALIFICATIONS

---

- Professional experience working with health care professionals. Responding to phone calls from them helping to resolve the problems with Alabama Medicaid Prior Authorizations.
- Reviewing, approving, and denying Prior Authorizations according to Medicaid criteria. Responding to questions from internal data entry personnel about criteria and information on the usage of certain drugs.
- Highly competent to communicate effectively and fluently to callers and able to work well with co-workers.
- Experience working in a fast-paced environment, completing multi-task operations with leadership capabilities.

### PROFESSIONAL EXPERIENCE

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#### **HEALTH INFORMATION DESIGNS.- AUBURN, AL**

September 00/Present

#### *PHARMACY TECHNICIAN/ CALL CENTER ASSOCIATE*

Respond to phone calls from Pharmacists and Physicians regarding AL Medicaid patients. Resolve any problems with Pharmacists about Prior Authorizations(P.A.) and problems with software. Review P.A.s from Doctors and approve/deny based on the criteria given by AL Medicaid. Train and assist other data entry employees with tasks. Work with a multi-screen computer software.

#### **BOAZ DISCOUNT DRUGS BOAZ, AL**

May

98/ Present

#### *Pharmacy Technician*

Assist the Pharmacist with prescriptions. Make certain the inventory was in order and place orders accordingly. Check the invoice when the order came in and make sure everything was in order.

#### *Intern*

Counsel patients about drug education. Work with health care providers. Take prescriptions over the phone. Screen the patient's drug file to check for drug interactions. Read and enter prescriptions.

#### **MCWHORTER MACHINE CO., INC. BOAZ, AL**

September 98/ April 00

#### *Sales Representative*

Visit places of business and offer machine work services to those needing machine work completed. Meet with managers of business to discuss benefits of McWhorter Machine completing the job compared to other companies.

*Achievements to date:*

- Alabama State FFA Association Treasurer 1997-1998.
- Salutatorian of West End High School 1998, Walnut Grove, AL
- Who's Who Among American High School Students 1995-1998
- Who's Who Among Junior College Students 1998-2000
- Miss Etowah County Agriculture 2002-2003
- Alabama State FFA Officer Alumni Association Secretary 2001-2003
- Basketball Scholarship, Snead State Community College 1998-2000

**RELEVANT COURSEWORK**

---

**PRINCIPALS OF MICROECONOMICS  
& II**

**PRINCIPLES OF MICROBIOLOGY**

**GENERAL COLLEGE CHEMISTRY I & II**

**ORGANIC CHEMISTRY I & II**

**HUMAN ANATOMY I & II**

**PRINCIPLES OF BIOLOGY I**

**GENETICS**

**HEALTH PSYCHOLOGY**

**SOCIAL PSYCHOLOGY**

**EDUCATION**

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SNEAD STATE COMMUNITY COLLEGE, *ASSOCIATES OF SCIENCE ( PRE-PHARMACY)*

AUGUST 98- MAY 00

AUBURN UNIVERSTIY, *BACHELOR OF ARTS, PSYCHOLOGY* JUNE 00-AUGUST 2003

**CANDACE CLIFFT-BYNUM**

166 Kimberly Lane Huntsville AL 35810 United States

256-852-2620

[candacebynum@hotmail.com](mailto:candacebynum@hotmail.com)

**Objective**

Dynamic and results oriented professional with a successful track record in the marketing and customer relations industry seeks a position in marketing/sales. Strong decision-making, leadership, and marketing skills. Willing to travel.

**Experience**

**Three Springs, Trenton AL** *Director Of Admissions (01/98 - present)*

Supervise admissions department, collect and process all admissions paperwork, maintain admissions database, reports to show admission history, organize and conduct all program tours including referral source tours, effectively market all 13 private Three Springs programs throughout the southeast through travel and conferences.

- Recognized for most new business for programs for three quarters.
- Ranked 1 of 16 in company for sales.
- Consistently develop strong business relationships and use presentation skills to promote business increasing new business by 10% per year.
- Maintained program at 90 – 100% capacity.

**Helen Keller Hospital, Tuscumbia AL** *Fitness Specialist/Physical Therapy Aide*

*(08/96 - 08/97)* Assisted physical therapists with treatments such as ultrasounds, exercises, range of motion, and rehabilitation of patients. Performed fitness tests, exercise prescriptions for cardio-pulmonary patients, took blood pressures and glucose screenings, health fairs, orientations for equipment, and taught weight management classes.

**Fillin' Station Restaurant and Bar, Sheffield AL** *Assistant Manager (09/91 -*

*03/97)* Accountable for cost control, budgeting, profit and loss, payroll, and general accounting. Trained service staff to enhance customer service and increase profits through suggestive selling. Investigated and resolved food/beverage quality and service complaints ensuring customer satisfaction. Planned menus, estimated food and beverage costs, and purchased supplies.

**YMCA of the Shoals, Florence AL** *Youth Sports Coordinator (09/91 - 06/93)*

Organized and supervised all youth sports, hired referees, collected registration fees, recruited coaches, supervised preparation of playing fields, organized and supervised adult soccer leagues, ordered and purchased equipment, marketed all sports programs.

**Education**

**University of North Alabama, Florence AL**

**1994**

Bachelor of Science in Exercise Physiology/Management

**Interests**

Three Springs High School Softball Coach, 1999-2002  
Three Springs High School Asst. Basketball Coach, 1999  
Member Alabama High School Coaches Association

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6 Scottsdale Drive  
Alabaster, AL 35007  
205-664-9877 (home)  
205-492-9879 (mobile)  
[aew8175@yahoo.com](mailto:aew8175@yahoo.com)

# Amy Wilson Smith

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## Education

Bachelor of Science, Management Information Systems  
University of Alabama at Birmingham, 1999

## Experience

Healthsouth Corporation Birmingham, AL 2001-2002

### Information Systems Coordinator

- Manage database for claims processing software
- Provide internal support to system users
- Generate reports using ODBC

Motion Industries Birmingham, AL 2000-2001

### Product Specialist

- Provided sales personnel and customers with technical information, application engineering assistance, product availability, interchange, and economic data
- Assisted in the development of corporate marketing programs to increase product segment sales
- Analyzed data and created reports

Computer Technology Solutions, Inc. Birmingham, AL 1999-2000

### Software Quality Assurance/Operations Support

- Tested software, identified quality breaches and generated discrepancy reports
- Purchasing of hardware/software
- Managed bookkeeping system, maintained files and managed purchasing
- AP/AR and payroll
- Provided clerical/human resource support to 37 employees

Brookwood Hospital Birmingham, AL 1996-1997

### Pharmacy Technician

- Prepared intravenous fluids for patients
- Maintained storage and retrieval of medications
- Performed data entry and clerical functions

Jefferson County Health Department Birmingham, AL 1993-1995

### Student Intern

- Provided medical transcription services
- Coordinated patient scheduling
- Maintained confidential medical records

**Profile**

- Proficient in Microsoft Word, Access & Excel, Visual Basic 6.0, Quickbooks
- Organizational, planning, and scheduling skills
- Excellent Interpersonal, oral and written communication skills

## Appendix B: Business License



### **CORPORATE DETAILS**

Office of the Secretary of State  
State of Alabama

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Corporation F/C 909-807

Legal Name: Health Information Designs, Inc.

State Of Inc: Delaware

Qualified...: 09-29-1997

Date Of Inc.: 01-27-1988

Reg Agent...: GIBSON, J TYRONE  
157 S CARY DR  
AUBURN, AL 36830

Prin Address: 10530 ROSEHAVEN ST STE 500  
FAIRFAX, VA 22030

Nat Of Bus...: ---

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## **Appendix C: Quick List Examples**

**Quick List Examples Listed Below Are Included On the Following Pages**

**Women's Health Drug Quick Reference**

**Over-The-Counter Drugs Quick List**

**Pediatric Drug Quick Reference**

**Alabama Medicaid General Drug Quick Reference**

**Geriatrics/Long-Term Care Drug Quick Reference**

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# WOMEN'S HEALTH DRUG QUICK REFERENCE

## Alabama Medicaid

Prescribing of generic and over-the-counter (OTC) drugs listed in **red print** is *strongly encouraged* whenever appropriate. According to the FDA ratings, **these drugs are bioequivalent and clinically equivalent to the innovator's brand name product** and use of the list is recommended for the assessment and initiation of drug therapy for new and existing patients. Brand names are included for reference purposes only. **Prescriber signatures on the product selection permitted/substitution permitted signature line is encouraged.**

The effective date of this drug quick reference is December 1, 2001 and it shall remain in effect until November 30, 2002.

### CONTRACEPTION/FAMILY PLANNING

Ethinyl estradiol/norethindrone (Norinyl 1+35; Ortho-Novum 1/35)  
Ethinyl estradiol/norethindrone (Genora 0.5/35)  
Ethinyl estradiol/norgestrel (Ovral)  
Ethinyl estradiol/norgestrel (Lo/Ovral)  
Ethinyl estradiol/norethindrone (Ovcon-35)  
Ethinyl estradiol/norgestimate (Ortho-Cyclen)  
Ethinyl estradiol/levonorgestrel (Levlen; Nordette)  
Ethinyl estradiol/levonorgestrel-triphasic (Tri-Levlen; Triphasil)  
Ethinyl estradiol/norethindrone-triphasic (Ortho Novum 7/7/7;  
TriNorinyl)  
Ethinyl estradiol/norgestimate-triphasic (Ortho Tri-Cyclen)

### DEPRESSION MANAGEMENT

Bupropion (Wellbutrin)  
Desipramine (Norpramin)  
Doxepin (Sinequan)  
Fluoxetine (Prozac)  
Imipramine (Tofranil)  
Lithium Carbonate  
Nortriptyline (Aventyl)  
Paroxetine (Paxil)  
Sertraline (Zoloft)  
Trazodone (Desyrel)

### ESTROGEN REPLACEMENT AGENTS

Estradiol-oral (Estrace)  
Estradiol-vaginal (Estrace)  
Conjugated Equine Estrogen-oral (Premarin)  
Conjugated Estrogen/Medroxyprogesterone (Prempro)  
Conjugated Estrogen/Medroxyprogesterone (Premphase)

### IRON SUPPLEMENTS

Ferrous Sulfate – drops, tablet, syrup (Fer-In-Sol)  
Ferrous Sulfate – elixir (Feosol)

### OSTEOPOROSIS/PROPHYLAXIS AND TREATMENT

While acknowledging the role of bisphosphonates, calcitonin, sodium fluoride, and selective estrogen receptor modulators and their various dosage forms in the management of osteoporosis, none of these agents have been granted preferred status at this time. These products will continue to be evaluated and considered for preferred status.

Treatment should focus on slowing the progression of osteoporosis. The following treatment is encouraged in premenopausal women: 1.0 g of elemental calcium per day with 200 to 400 I.U. of vitamin D. All postmenopausal women are encouraged to receive 1.5g (1500 mg) of elemental calcium daily with 400 to 800 I.U. of vitamin D each day. In the presence of multiple risk factors, postmenopausal women should add 0.625 mg to 1.25 mg of estrogen replacement therapy to the daily regimen of calcium and vitamin D if estrogen supplementation is tolerated and there are no contraindications.

In calcium supplementation, clinicians and patients must appreciate the fact that labeled strength involves the weight of the entire calcium-containing molecule. The percentage of elemental calcium in the various calcium sources is included below:

|                      |                        |                                     |                       |
|----------------------|------------------------|-------------------------------------|-----------------------|
| Calcium glutubionate | 6.5% elemental calcium | Calcium carbonate                   | 40% elemental calcium |
| Calcium gluconate    | 9 % elemental calcium  | Dibasic calcium phosphate dihydrate | 23% elemental calcium |
| Calcium lactate      | 13% elemental calcium  | Tribasic calcium phosphate          | 39% elemental calcium |

Note: Calcium carbonate is the richest source of elemental calcium, and use of calcium carbonate-containing over-the-counter products such as Tums®, Tums E-X®, and Dicarbossil® should be employed as calcium supplements.

### VITAMINS (PRENATAL)

All fat and water soluble vitamins plus iron and 0.8 mg of folic acid (Stuart Prenatal)  
All fat and water soluble vitamins plus iron and 1.0 mg of folic acid (Natalins)

### VAGINAL ANTIINFECTIVES

#### Antifungals – External (topical)

Clotrimazole 1% Cream (Mycelex-7; GyneLotrimin)  
Clotrimazole 100 mg Vag. Tab. (Mycelex-7; GyneLotrimin)  
Miconazole 2% Cream (Monistat-7)  
Miconazole 100 mg Vag. Supp. (Monistat-7)  
Miconazole 200 mg Vag. Supp. (Monistat-3)  
Tioconazole 6.5% Vag. Oint. (Vagistat-1; Monistat-1)

#### Antifungals-Oral \*

Fluconazole (Diflucan)  
Itraconazole (Sporanox)  
Ketoconazole (Nizoral)

\* **Reserve for refractory vaginal fungal infections**

#### Antiviral

Acyclovir 5% Oint. (Zovirax)  
Famciclovir Tab (Famvir)

#### Bacterial Vaginosis

Amoxicillin  
Ampicillin  
Clindamycin Vag. Cream  
Metronidazole

#### Chlamydia

Amoxicillin  
Doxycycline  
Erythromycin  
Tetracycline

#### Trichomoniasis

Metronidazole – oral

## WOMEN'S HEALTH DRUG QUICK REFERENCE

1. **What is the Women's Health Drug Quick Reference?** The Women's Health Drug Quick Reference is a compilation of selected therapeutic agents most **commonly utilized in women's healthcare**. All of the listed agents are **preferred agents** in the Alabama Medicaid **Preferred Drug Program**.
2. **Who determines which drugs receive preferred status?** The Pharmacy and Therapeutics (P&T) Committee of the Alabama Medicaid Agency, a representative, expert panel of physicians and pharmacists, conduct in-depth evaluations of available drugs and recommend appropriate drugs for preferred status. Efficacy and safety considerations override all other considerations in the therapeutic decision-making process.
3. **What if a physician feels it is necessary to prescribe a drug that is not on the Preferred Drug List?** The Preferred Drug Program and the Preferred Drug List is not designed to usurp or undermine the prescribing authority of physicians.

In most instances, designated preferred drugs will best serve patient interests and needs. The program is largely voluntary and physicians have wide latitude in prescribing. Use of a preferred drug is encouraged whenever appropriate, however.

4. **Is the Preferred Drug List a simple list of generic drugs?** The Preferred Drug List is not a generic drug list. Multisource (generic) versions of many brand name drugs do exist. Most of these products are certified by the FDA as bioequivalent and therapeutically equivalent to the brand name product. The Alabama Medicaid Agency and its P&T Committee support and, in fact, encourage the use of equivalent multisource (generic) drugs.

The generic drug industry is held to the same quality standards as the brand name pharmaceutical industry. No double standard exists for drug quality, safety and therapeutic efficacy.

5. **Does Alabama Medicaid cover over-the-counter (OTC) medications on the Preferred Drug List?** Effective August 5, 1996, over-the-counter (OTC) drugs on the Preferred Drug List are a covered benefit for eligible Alabama Medicaid beneficiaries. Coverage requires a prescription from a physician. A provider notice sent to physicians and pharmacists on July 26, 1996 provides details of the program. For additional information about the program call (334)242-5039
6. **What is the difference between drug names in red print and drug names in black print?** Agents in **red print** are preferred agents that are available as multisource (generic) drugs **or** are available in over-the-counter (OTC) strengths appropriate to treat a variety of medical disorders as primary therapy or major adjunctive therapy. Agents in **black print** are also preferred agents, but are sole source, patent protected products that are generally substantially more expensive than the agents in **red print**. Alabama Medicaid encourages the prescribing of multisource and OTC agents when appropriate.
7. **Why can't I prescribe any quantity of a prescription drug for my Medicaid patients?** The P&T Committee of Alabama Medicaid recognizes that certain drugs and groups of drugs have above average potential for inappropriate use, misuse and abuse by the patient. To avoid further restricting access to drugs, Alabama Medicaid has established **maximum units** it will authorize for payment in a given 30 day period.

Establishment of maximum units is consistent with the administration and dosage guidelines of the drug manufacturer as approved by the FDA. Requests for exceptions to the maximum units limits will be considered on the basis of documented medical necessity.

8. **What is the prior authorization process and why does Alabama Medicaid apply it to a few drugs or classes of drugs?** The prior authorization process is a nonpunitive, clinically-based system that simply requires appropriate medical justification for a higher cost version of a prescription drug that is not on the Preferred Drug List and has available an over-the-counter (OTC) product for the same indication or for which there is documentation of inappropriate use, overuse, misuse and/or abuse. The prior authorization process is applied sparingly and does not deprive any patient of any drug that is not in preferred status if it is medically necessary as per predetermined and objective clinical criteria.

# OVER-THE-COUNTER DRUGS QUICK LIST

## Alabama Medicaid

Prescribing of these over-the-counter (OTC) drugs is *strongly encouraged* whenever appropriate. Brand names are included for reference purposes only.

The effective date of this drug quick reference is December 1, 2001 and it shall remain in effect until November 30, 2002.

### Acne Agents (Topical)

Benzoyl Peroxide - gel (Dermoxyl)  
Salicylic Acid - cream (PROPA ph; Fostex)  
Salicylic Acid - lotion (Oxy Nightwatch)  
Sulfur/Resorcinol - cream (Aconomel)  
Sulfur/Salicylic acid - scrub (Pernox)

### Analgesics / Non Steroidal Anti-inflammatory Agents (NSAIDS)

Acetaminophen - tablet, suppository, elixir, drops (Tylenol)  
Aspirin - tablet, suppository  
Ibuprofen - tablet, drops (Advil; Motrin)  
Ketoprofen - tablet (Orudis KT)  
Naproxen - tablet (Aleve)

### Anthelmintics

Pyrantel - capsule (Pin-Rid, Reese's Pinworm); suspension (Antiminth);  
liquid (Pin-Rid, Pin X)

### Antidiabetic Agents

Insulin, Lente - 100u/cc  
Insulin, NPH - 100u/cc  
Insulin, Regular -100u/cc  
Insulin, Ultralente - 100u/cc

### Antihistamines

Brompheniramine maleate - tablet, SR tablet, elixir (Dimetane)  
Chlorpheniramine maleate- tablet, SR tablet, syrup (Chlor-Trimeton)  
Diphenhydramine HCL- cap, elixir (Benadryl)

### Antihistamine / Decongestant Combinations

Brompheniramine/Pseudoephedrine - syrup (Drixoral)  
Brompheniramine/Phenylephrine - elixir (Dimetane Decongestant)  
Chlorpheniramine/Pseudoephedrine - tablet (Sudafed Plus); SR  
tablet (Chlor-trimeton-12hr); Syrup (Sudafed)  
Chlorpheniramine/Phenylephrine - syrup (Ru-Tuss, NoVahistine)  
Diphenhydramine/Pseudoephedrine - tablet (Benadryl  
Decongestant); liquid (Benadryl Allergy)  
Triprolidine/Pseudoephedrine -tablet, syrup (Actifed)

### Antifungives-Antifungal (Topical-vaginal)

Clotrimazole - tablet, cream (Mycelex-7)  
Miconazole - cream, suppository (Monistat-7), suppository  
(Monistat-3)  
Tioconazole - ointment (Vagistat-1)

### Antifungives-Topical (Pediculocide, Antifungal)

Permethrin - liquid (Nix)  
Pyrethrin - shampoo (A-200)  
Ketoconazole - shampoo (Nizoral AD)

### Antimigrane Agents

Acetaminophen/Aspirin/Caffeine - tablet (Extra Strength Excedrin,  
Excedrin Migraine)

### Antitussive Cough Suppressants

Dextromethorphan - lozenges, (Robitussin Cough Calmer);  
liquid (Robitussin Pediatric, Vicks Formula 44); SR liquid (Delsym);  
syrup (Benlyn DM)

### Decongestants (oral)

Pseudoephedrine - tablet, liquid (Sudafed)

### Gastrointestinal Agents - Antacids

Aluminum Hydroxide Gel - suspension (Amphojel)  
Aluminum Hydroxide/Magnesium Hydroxide - tablet (Gelusil,  
Mylanta); liquid (Gelusil, Mylanta, Mylanta Double Strength)  
Calcium Carbonate - chew tablet (Tums)  
Calcium Carbonate/Magnesium Carbonate - capsule (Mylanta  
Gelcaps)

### Gastrointestinal Agents - Antidiarrheal

Loperamide - tablet, liquid (Imodium A-D)

### Gastrointestinal Agents - H2 Antagonists

Cimetidine - tablet (Tagamet HB)  
Famotidine - tablet (Pepcid AC)  
Nizatidine - tablet (Axid AR)  
Ranitidine - tablet (Zantac 75)

### Herorrhoidal Products

Petrolatum/Glycerin/Shark Liver Oil - cream (Preparation H)

### Osteoporosis Agents

Calcium Carbonate - tablet (Femcal); chew tablet (Amitone);  
chew tablet (Malamint); chew tablet (Tums); chew tablet  
(Extra Strength Tums); chew tablet (Tums Ultra); chew tablet  
(OsCal 500, Tums 500); tablet (Caltrate 600)  
Calcium Citrate - tablet (Citracal); effervescent tablet (Citracal  
Liquitab)  
Tricalcium Phosphate - tablet (Posture)

### Respiratory Agents-Miscellaneous

Cromolyn Sodium - nasal solution (Nasalcrom)

### Steroids Topical

Hydrocortisone Acetate - ointment (Cortizone 5, Cortizone 10);  
cream (Cortizone 5, Cortizone 10)

### Vitamins-Miscellaneous

Ferrous Sulfate - drops (Fer-In-Sol); tablet; elixir (Feosol); syrup  
(Fer-In-Sol)



## PEDIATRIC DRUG QUICK REFERENCE

### Alabama Medicaid

Prescribing of generic and over-the-counter (OTC) drugs listed in **red print** is *strongly encouraged* whenever appropriate. According to the FDA ratings, these drugs are bioequivalent and clinically equivalent to the innovator's brand name product and use of the list is recommended for the assessment and initiation of drug therapy for new and existing patients. Brand names are included for reference purposes only. **Prescriber signatures on the product selection permitted/ substitution permitted signature line is encouraged.**

The effective date of this drug quick reference is December 1, 2001 and it shall remain in effect until November 30, 2002.

#### ANTHINFECTIVES (ORAL)

##### Penicillins

Ampicillin

Amoxicillin

Amoxicillin/Clavulanate (Augmentin)

Penicillin VK

##### Macrolides

Azithromycin (Zithromax)

Clarithromycin (Biaxin)

Erythromycin

Erythromycin/Sulfisoxazole  
(Pediazole)

##### Sulfonamides

Trimethoprim/Sulfamethoxazole (TMP/SMX)

##### Cephalosporins

Cefaclor

Cefpodoxime (Vantin)

Cefprozil (Cefzil)

Cefuroxime (Ceftin)

Cephalexin

##### Antifungals

Griseofulvin (micro)

Griseofulvin (ultra micro)

##### Antiviral

Amantadine

##### Miscellaneous

Metronidazole

#### GASTROINTESTINAL AGENTS

##### Antidiarrheal

Diphenoxylate (Lomotil)

Loperamide (Imodium A-D)

##### Antiemetic

Prochlorperazine (Compazine)

Promethazine (Phenergan)

#### PAIN/FEVER

##### APAP/NSAIDS

Acetaminophen (Tylenol, Tempra)

Diclofenac

Etodolac

Ibuprofen (Advil, Motrin, Motrin IB, Nuprin)

Indomethacin

Fenoprofen

Flurbiprofen

Ketoprofen (Orudis KT, Actron)

Nabumetone (Relafen)

Naproxen (Aleve, Naprosyn)

Oxaprozin (Daypro)

Piroxicam

Sulindac

#### COUGH/COLD

##### Antihistamines

Brompheniramine (Dimetane)

Chlorpheniramine (Chlor-Trimeton)

Diphenhydramine (Benadryl)

##### Antihistamine/Decongestant Combinations

Brompheniramine/Pseudoephedrine (Drixoral)

Brompheniramine/Phenylephrine (Dimetapp Decong.)

Chlorpheniramine/Pseudoephedrine (Sudafed Plus)

Chlorpheniramine/Phenylephrine (Ru-Tuss, Novahistine)

Diphenhydramine/Pseudoephedrine (Bendadryl Decong.)

Triprolidine/Pseudoephedrine (Actifed)

#### COUGH SUPPRESSANTS

Dextromethorphan (Robitussin DM, Benylin DM, Vicks  
Formula 44, Delsym)

Dextromethorphan/chlorpheniramine

Dextromethorphan/pseudoephedrine

#### DECONGESTANTS

Pseudoephedrine (Sudafed)

#### ASTHMA

##### Bronchodilators (Beta Agonists)

Albuterol (Ventolin, Proventil)

Pirbuterol (Maxair)

Salmeterol (Serevent)

##### Steroids (Respiratory)

Fluticasone Prop. (Flovent Rotadisk)

Fluticasone Prop. (Flovent MDI)

Triamcinolone Acetonide (Azmecort)

##### Miscellaneous (Respiratory)

Albuterol/Ipratropium (Combivent)

Ipratropium bromide (Atrovent)

Ipratropium/albuterol (Combivent)

Cromolyn sod. (Intal)

#### ATTENTION DEFICIT DISORDER (ADD)

Dextroamphetamine (Dexedrine)

Dextroamphetamine-SR (Dexedrine)

Methylphenidate (Ritalin, Ritalin SR)

## PEDIATRIC DRUG QUICK REFERENCE

1. **What is the Pediatric Drug Quick Reference?** The Pediatric Drug Quick Reference is a compilation of selected therapeutic agents most **commonly utilized in pediatric healthcare**. All of the listed agents are **preferred agents** in the Alabama Medicaid **Preferred Drug Program**.
2. **Who determines which drugs receive preferred status?** The Pharmacy and Therapeutics (P&T) Committee of the Alabama Medicaid Agency, a representative, expert panel of physicians and pharmacists, conduct in-depth evaluations of available drugs and recommend appropriate drugs for preferred status. Efficacy and safety considerations override all other considerations in the therapeutic decision-making process.
3. **What if a physician feels it is necessary to prescribe a drug that is not on the Preferred Drug List?** The Preferred Drug Program and the Preferred Drug List is not designed to usurp or undermine the prescribing authority of physicians.

In most instances, designated preferred drugs will best serve patient interests and needs. The program is largely voluntary and physicians have wide latitude in prescribing. Use of a preferred drug is encouraged whenever appropriate, however.

4. **Is the Preferred Drug List a simple list of generic drugs?** The Preferred Drug List is not a generic drug list. Multisource (generic) versions of many brand name drugs do exist. Most of these products are certified by the FDA as bioequivalent and therapeutically equivalent to the brand name product. The Alabama Medicaid Agency and its P&T Committee support and, in fact, encourage the use of equivalent multisource (generic) drugs.

The generic drug industry is held to the same quality standards as the brand name pharmaceutical industry. No double standard exists for drug quality, safety and therapeutic efficacy.

5. **Does Alabama Medicaid cover over-the-counter (OTC) medications on the Preferred Drug List?** Effective August 5, 1996, over-the-counter (OTC) drugs on the Preferred Drug List are a covered benefit for eligible Alabama Medicaid beneficiaries. Coverage requires a prescription from a physician. A provider notice sent to physicians and pharmacists on July 26, 1996 provides details of the program. For additional information about the program call (334)242-5039.
6. **What is the difference between drug names in red print and drug names in black print?** Agents in **red print** are preferred agents that are available as multisource (generic) drugs **or** are available in over-the-counter (OTC) strengths appropriate to treat a variety of medical disorders as primary therapy or major adjunctive therapy. Agents in **black print** are also preferred agents, but are sole source, patent protected products that are generally substantially more expensive than the agents in **red print**. Alabama Medicaid encourages the prescribing of multisource and OTC agents when appropriate.
7. **Why can't I prescribe any quantity of a prescription drug for my Medicaid patients?** The P&T Committee of Alabama Medicaid recognizes that certain drugs and groups of drugs have above average potential for inappropriate use, misuse and abuse by the patient. To avoid further restricting access to drugs, Alabama Medicaid has established **maximum units** it will authorize for payment in a given 30 day period.

Establishment of maximum units is consistent with the administration and dosage guidelines of the drug manufacturer as approved by the FDA. Requests for exceptions to the maximum units limits will be considered on the basis of documented medical necessity.

8. **What is the prior authorization process and why does Alabama Medicaid apply it to a few drugs or classes of drugs?** The prior authorization process is a nonpunitive, clinically-based system that simply requires appropriate medical justification for a higher cost version of a prescription drug that is not on the Preferred Drug List and has available an over-the-counter (OTC) product for the same indication or for which there is documentation of inappropriate use, overuse, misuse and/or abuse. The prior authorization process is applied sparingly and does not deprive any patient of any drug that is not in preferred status if it is medically necessary as per predetermined and objective clinical criteria.

# Alabama Medicaid General Drug Quick Reference

Prescribing of generic and over-the-counter (OTC) drugs (**red print**) is *strongly encouraged* whenever appropriate. According to the FDA ratings, these drugs are bioequivalent and clinically equivalent to the innovator's brand name product and use of the list is recommended for the assessment and initiation of drug therapy for new and existing patients. Brand names are included for reference purposes only. **Prescriber signatures on the product selection permitted/substitution permitted signature line is encouraged.**

The effective date of this drug quick reference is December 1, 2001 and it shall remain in effect until November 30, 2002

## Antiinfectives (Oral)

### Penicillins

Ampicillin  
Amoxicillin  
Penicillin VK

### Tetracyclines

Doxycycline  
Tetracycline

### Macrolides

Erythromycin  
Erythromycin/Sulfisoxazole (Pediazole)

### Sulfonamides

Trimethoprim/Sulfamethoxazole (TMP/SMX)

### Cephalosporins

Cefaclor  
Cephalexin

### Antifungals

Griseofulvin (micro)  
Griseofulvin (ultra micro)

### Antiviral

Amantadine

### Miscellaneous

Metronidazole

## Anxiolytics/ Antianxiety Agents

Buspirone (BuSpar)  
Lorazepam (Ativan)  
Oxazepam (Serax)

## Cardiovascular Agents

### ACE Inhibitors

Captopril  
Captopril/HCTZ (Capozide)  
Enalapril (Vasotec)  
Enalapril/HCTZ (Vaseretic)

### Calcium Channel Blockers

Diltiazem (Cardizem)  
Diltiazem-Ext. Rel. (Tiazac)  
Nifedipine XR (Adalat CC)  
Verapamil-Ext. Rel. (Calan SR)

### Miscellaneous

Clonidine  
Doxazosin  
Hydralazine  
Prazosin (Minipress)

### Beta Blockers

Atenolol  
Atenolol/ Chlorthalidone  
(Tenoretic)  
Bisoprolol/HCTZ (Ziac)  
Metoprolol  
Nadolol  
Pindolol  
Propranolol  
Timolol

## Depression/Antidepressants

Desipramine (Norpramin)      Lithium  
Doxepin (Sinequan)            Nortriptyline  
Fluoxetine (Prozac)            Trazodone  
Imipramine

## Diabetes Management

Glipizide (Glucotrol)            Insulin  
(DiaBeta)                            Glyburide

## Gastrointestinal Agents

### Antacids

Aluminum Hydroxide-OTC (Amphogel)  
Aluminum & Magnesium Hydroxide-OTC (Maalox)  
Calcium and Magnesium Hydroxide-OTC (Mylanta)

### H2-Antagonists

Cimetidine-Rx, OTC (Tagamet HB)  
Ranitidine-Rx, OTC (Zantac 75)  
Famotidine -Rx (Pepcid)  
Famotidine-OTC (Pepcid AC)  
Nizatidine-OTC (Axid AR)

### Miscellaneous

Diphenoxylate/atropine  
(Lomotil)  
Loperamide-OTC  
(Imodium A-D)  
Metoclopramide (Reglan)

## Hypnotics

Flurazepam (Dalmane)  
Temazepam (Restoril)  
Triazolam (Halcion)

## Lipid Lowering Agents

Gemfibrozil  
(over for "statins")

## Pain/Arthritis

### NSAIDs

Ibuprofen (Rx, OTC)  
Indomethacin  
Nabumetone (Relafen)  
Naproxen (Rx, OTC)  
Naproxen Sodium  
Piroxicam  
Ketoprofen (Rx, OTC)  
Etodolac  
Flurbiprofen  
Diclofenac  
Oxaprozin (Daypro)  
Sulindac (Clinoril)  
Fenoprofen (Nalfon)

### Narcotics

Acetaminophen/Codeine  
Hydrocodone/Acetaminophen  
Propoxyphene Nap/Acetaminophen  
Oxycodone/Acetaminophen  
Oxycodone/Aspirin

### Miscellaneous

Ergotamine/Caffeine

### Non-narcotic Agents

Acetaminophen (OTC)  
Aspirin (OTC)  
(see NSAIDs)

## Respiratory Agents

### Bronchodilators (oral)

Albuterol  
Metaproterenol

### Steroids (inhalers)

Triamcinolone (Azmacort)  
(over for other agents)

### Bronchodilators (inhalers)

Albuterol (Ventolin; Proventil)  
Pirbuterol (Maxair)  
Metaproterenol (Alupent)

### Miscellaneous (inhalers)

Cromolyn Sod. (Intal)

Brand name products from selected pharmacological categories on back.

**Alabama Medicaid**  
**Generic/Brand Cross Reference**  
**Page 2**

Prescribers are strongly encouraged to allow generic substitution and to use products listed on the front page. Appropriate utilization of quality generic products can provide high quality care as well as foster prudent use of state and federal tax dollars.

For situations that require the use of a brand product, consider use of the following preferred drugs. While more expensive alternatives than the products on the front page, these products may be appropriate for certain patients. Please consider multisource (generic) versions (see front) before utilizing a brand name product.

**Antiinfectives (Oral)**

**Penicillins**

Amoxicillin/Clavulanate (Augmentin)

**Cephalosporins**

Cefpodoxime proxetil (Vantin)

Cefuroxime (Ceftin)

**Antifungals**

Ketoconazole (Nizoral)

Fluconazole (Diflucan)

Itraconazole (Sporanox)

**Macrolides**

Azithromycin (Zithromax)

Clarithromycin (Biaxin)

**Cardiovascular Agents**

**ACE Inhibitors**

Benazepril (Lotensin)

Benazepril/HCTZ (Lotensin HCT)

Enalapril (Vasotec)

Fosinopril (Monopril)

Lisinopril (Prinivil)

Lisinopril/HCTZ (Prinizide/Zestoretic)

Moexipril (Univasc)

Moexipril/HCTZ (Uniretic)

Quinapril (Accupril)

Ramipril (Altace)

Trandolapril (Mavik)

**Beta Blockers/Diuretic Combinations**

Metoprolol/HCTZ (Lopressor HCT)

Timolol/HCTZ (Timolide)

**Calcium Channel Blockers**

Amlodipine (Norvasc)

Felodipine (Plendil)

Nisoldipine (Sular)

**Depression/Antidepressants**

Bupropion (Wellbutrin)

Paroxetine (Paxil)

Sertraline (Zoloft)

**Diabetes Management**

Acarbose (Precose)

Glipizide-ext. rel. (Glucotrol XL)

Glimepiride (Amaryl)

Glyburide/Metformin (Glucovance)

Metformin (Glucophage)

Metformin (Glucophage XR)

**Lipid Lowering Agents**

Atorvastatin - 10 mg only (Lipitor)

Fluvastatin (Lescol)

Pravastatin (Pravachol)

**Respiratory Agents**

**Bronchodilators (inhalers)**

Albuterol/Ipratropium (Combivent)

Salmeterol (Serevent)

**Bronchodilator/Steroid**

Fluticasone Prop/Salmeterol (Advair Diskus)

**Steroids (inhalers)**

Fluticasone Propionate (Flovent Rotadisk)

Fluticasone Prop. (Flovent MDI)

**Leukotriene Receptor Antagonists**

Montelukast (Singulair)

**Miscellaneous Inhalers**

Ipratropium Bromide (Atrovent)

# Alabama Medicaid

## Geriatrics/Long-Term Care Drug Quick Reference

Prescribing of generic and over-the-counter (OTC) drugs (**red print**) is *strongly encouraged* whenever appropriate. According to the FDA ratings, these drugs are bioequivalent and clinically equivalent to the innovator's brand name product and use of the list is recommended for the assessment and initiation of drug therapy for new and existing patients. Brand names are included for reference purposes only. **Prescriber signatures on the product selection permitted/substitution permitted signature line is encouraged.**

The effective date of this drug quick reference is December 1, 2001 and it shall remain in effect until November 30, 2002.

### Antidepressants

|                         |                         |
|-------------------------|-------------------------|
| Desipramine (Norpramin) | Lithium                 |
| Doxepin (Sinequan)      | Nortriptyline (Aventyl) |
| Fluoxetine (Prozac)     | Trazodone (Desyrel)     |
| Imipramine (Tofranil)   |                         |

### Antidiabetic Agents

|                       |         |
|-----------------------|---------|
| Glipizide (Glucotrol) | Insulin |
| Glyburide (DiaBeta)   |         |

### Antiinfectives (oral)

#### Penicillins

Amoxicillin trihydrate  
Ampicillin trihydrate  
Dicloxacillin  
Penicillin VK

#### Quinolones

At this time no quinolone has been granted preferred status.

#### Sulfonamides

Trimethoprim/  
Sulfamethoxazole(TMP/SMX)

#### Cephalosporins

Cefaclor  
Cephalexin

#### Tetracyclines

Doxycycline  
Tetracycline

#### Macrolides

Erythromycin Base  
Erythromycin Stearate  
Erythromycin Ethylsuccinate

#### Miscellaneous

Metronidazole

### Antiparkinson Agents

Benzotropine  
Trihexyphenidyl  
(over for additional agents)

### Cardiovascular Agents

#### Beta Blockers

Atenolol  
Atenolol/Chlorthalidone  
Bisoprolol/HCTZ Verapamil Ext Rel. (Calan SR)  
Metoprolol  
Nadolol  
Pindolol  
Propranolol  
Timolol

#### Calcium Channel Blockers

Diltiazem-Ext Rel (Tiazac)  
Nifedipine XR (Adalat CC)

#### Diuretics

Acetazolamide  
Furosemide  
Hydrochlorothiazide  
Indapamide

#### Antianginal Agents

Isosorbide dinitrate  
Nitroglycerin

#### Spironolactone

Triamterene/HCTZ

#### Ace Inhibitors

Captopril  
Captopril/HCTZ  
Enalapril (Vasotec)  
Enalapril/HCTZ (Vaseretic)

#### Miscellaneous

Doxazosin  
Hydralazine  
Prazosin (Minipress)  
Clonidine

### Estrogen Replacement Agents

Estradiol (oral)  
Estradiol (vaginal)

### GI Agents – H2 Antagonists

Cimetidine – Rx, OTC (Tagamet HB)  
Famotidine – OTC (Pepcid AC)  
Famotidine - Rx (Pepcid)  
Nizatidine - OTC (Axid AR)  
Ranitidine – Rx, OTC (Zantac 75)

### Hypnotics

Flurazepam (Dalmane)  
Temazepam (Restoril)

### Non Steroidal Anti-Inflammatory Agents (NSAIDS)

Aspirin (OTC)  
Diclofenac  
Etodolac  
Fenoprofen  
Flurbiprofen  
Ibuprofen (Rx, OTC)  
Indomethacin  
Ketoprofen (Rx, OTC)  
Nabumetone  
Naproxen (Rx, OTC)  
Naproxen Sodium  
Oxaprozin  
Piroxicam  
Sulindac

### Tranquilizers – Antianxiety Agents

Bupirone (BuSpar)  
Lorazepam (Ativan)  
Oxazepam (Serax)

### Tranquilizers – Antipsychotic Agents

Chlorpromazine (Thorazine)  
Fluphenazine (Prolixin)  
Haloperidol (Haldol)  
Thioridazine (Mellaril)  
Thiothixene (Navane)  
Trifluoperazine (Stelazine)

**Brand name products from selected pharmacological categories on back.**

**Alabama Medicaid**  
**Geriatric/Long-Term Care Brand Cross Reference**  
**Page 2**

**Prescribers are strongly encouraged to allow generic substitution and to prescribe products listed on the front page.**

Appropriate utilization of quality generic products can provide high quality care as well as foster prudent use of state and federal tax dollars.

For situations that require the use of a brand product, consider use of the following preferred drugs in selected therapeutic classes. While more expensive alternatives than the products on the front page, these products may be appropriate for certain patients. Please consider multisource (generic) versions (see front) before utilizing a brand name product.

### **Antidepressants**

Bupropion (Wellbutrin)  
Paroxetine (Paxil)  
Sertraline (Zoloft)

### **Antidiabetic Agents**

Acarbose (Precose)  
Glipizide ext-rel (Glucotrol XL)  
Glimepiride (Amaryl)  
Glyburide/Metformin (Glucovance)  
Metformin (Glucophage)  
Metformin ext-rel (Glucophage XR)

### **Antiinfectives (Oral)**

#### **Penicillins**

Amoxicillin/Clavulanate (Augmentin)

#### **Cephalosporins**

Cefpodoxime proxetil (Vantin)  
Cefprozil (Cefzil)  
Cefuroxime (Ceftin)

### **Antiparkinson Agents**

Bromocriptine (Parlodel)  
Carbidopa/Levodopa (Sinemet)  
Pergolide (Permax)  
Selegeline (Eldepryl)

### **Cardiovascular Agents**

#### **Antihyperlipidemic Agents (Statins)**

Atorvastatin (10 mg. only)  
Fluvastatin  
**Gemfibrozil**  
Pravastatin

### **Cardiovascular Agents (cont'd)**

#### **Calcium Channel Blockers**

Amlodipine (Norvasc)  
Felodipine (Plendil)  
Nisoldipine (Sular)

#### **ACE Inhibitors**

Benazepril (Lotensin)  
Benazepril/HCTZ (Lotensin HCT)  
Fosinopril (Monopril)  
Lisinopril (Prinivil)  
Lisinopril/HCTZ (Prinizide; Zestoretic)  
Moexipril (Univasc)  
Moexipril/HCTZ (Uniretic)  
Quinapril (Accupril)  
Ramipril (Altace)  
Trandolapril (Mavik)

#### **Beta Blocker/Diuretic Combinations**

Metoprolol/HCTZ (Lopressor HCT)  
Timolol/HCTZ (Timolide)

#### **Diuretics**

Metolazone (Zaroxolyn)

### **Estrogen Replacement Agents**

Conjugated Estrogen (Premarin)  
Conjugated Estrogen/Medroxyprogesterone  
(Prempro; Premphase)