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SECTION 3

EXECUTIVE SUMMARY

MedMetrics Health Partners, Inc. (MedMetrics) is delighted to work with the State of Alabama to meet the goals of the ITB for Alabama Medicaid Pharmacy Clinical Support. MedMetrics hopes to assist the State of Alabama to provide:

- Clinical support services for the Pharmacy Program for the State of Alabama Medicaid Agency;
- Clinical pharmacy expertise for the continued development and operation of the Medicaid Preferred Drug Program (PDP); and
- Clinical and administrative support for the Alabama Medicaid Pharmacy and Therapeutics (P&T) Committee.

MedMetrics Value Proposition

MedMetrics is a private, non-profit, full-service PBM, featuring a business model that aligns its financial incentives with our clients' needs to more effectively manage drug spending while delivering quality clinical care. As a non-profit PBM with a primary focus on public sector clients, MedMetrics proposes to work in partnership with Alabama Medicaid to better control drug expenditures while providing state-of-the-art clinical programs developed in partnership with the University of Massachusetts Medical School (UMMS).

MedMetrics comes to the State of Alabama with an impressive track record and experience that is primarily focused on public programs. MedMetrics' mission is to assist public entities to improve healthcare delivery and programs. MedMetrics maintains a primary focus on serving vulnerable populations with diverse experiences including, but not limited to: Medicaid consumers, the uninsured, and elders, among others. With our best-in-class business partners, the MedMetrics Team has experience in multiple public sector programs including:

- On-going responsibility for managing a drug utilization review (DUR) program for Massachusetts Medicaid, including the evaluation and selection of preferred drugs and the prior authorization services for non-preferred drug approvals.
- For the Commonwealth of Massachusetts, coordination of the preferred Medicare-Approved Drug Discount Card for the State Pharmacy Assistance Program, including coordination to ensure that members maximized the new federal transitional assistance benefit in a near-seamless manner.

- Acting as the PBM for Neighborhood Health Plan, a mostly Medicaid Managed Care Organization (MCO) in Boston, Massachusetts. Under this contract, MedMetrics is responsible for both efficient administration of NHP's drug benefit coverage and providing expertise and support for managing NHP's drug spend and trend.
- The 340B pharmacy program where senior leadership at MedMetrics has provided technical assistance to state administrators and has participated in numerous statewide committees regarding this issue. MedMetrics has developed a comprehensive care management program that provides a state of the art medical assessment to high cost and high utilizing individuals, while providing access to the preferred 340B pricing.

Staff members at MedMetrics also have extensive experience serving Medicaid consumers. MedMetrics manages multiple Medicaid-related initiatives, such as servicing persons with disabilities, managing DUR programs, and administering a community case management program for Medicaid consumers. Having been previously employed by Medicaid agencies, numerous MedMetrics' staff are very familiar with Medicaid recipient needs, providers, operations, and regulations.

MedMetrics is the only PBM in the industry that has a solid, working relationship with a medical school – the University of Massachusetts – at the core of its organizational resources. Specifically, MedMetrics' affiliation with UMMS provides Alabama:

- Unparalleled clinical resources upon which to draw; and
- Unbiased clinical programs with a focus on appropriate utilization, including overutilization as well as the more popular adherence programs.

MedMetrics utilizes a best-in-class business model in all of our subcontractor relationships. MedMetrics brings to the State of Alabama a philosophy and capability to establish strong and effective working relationships with business partners and critical stakeholders. MedMetrics prides itself on strong relationships and a reputation as an honest and dependable business partner – both in contracting and subcontracting with service delivery partners.

SECTION 4
WORK PLAN

MedMetrics' proposed Work Plan for the scope of services requested in this ITB is provided below.

<i>Date</i>	<i>Task</i>
July 2005	Contract is awarded July 1, 2005.
	Meet with Alabama Medicaid: <ul style="list-style-type: none"> • To discuss work plan and proposed schedule of future P&T Committee meetings. • To identify and prioritize major therapeutic classes that need to be evaluated or re-evaluated (e.g., macrolides, urinary incontinence). • To develop a timeline to enable review of all drug classes (19) on the PDL over the next 12 months. Recommend re-review of 4-5 therapeutic classes per P&T meeting and group similar topics together (e.g., Antihypertensive/Antilipidemic/Cardiac agents/Diabetic agents/Platelet inhibitors). • To identify new to market drugs which need to be reviewed and develop a timeline.
	Notify P&T committee members of proposed meeting schedule and date of first meeting.
	Draft P&T meeting agenda and public notice of meeting and drug classes scheduled for review (for web site) for approval of Medicaid. (Notice on web must be posted at least 30 days prior to the meeting).
	Notify manufacturers of upcoming P&T reviews via certified mail return receipt requested (no less than 30 calendar days prior to the P&T meeting).
	Begin to prepare meeting information packets of Medicaid approved agenda items (macrolides, new to market drug reviews, re-evaluation 4+ therapeutic classes, possibly urinary incontinence).
	Provide notification to Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.

<i>Date</i>	<i>Task</i>
August 2005	Submit meeting information packet content for Medicaid approval.
	Coordinate all requests by manufacturers for oral presentations at the next scheduled P&T Committee meeting.
	Mail approved review packets to P&T Committee members, including all correspondences from manufacturers (packet must be post marked at least 2 weeks prior to the meeting).
	Forward approved review packets to Medicaid, including all correspondences from manufacturers (post marked at least 2 weeks prior to the meeting) in the following formats: CD, hard copies and via email.
	Begin review and analysis of Medicaid's operational policies and procedures related to the PDL (by December 31, 2005, provide in writing to Medicaid an analysis and recommendations for changes/improvements.)
	Provide notification to Medicaid within two weeks of First DataBank's list of new-to market drugs.
	Provide bi-weekly maximum unit list update.
September 2005	Meet with all new P&T committee members prior to first P&T meeting.
	P&T Committee meeting is held.
	Prepare, for Medicaid approval, P&T Committee meeting minutes within 2 weeks of meeting and send final copy within 1 week after approval.
	Provide written P&T Committee update report for DUR Board.
	Prepare for Medicaid approval PDL update (needs to be posted to web site on 10th business day following meeting).
	Develop, maintain, and update internal and external criteria for drugs in the scope of the PDL and PA drugs not in the current scope of the PDL. Submit criteria to be approved by Medicaid.
	Provide to Medicaid a response to clinical appeals by manufacturers based on the reviews of the P&T committee. (Medicaid to receive response within 30 days of request.)
	Send written notification to new members who were selected for the P&T committee.

<i>Date</i>	<i>Task</i>
September 2005 (continued)	Send written notice to P&T committee members whose terms are expiring.
	Maintain listing of P&T committee members.
	Provide notification to Alabama Medicaid within two weeks of First DataBank's list of new-to market drugs.
	Provide bi-weekly maximum unit list update.
October 2005	Identify and recommend to Medicaid new to market drugs for review, drugs/therapeutic classes for reevaluation, and new therapeutic class reviews for next P&T Committee meeting. Obtain approval for content for next P&T meeting.
	Notify P&T Committee members of next meeting.
	Draft P&T meeting agenda and public notice of meeting and drug classes scheduled for review (for web site) for approval of Medicaid. (Notice on web must be posted at least 30 days prior to the meeting).
	Notify manufacturers of upcoming P&T reviews via certified mail return receipt requested (no less than 30 calendar days prior to the P&T meeting).
	Begin to prepare meeting information packets of Medicaid approved agenda items (new to market drugs, new therapeutic class reviews, re-evaluation 4+ therapeutic classes).
	Provide notification to Medicaid within two weeks of First DataBank's list of new-to market drugs.
	Provide bi-weekly maximum unit list update.
November 2005	Submit meeting information packet content for Medicaid approval.
	Coordinate all requests by manufacturers for oral presentations at the next scheduled P&T Committee meeting.
	Mail approved review packets to P&T Committee members, including all correspondences from manufacturers (packet must be post marked at least 2 weeks prior to the meeting).
	Forward approved review packets to Medicaid, including all correspondences from manufacturers (post marked at least 2 weeks prior to the meeting) in the following formats: CD, hard copies and via email.
	Prepare draft of recommendations for changes/improvements of Medicaid's operational policies and procedures related to the PDL. (Final copy due no later than December 31, 2005.)

<i>Date</i>	<i>Task</i>
November 2005 (continued)	Provide notification to Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
December 2005	Meet with all new P&T committee members prior to first P&T meeting.
	P&T Committee meeting is held.
	Prepare, for Medicaid approval, P&T Committee meeting minutes within 2 weeks of meeting and send final copy within 1 week after approval.
	Provide written P&T Committee update report for DUR Board.
	Prepare, for Medicaid approval, PDL update (needs to be posted to web site on 10th business day following meeting).
	Develop, maintain, and update internal and external criteria for drugs in the scope of the PDL and PA drugs not in the current scope of the PDL. Medicaid will approve criteria.
	Provide to Medicaid a response to clinical appeals by manufacturers based on the reviews of the P&T committee. (Medicaid to receive response within 30 days of request.)
	Send written notification to new members who were selected for the P&T committee.
	Send written notice to P&T committee members whose terms are expiring.
	Maintain listing of P&T committee members.
	By December 31, 2005, provide in writing to Medicaid analysis and recommendations for changes/improvements of Medicaid's operational policies and procedures related to the PDL.
	Provide notification to Alabama Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
January 2006	Identify and recommend to Medicaid new to market drugs for review, drugs/therapeutic classes for reevaluation, and new therapeutic class reviews for next P&T Committee meeting. Obtain approval for content for next meeting.
	Notify P&T committee members of next meeting.

<i>Date</i>	<i>Task</i>
January 2006 (continued)	Draft P&T meeting agenda and public notice of meeting and drug classes scheduled for review (for web site) for approval of Medicaid. (Notice on web must be posted at least 30 days prior to the meeting.)
	Notify manufacturers of upcoming P&T reviews via certified mail return receipt requested (no less than 30 calendar days prior to the P&T meeting).
	Begin to prepare meeting information packets of Medicaid approved agenda items (new to market drug reviews, new therapeutic classes, re-evaluation 4+ therapeutic classes).
	Provide notification to Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
February 2006	Submit meeting information packet content for Medicaid approval.
	Coordinate all requests by manufacturers for oral presentations at the next scheduled P&T Committee meeting.
	Mail approved review packets to P&T Committee members, including all correspondences from manufacturers (packet must be post marked at least 2 weeks prior to the meeting).
	Forward approved review packets to Medicaid, including all correspondences from manufacturers (post marked at least 2 weeks prior to the meeting) in the following formats: CD, hard copies and via email.
	Provide notification to Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
March 2006	Meet with all new P&T committee members prior to first P&T meeting.
	P&T Committee meeting is held.
	Prepare for Medicaid approval P&T Committee meeting minutes within 2 weeks of meeting and send final copy within 1 week after approval.
	Provide written P&T Committee update report for DUR Board.
	Prepare for Medicaid approval PDL update (needs to be posted to web site on 10th business day following meeting).
	Develop, maintain, and update internal and external criteria for drugs in the scope of the PDL and PA drugs not in the current scope of the PDL. Medicaid will approve criteria.

<i>Date</i>	<i>Task</i>
	Provide to Medicaid a response to clinical appeals by manufacturers based on the reviews of the P&T committee. (Medicaid to receive response within 30 days of request.)
	Send written notification to new members who were selected for the P&T committee.
	Send written notice to P&T committee members whose terms are expiring.
	Maintain listing of P&T committee members.
	Provide notification to Alabama Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
April 2006	Identify and recommend to Medicaid new to market drugs for review, drugs/therapeutic classes for reevaluation, and new therapeutic class reviews for next P&T Committee meeting. Obtain approval for content for next meeting.
	Notify P&T committee members of next meeting.
	Draft P&T meeting agenda and public notice of meeting and drug classes scheduled for review (for web site) for approval of Medicaid. (Notice on web must be posted at least 30 days prior to the meeting.)
	Notify manufacturers of upcoming P&T reviews via certified mail return receipt requested (no less than 30 calendar days prior to the P&T meeting).
	Begin to prepare meeting information packets of Medicaid approved agenda items (new to market drug reviews, new therapeutic classes, re-evaluation 4+ therapeutic classes).
	Provide notification to Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
May 2006	Submit meeting information packet content for Medicaid approval.
	Coordinate all requests by manufacturers for oral presentations at the next scheduled P&T Committee meeting.
	Mail approved review packets to P&T Committee members, including all correspondences from manufacturers (packet must be post marked at least 2 weeks prior to the meeting).

<i>Date</i>	<i>Task</i>
May 2006 (continued)	Forward approved review packets to Medicaid, including all correspondences from manufacturers (post marked at least 2 weeks prior to the meeting) in the following formats: CD, hard copies and via email.
	Prepare draft of recommendations for changes/improvements of Medicaid's operational policies and procedures related to the PDL. (Final copy due no later than December 31, 2005).
	Provide notification to Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.
June 2006	Meet with all new P&T committee members prior to first P&T meeting.
	P&T Committee meeting is held.
	Prepare for Medicaid approval P&T Committee meeting minutes within 2 weeks of meeting and send final copy within 1 week after approval.
	Provide written P&T Committee update report for DUR Board.
	Prepare for Medicaid approval PDL update (needs to be posted to web site on 10th business day following meeting).
	Develop, maintain, and update internal and external criteria for drugs in the scope of the PDL and PA drugs not in the current scope of the PDL. Medicaid will approve criteria.
	Provide to Medicaid a response to clinical appeals by manufacturers based on the reviews of the P&T committee. (Medicaid to receive response within 30 days of request.)
	Send written notification to new members who were selected for the P&T committee.
	Send written notice to P&T committee members whose terms are expiring.
	Maintain listing of P&T committee members.

<i>Date</i>	<i>Task</i>
June 2006 (continued)	Provide notification to Alabama Medicaid within two weeks of First DataBank's list of new to market drugs.
	Provide bi-weekly maximum unit list update.

As is demonstrated by the above Work Plan, there exist no real or perceived conflicts of interest.

SECTION 5

ADMINISTRATIVE APPROACH

SCOPE OF WORK OVERVIEW (ITB SECTION 2.0)

MedMetrics will provide clinical support services for the Pharmacy Program for the State of Alabama Medicaid Agency. The clinical support services that MedMetrics will provide are identified in ITB sections 2.1, 2.2, 2.3 and 2.5. In order for MedMetrics to perform some of these activities, Alabama Medicaid will need to provide MedMetrics with access to state-specific utilization data, Alabama Medicaid contract pricing, and First Data Bank information including FDB Clinical and Editorial Highlights.

PHARMACY PROGRAM CLINICAL SUPPORT (ITB SECTION 2.1)

ITB 2.1 #1

MedMetrics will provide clinical information through the performance of clinical reviews of targeted classes or sub-classes of drugs to the Medicaid Pharmacy and Therapeutics (P&T) Committee and provide recommendations for inclusion/exclusion on the Medicaid Preferred Drug List (PDL). MedMetrics will base these clinical reviews on all relevant peer reviewed literature and studies. Our clinical pharmacist, who has been trained in drug literature retrieval and analysis, will use a process which includes performing a literature search through Medline and other literature retrieval databases, obtaining all relevant journal articles and tertiary references, analyzing the information in the references, summarizing the findings, consulting with experts and providing recommendations. MedMetrics will develop the reviews in a consistent format as agreed upon with Medicaid.

ITB 2.1 #2

MedMetrics will provide clinical information through the performance of clinical reviews to the Medicaid P&T committee of drugs new to the market as well as drugs that the P&T Committee believes should be re-evaluated. MedMetrics will provide recommendations for inclusion/exclusion on the Medicaid PDL. MedMetrics will base these clinical reviews on all peer reviewed literature and studies. MedMetrics will use the same process in retrieving drug literature and evaluation for preparing an individual drug review as described for the classes or sub-classes of drugs. MedMetrics will use a format for the drug review that has been approved by Medicaid.

ITB 2.1 #3

MedMetrics will compile a list for Medicaid approval of all products scheduled for PDL review and maintain all PDL lists.

ITB 2.1 #4

MedMetrics will provide notification to Medicaid within two (2) calendar weeks of First DataBank notification of products new to the market that fall into a classification of drugs included in the scope the PDL or the Prior Authorization Program, override program, or coverage/non-coverage. MedMetrics will provide recommendations to include in review for PDL, Prior Authorization Program, override program, or coverage/non-coverage.

ITB 2.1 #5

MedMetrics will recommend classes or sub-classes of drugs to Medicaid to be included in the Preferred Drug Program. Classes or sub-classes of drugs will be selected based upon the priorities of the Medicaid program and recommendations from MedMetrics, resulting from an evaluation of the current Alabama Medicaid PDL and utilization data, comparison to other Medicaid and managed care preferred drug lists and determination of best practices.

ITB 2.1 #6

MedMetrics will recommend inclusion/exclusion for drugs to be considered in clinical reviews for P&T Committee meetings based on AHFS or other classification, including but not limited to FDB coding.

ITB 2.1 #7

MedMetrics will provide projected cost savings for classes/sub-classes recommended for review for the PDL based on past claims data.

ITB 2.1 #8

MedMetrics will support the continued development and operation of the Medicaid Preferred Drug Program by providing current clinical research for review by the P&T Committee as well as providing qualified staff to present information to the P&T Committee.

ITB 2.1 #9

MedMetrics will act as the recording secretary of all P&T Committee meetings and provide detailed and comprehensive minutes to Medicaid within (2) two weeks after the meeting for approval. A final copy is to be sent to Medicaid for sign-off upon completion and must be received by Medicaid within one week or receipt of approval by Medicaid.

ITB 2.1 #10

MedMetrics will notify members of P&T Committee of meeting in coordination with Medicaid.

ITB 2.1 #11

MedMetrics will receive, review and mail all qualified manufacturer comments to P&T Committee members and Medicaid. MedMetrics will notify manufacturers of any documents containing inappropriate information such as cost so that they can make arrangements for pickup.

ITB 2.1 #12

MedMetrics will coordinate all requests for oral presentations by manufacturers at P&T Committee meetings to include receipt of requests, receipt and review of presentation summaries, written record of sign in by presenters at meetings receipt and review of handouts at P&T Committee meetings and distribution to Medicaid and members.

ITB 2.1 #13

MedMetrics will notify manufacturers of upcoming P&T Committee reviews and maintain database of manufacturer contact information sheets.

ITB 2.1 #14

MedMetrics will provide an electronic version of public notice of meeting and drug classes scheduled for review to Medicaid for posting to web site in accordance with timeline.

ITB 2.1 #15

MedMetrics will send written notification to P&T Committee members whose terms are expiring.

ITB 2.1 #16

MedMetrics will send written notification to new members selected for the P&T Committee.

ITB 2.1 #17

MedMetrics will maintain a listing of committee members and send an electronic version to Medicaid annually or upon update.

ITB 2.1 #18

MedMetrics will maintain an operational procedures manual for P&T Committee to include meeting policies, election of officers, conflict of interest policy, etc.

ITB 2.1 #19

MedMetrics will conduct a meeting with all new members prior to the P&T Committee meeting to provide an orientation to the committee. These meetings are to be conducted with a designated staff member from Medicaid. MedMetrics will work with Alabama Medicaid and new members to coordinate this meeting with the P&T Committee meeting.

ITB 2.1 #20

MedMetrics will provide an electronic version of public notice of meeting and drug classes scheduled for review to Medicaid for posting to web site in accordance with timeline.

ITB 2.1 #21

MedMetrics will make recommendations to Medicaid regarding operational policy and procedures for the Preferred Drug Program and pharmacy program policy and procedures as they relate to the scope of work of this ITB. MedMetrics will utilize its extensive clinical expertise in the scope of this ITB to identify procedures that may improve current Medicaid policy.

ITB 2.1 #22

MedMetrics will draft agendas and meeting informational packets to include ballots for P&T Committee meetings with Medicaid's approval. MedMetrics will send draft materials to Medicaid for approval via electronic format. A timeline for all drafts should be developed by Medicaid for each P&T Committee review and will be followed by MedMetrics. MedMetrics will send all approved materials via overnight mail to all P&T Committee members [currently nine (9) members] and Medicaid staff [ten (10) copies] postmarked at least two (2) weeks prior to the meeting. As stated in the ITB, MedMetrics will send ten (10) copies of the materials for the Medicaid staff to Bakeba Thomas, Pharmacy Services. MedMetrics will supply meeting materials to Medicaid in electronic format for posting to the Medicaid web site. MedMetrics will send electronic versions to Medicaid on CD, hard copies and via email.

ITB 2.1 #23

MedMetrics will respond to clinical appeals as related to the reviews for the P&T Committee meeting for the PDL. The responses will include any concerns or issues in the appeal from the manufacturer concerning the drug, information regarding any studies or clinical information that the manufacturer has presented, and give reason why it was or was not included in the review and why or why it does not change the recommendation. In the final summary paragraph, MedMetrics will state if the original recommendation presented in the review should stand as is or if it needs to be amended.

ITB 2.1 #24

MedMetrics will develop, maintain, and update internal and external criteria for those drugs that fall in the scope of the PDL, as well as when requested by Medicaid for those drugs currently on prior authorization that fall outside the scope of the PDL. MedMetrics will have all criteria approved by Medicaid.

ITB 2.1 #25

MedMetrics will recommend drugs, based on clinical information, to be considered for prior authorization, override, or coverage to Medicaid through the P&T Committee or the Agency that fall into the following categories:

- Drugs with historical problems relative to physical and psychological dependency
- Drugs used for non-FDA approved indication or whose use is not supported by appropriately conducted and published, peer-reviewed medical research
- Drugs which require important diagnostic procedures be completed before the administration to maximize therapeutic benefits
- Drugs associated with special dosing, duration and/or administration requirements or considerations
- Drugs for which feedback is necessary to assist practitioners with treatment alternatives that may be just as effective, safe and less costly
- Drugs for which over-the-counter alternatives exist and are covered or could be covered by Medicaid
- Drugs with high cost or supply problems

ITB 2.1 #26

MedMetrics will provide clinical research, data and reviews to the P&T Committee and/or Medicaid regarding preferred drug reviews and drugs to be considered for prior authorization, overrides, or coverage issues as requested by Medicaid or the P&T Committee.

ITB 2.1 #27

MedMetrics will provide clinical information and utilization data based on state and national trends in prescribing and dispensing patterns regarding the need for prior authorization for drugs specified by the P&T Committee and/or Medicaid.

ITB 2.1 #28

MedMetrics will provide projected cost savings for potential edits/overrides/non-coverage for drugs and drug classes that fall outside the scope of the PDL as requested by Medicaid.

ITB 2.1 #29

MedMetrics will provide clinical information and respond to questions from Medicaid designated Pharmacy staff in a timely and professional manner.

ITB 2.1 #30

MedMetrics will maintain and update the maximum unit list using methodology approved by Medicaid. MedMetrics will update this list on a routine basis according to a timeline approved by Medicaid. New drugs identified for the max unit list must be approved by or recommended by Medicaid. Currently, Medicaid max unit limits are based on FDB's GCN coding.

ITB 2.1 #31

MedMetrics will maintain and update the covered nutritional list using methodology approved by Medicaid upon request.

ITB 2.1 #32

MedMetrics will review the FDB Clinical and Editorial highlights on a weekly basis and make recommendations to the Agency on any needed actions.

REFERENCE TOOLS (ITB SECTION 2.1.1)

MedMetrics will have readily available access to the references tools as outlined in the ITB pages section 2.1.1. MedMetrics staff are able to combine the use of internal resources with full access to services of the Lamar Soutter Library at UMMS.

CLINICAL REVIEWS (ITB SECTION 2.2)

MedMetrics will provide recommendations for classes to review for the PDL based on AHFS classification, and any new drugs that are eligible for review in the scope of the PDL. The Agency will provide MedMetrics with the approved AHFS classes and new drugs for review. MedMetrics will provide Medicaid with a list of drugs from Medicaid's drug file that fall into those AHFS classifications, and add/delete drugs that fall into/out of the particular AHFS classification(s) along with documentation to clinically support why those particular drugs need to be included/excluded from the review. MedMetrics will also provide recommendations on how to group/sub-group single entity versus combination products, what drugs are brand versus generic, and OTC versus legend. The Agency is to approve the first draft of the drug list and return to MedMetrics as defined in a timeline approved by Medicaid for each respective review. MedMetrics is to provide the Agency with a "clean," approved, final drug list (to include all appropriate information as listed in Contractor

Deliverables) as defined in a timeline approved by Medicaid for each respective review. MedMetrics is to obtain Medicaid approval prior to deviating from approved final list.

MedMetrics will develop and present the reviews according to the AHFS classification system unless specified by Medicaid. MedMetrics will develop the reviews in a consistent format as agreed upon with Medicaid. Medicaid must approve the groups and subgroups by AHFS classification in which MedMetrics intends to conduct and present the reviews. MedMetrics will obtain Medicaid approval prior to deviating from the approved groupings and/or sub-groupings.

MedMetrics will review, discuss and reference all pertinent studies and clinical literature, including peer reviewed studies and publications, relevant to the drugs under review in their oral and written clinical reviews. MedMetrics will include references in the review packets. MedMetrics will provide supporting documentation upon request by the P&T Committee or Medicaid.

MedMetrics will give an oral presentation of the reviews at the P&T Committee meeting. The presentation will be by a clinical pharmacist who is fully versed with the information contained in the review and who is capable of entertaining questions from Committee members regarding findings and recommendations.

CONTRACTOR DELIVERABLES (ITB SECTION 2.3)

MedMetrics will provide all contract deliverables in a timely and professional manner in a format using a time line approved by Medicaid. In order for MedMetrics to perform some of these activities, Alabama Medicaid will need to provide MedMetrics with access to state-specific utilization data, Alabama Medicaid contract pricing, and First Data Bank information including FDB Clinical and Editorial Highlights.

ITB 2.3 #1

MedMetrics will provide a packet to P&T Committee members and Medicaid staff to include clinical reviews, agenda, table of contents, and ballots for P&T Committee meetings in electronic format and hard copy as described in Section 2.1, (1, 2, 10, 11, 22, 25, 26, and 27) of the ITB. Each clinical review packet will be contained in a three ring binder and will be labeled and paginated accordingly. The P&T Committee is required to meet a minimum of four times per year.

ITB 2.3 #2

MedMetrics will provide written meeting notification to P&T Committee members prior to mailing the review packet as defined in a timeline approved by Medicaid for each respective review.

ITB 2.3 #3

MedMetrics will provide detailed minutes of P&T Committee meetings so that discussion, motions, amendments and recommendations are reflected accurately as described in Section 2.1, (9).

ITB 2.3 #4

MedMetrics will provide a written P&T Committee update report for the Drug Utilization Review (DUR) Board. This information may be given in written format to Medicaid Contract Administrator. It will be a brief summary of activity and actions of the P&T Committee, The DUR Board meets a minimum of four times per year.

ITB 2.3 #5

MedMetrics will provide a Medicaid approved professional clinical representative to present oral presentations of clinical reviews at P&T Committee meetings as described in Section 2.1, (8).

ITB 2.3 #6

MedMetrics will provide clinical reviews upon request by Medicaid for coverage, PA determination, override determination, or clinical intervention on drugs or drug classes that fall outside the scope of the PDL and the P&T Committee, not to exceed 3 requested reviews per year as described in Section 2.1, (26). Potential reviews may include Alabama Generic Indicator (ALGI) review on drug file and vitamin/mineral review for coverage.

ITB 2.3 #7

MedMetrics will provide queries to identify AHFS classes and subclasses for review or potential edits. MedMetrics will provide projected cost savings on these groupings based on past claims data, projected utilization shifts, and any other clinical or financial data as described in Section 2.1, (5, 7, 27, 28, and 29).

ITB 2.3 #8

MedMetrics will provide queries for drug lists for clinical reviews upon Medicaid request to include information deemed appropriate by Medicaid but not limited to: NDC, brand name, generic name, manufacturer, manufacturer labeler code, strength, dosage form, Alabama specific generic indicator, OTC versus legend indicator as described in Section 2.1, (5 and 6).

ITB 2.3 #9

MedMetrics will provide notice to manufacturers of upcoming reviews via certified mail return receipt request; clinical reviews up to the time of the writing of this ITB averaged approximately 200 notices per meeting 2.1, (13).

ITB 2.3 #10

MedMetrics will provide timely notification in writing to Medicaid staff for drugs that are eligible for review or PA as described in Section 2.1, (4, 25, and 27).

ITB 2.3 #11

MedMetrics will provide electronic versions and maintain all PDL lists to include: PDL final posting, PDL by Therapeutic Category, PDL by alphabetical order, PDL Reference Tool. PDL documents are updated after each P&T Committee clinical review and on a quarterly basis. Medicaid must approve all drafts and will notify MedMetrics of deadlines associated with lists 2.1, (3).

ITB 2.3 #12

MedMetrics will provide internal and external criteria as relates to drug classes for review for PDL and on prior authorization as described in Section 2.1, (24). New or updated criteria must be consistent with current criteria and must be approved by Medicaid. Criteria will be developed at the time of the PDL review or edit implementation, final draft will be approved by Medicaid based on Commissioner Approval, and will be updated only if needed. Criteria already developed by Medicaid at the time of the writing of this ITB will be updated only if need should arise.

ITB 2.3 #13

MedMetrics will provide to Medicaid within 30 days of the request a response to clinical appeals requested by manufacturers as a result of PDL reviews. The response will contain clinical information to support MedMetrics' recommendation as described in Section 2.1, (23).

ITB 2.3 #14

Upon implementation of the contract, MedMetrics shall review and analyze Medicaid's operational policies and procedures related to the Preferred Drug Program as described in 2.1, (21). Within 6 months of the implementation of the contract, MedMetrics shall provide in writing to Medicaid its analysis and recommendations for changes/improvements.

ITB 2.3 #15

MedMetrics will provide electronic spreadsheets to determine brand versus generic drugs to be reviewed using Medicaid approved methodology as described in Section 2.1 (5 and 6) to

include: RedBook data, Orange Book data, and manufacturer data. MedMetrics will notify Medicaid in the event drugs needed to be modified with First DataBank regarding brand versus generic designation.

ITB 2.3 #16

MedMetrics will provide identification of single versus combination products when requested by Medicaid as relates to queries, reviews, projected cost savings, criteria, clinical or financial inquiries as described in Section 2.1, (5, 6, 7, 27, and 28). MedMetrics will make recommendations to Alabama Medicaid when requested regarding single versus combination products.

ITB 2.3 #17

MedMetrics will provide the maximum unit list using methodology approved by Medicaid in electronic format, with all additions/changes identified as described in Section 2.1, (30). This list will be updated on a biweekly basis according to a timeline approved by Medicaid. New drugs identified for classes already implemented to the max unit list will be approved by or recommended by Medicaid. MedMetrics will supply Medicaid with all additions/changes in a separate electronic spreadsheet, in a format approved by Medicaid to include such criteria as drug name, strength, NDC, and GCN so that these updates can be coordinated with First DataBank. Additional drug classes will be added to maximum units list when received for PDL.

ITB 2.3 #18

Upon request by Medicaid, but not more frequently than once per quarter, MedMetrics will provide recommendations for appropriate coverage or non-coverage of nutritional products using a methodology approved by Medicaid. MedMetrics will analyze all products to be reviewed and make recommendations to place products on the covered or non-covered list using a methodology approved by Medicaid as described in Section 2.1, (31).

ITB 2.3 #19

MedMetrics will review weekly the FDB Clinical and Editorial Highlights and provide recommendations of needed action to Medicaid as stated in Section 2.1, (32). Examples include: AHFS classification updates and how these changes may impact the PDL or other edits, gender restrictions implemented by FDB, and GCN additions that may affect max unit restrictions or other edits.

ITB 2.3 #20

MedMetrics will provide staff who are available to respond to Medicaid requests in a timely manner. MedMetrics will respond to all telephone calls, emails and faxes from Medicaid

within one (1) business day. MedMetrics will deliver all requests for information within the timeframe established by Medicaid in coordination with MedMetrics as described in Section 2.1, (18, 21, and 29).

ITB 2.3 #21

MedMetrics will notify Medicaid in advance if designated MedMetrics staff will be unavailable or out of the office. A qualified, alternate contact will be designated as described in Section 2.1, (9 and 19).

ITB 2.3 #22

MedMetrics will provide designated staff to participate in Medicaid/MedMetrics meetings/conference calls as scheduled by Medicaid in coordination with MedMetrics as described in Section 2.1, (9 and 19).

ITB 2.3 #23

MedMetrics will adhere to Medicaid policies for meetings and communications with pharmaceutical industry representatives to include but not limited to those detailed in Attachment G regarding issues contained in the Scope of Work of this ITB.

KEY PERSONNEL (ITB SECTION 2.5)

MedMetrics will have in place the necessary personnel to perform all duties and responsibilities outlined in the ITB. MedMetrics assures that all key personnel of a clinical nature will have a current license and be in good standing with their respective appropriate state board. MedMetrics will notify Medicaid in writing of any proposed changes to key personnel at least 30 days prior to the change. Whenever key personnel are not reasonably available, MedMetrics will provide a designated alternative fully capable of meeting the responsibilities of the key personnel outlined in the ITB.

Project Manager (ITB Section 2.5.1)

MedMetrics has assigned **David Calabrese, R.Ph., MHP, Vice President of Clinical Services** as the project manager responsible for operation of contract duties. Mr. Calabrese's resume is provided on page 33, and references for Mr. Calabrese are provided in Section 8. As identified in his resume, Mr. Calabrese brings extensive managed care clinical and administrative experience to his position with MedMetrics. He has maintained oversight of the development and implementation of outpatient clinical pharmacy programs within both private sector managed care organizations, as well as a large Boston-based integrated delivery system. In his current role, he oversees all aspects of MedMetrics' clinical operations including, but not limited to, coordination of MedMetrics Pharmacy &

Therapeutics Committee activity, formulary development and management, drug utilization review, pharmacy informatics, and all aspects of client-based clinical pharmacy support.

Mr. Calabrese received both his Bachelor of Science in Pharmacy and his Master of Health Professions degrees from Northeastern University, where he currently maintains academic affiliation as an Assistant Clinical Professor in the Bouvé College of Pharmacy and Allied Health Sciences.

Mr. Calabrese is an active member of the Academy of Managed Care Pharmacy, the American Society of Health Systems Pharmacists, and the Massachusetts Society of Health Systems Pharmacists. He serves as a member of the Massachusetts Medicaid Drug Utilization Review Board, and maintains an additional role as Clinical Editor of the peer-reviewed pharmacy journal *Formulary*, an Advanstar Medical Economics publication received by over 50,000 pharmacists and physicians nationwide. He has spoken at numerous forums and has published on a variety of topics pertaining to pharmacy management in the managed healthcare arena.

Mr. Calabrese will serve as a liaison between Medicaid and MedMetrics and he will be available and responsible for consultation and assistance with Medicaid personnel. He will attend, upon request, Medicaid meetings, administrative hearings, meetings and hearings of Legislative Committees and interested government bodies, agencies, and offices. Mr. Calabrese will provide timely and informed responses when operational and administrative issues arise in administration of the Alabama Medicaid program.

Clinical Pharmacist (ITB Section 2.5.2)

MedMetrics has assigned **Nan Ferris Pharm.D., Director of Clinical Affairs for Clinical Pharmacy Services (CPS)**, to be the Clinical Pharmacist for the Alabama Medicaid Agency contract. Dr. Ferris received her Doctor of Pharmacy Degree from the University of Kentucky and has also completed a two-year pharmacy residency in drug information. She has an active pharmacist license in good standing in several states, including Massachusetts, Rhode Island, California, and Kentucky. As outlined in her resume, Dr. Ferris possesses superior clinical competence and has demonstrated proficiency in drug therapy management. She played a key role in the development and implementation of a comprehensive preferred drug list, composed of over 25 therapeutic classes, for the Massachusetts Medicaid population, and continues to manage this aspect for CPS.

Dr. Ferris also has extensive experience in coordinating Pharmacy and Therapeutics Committees, Drug Utilization Review Boards and other specialty clinical workgroups. Dr.

Ferris is responsible for the clinical components of the contract duties. Dr. Ferris will serve as a clinical resource and will be available and responsible for consultation and assistance with Medicaid personnel and attend, upon request, meetings relevant to the scope of work in this contract to include all meetings of the Pharmacy and Therapeutics Committee.

Dr. Ferris' resume is provided on page 39 and two work references are provided in Section 8.

Other Personnel (ITB Section 2.5.3)

MedMetrics has the ability to secure and retain professional staff to meet the requirements of this contract. **Mr. Timothy Cummins, R.Ph., MBA** is currently the Executive Director for CPS and has a financial-based education and extensive experience in managed care and data analysis for projecting cost savings. Mr. Cummins' resume is provided on page 43. MedMetrics also has access to data analysts, other clinical pharmacists, physicians, an epidemiologist, a research coordinator and administrative personnel to carry out the requirements of this contract.

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Curriculum Vitae
David C. Calabrese, MHP, R.Ph.
Vice President of Clinical Services
100 Century Drive, Worcester, MA 01606
david_calabrese@medmetricshp.com

PROFILE

A results-oriented pharmacy executive with extensive experience and expertise in the clinical, operational and financial aspects of managed care pharmacy. Major strengths include building and maintaining a high-performing pharmacy risk management program, extensive involvement in formulary development, management and drug utilization review activities, establishing quality standards, and devising and implementing strategies to achieve bottom-line objectives.

PROFESSIONAL EXPERIENCE

MedMetrics Health Partners, Inc., Worcester, MA (6/05 – present)
Vice President of Clinical Services

Responsible for planning, direction, coordination, and management of evidence-based clinical programs, clinical research, and clinical documentation efforts for this non-profit pharmacy benefit management (PBM) organization. Oversee the implementation of national pharmacy & therapeutics (P&T) committee activity and drug utilization review functions. Serve an essential role in planning, developing, and implementing the company's business model clinical pharmacy strategies to meet the short and long term organizational objectives.

MedVentive (formerly Provider Service Network), Boston, MA (6/98 – 6/05)
Director of Pharmacy

Responsible for developing and managing, from inception, a comprehensive outpatient pharmacy risk management program supporting numerous PHOs and medical groups in Massachusetts.

- Oversaw all pharmacy budgeting and management.
- Oversaw the development, implementation and management of MedVentive's "Universal" Drug Formulary program.
- Coordinated the activities of 24-member MedVentive Pharmacy & Therapeutics Committee and its various specialty sub-committees.
- Co-Chaired CareGroup Pharmacy Task Force to standardize formulary decision-making and clinical intervention initiatives from the inpatient to the outpatient setting.
- Supervised the activities of a 6-clinical pharmacist academic-detailing team, with

little to no turnover in a 6+ year management term.

- Assisted in the development and maintenance of a central pharmacy data warehousing and web-based reporting system which integrates claims from multiple health plans.
- Oversaw all clinical and operational aspects of MedVentive's proprietary web-based therapeutic intervention tool (PRISM[®]).
- Served as liaison to the pharmaceutical industry and all local third-party pharmacy administrators.
- Participated in the development and implementation of disease management/quality improvement initiatives across various therapeutic areas.
- Program was recipient of the Associated Industries of Massachusetts' first annual 'Healthcare Cost Containment Award' recognizing outstanding performance by a provider, purchaser or insurer in containing costs while maintaining quality of care.

Harvard Pilgrim Health Care, Wellesley, MA (1/93 – 5/98)

Clinical Pharmacy Coordinator

Responsible for developing and managing the clinical pharmacy programs for the IPA and Group segments of an HMO servicing 1.3 million lives.

- Coordinated drug utilization review and intervention strategies to successfully manage quality of pharmaceutical care for plan members while meeting budgetary requirements for a \$130 million network drug budget
- Served as an essential member of the HPHC Pharmacy & Therapeutics Committee:
 - Critically evaluated new drug therapies; developed clinician/patient educational strategies; assisted in the development of corporate clinical guidelines/protocols; coordinated all aspects of Formulary review, management, and implementation
- Provided frequent large-scale presentations and one-on-one academic detailing for medical directors, physician groups, and individual clinicians
- Served as primary liaison to HPHC's pharmacy benefit manager (PBM), PharmaCare
- Assisted in the development of PharmaCare's Clinical Information Management System (CIMS): an innovative program designed to optimize formulary management and drug utilization review activities
- Participated in the development and support of HPHC disease management programs
- Two-time HPHC Diamond Award Recipient for quality of service. One-time recipient of the HPHC Staff Achievement Award.

Walgreens Pharmacy, Brookfield, CT (12/91 – 1/93)

Staff Pharmacist

Harvard Community Health Plan, Medford, MA (7/88 – 11/91)
Staff Pharmacist

EDUCATION

Northeastern University

Master of Health Professions Degree, June 1999

Northeastern University

Bachelor of Science Degree in Pharmacy, June 1988

Honors: Cum Laude

Dean Constantine Meriano Alumni Senior Class Award Recipient

Rho Chi National Pharmacy Honor Society (Beta Tau Chapter)

LICENSURE

1992: Licentiate in Pharmacy, Connecticut

1988: Licentiate in Pharmacy, Massachusetts

FACULTY APPOINTMENTS

- Clinical Assistant Professor, Northeastern University College of Pharmacy & Allied Health Sciences

PROFESSIONAL ORGANIZATIONS

- Academy of Managed Care Pharmacists - Northeast Regional Coordinator, Ambassador Program
- American Society of Health-System Pharmacists
- Massachusetts Society of Health-System Pharmacists
- Pharmacy & Therapeutics (P&T) Society
- Rho Chi Pharmaceutical Honor Society

REGIONAL COMMITTEE MEMBERSHIP

- Massachusetts Department of Public Assistance Drug Utilization Review Board
- Harvard Pilgrim Health Care Pharmacy & Therapeutics Committee
- Blue Cross Blue Shield of Massachusetts Pharmacy & Therapeutics Committee
- Tufts Health Plan Pharmacy Liaison Committee
- Beth Israel Deaconess Medical Center Pharmacy & Therapeutics Committee
- Massachusetts Coalition for the Prevention of Medical Errors

COMMUNITY/VOLUNTEER SERVICE

- Pharmacy Coordinator – Trinity Free Medical Program - Northborough, MA
- League Secretary/Coach – Northborough Youth Basketball Association (NYBA)
- Coach – Northborough Youth Soccer Association (NYSA)

EDITORIAL EXPERIENCE

Formulary Journal (12/01 – present)

Clinical Editor-in-Chief

- Review and prioritize manuscript submissions
- Assist editorial staff in acquisition of key articles for publication
- Advise publishing staff regarding value and utility of feature articles and monthly updates
- Offer ongoing editorial direction and strategic planning
- Assist in coordination of journal-related supplements, special projects and other related business opportunities
- Provide consultation to sales, marketing and circulation teams
- Provide support for web-site development and maintenance
- Recipient of various 2005 regional and national awards from the American Society of Business Publication Editors (ASBPE) and American Society of Healthcare Publication Editors (ASHPE) for content and illustration.

Managed Healthcare Executive (9/04 – present)

Editorial Advisory Board member

Copay Digest Series (8/04 – present)

Chair, Editorial Advisory Board

Journal of Managed Care Pharmacy (JMCP) (7/03 – present)

Peer-Reviewer

MDPAD (e-prescribing platform) (6/00 – 12/01)

Associate Editor

Risk Report Quarterly (1/99 – 6/00)

Associate Editor

PUBLICATIONS

January, 2004

Calabrese DC and Kozinn MJ. “New Option for Treatment of High Risk Post-MI Patients” *Managed Care Consultant: First Report* Princeton Media Associates, Millstone Township, NJ 2003.

October, 2003

Abraham WT, **Calabrese DC** and Feldman, DS. “New Frontiers in the Treatment of Heart Failure” *Managed Care Consultant: First Report* Princeton Media Associates, Millstone Township, NJ 2003.

July, 2002

Mukamal KJ, Markson LJ, Flier SR and **Calabrese DC**. “Restocking the Sample Chest: results of a trial to alter medication prescribing” *J Am Board Fam Pract* 2002 **July-Aug;15(4):285-9**.

March, 2002

Calabrese DC, Baldinger S. “Dose Optimization Program Offers Simplicity, Acceptability & Improved Cost-Efficiency” *J Managed Care Pharm* March/April 2002;**8(2)146-51**.

December, 2001

Zhao Y, Ellis R, Ash AS, **Calabrese DC**, Ayanian J, Slaughter JP, Weyuker L, and Bowen B. "Measuring Population Health Risks Using Inpatient Diagnoses and Outpatient Pharmacy Data" *Health Services Research. December 2001; 26(6) Part II: 180-193*.

October, 2001

Calabrese, DC. “Success in Pharmacy Risk Management: A Case Study” *Group Practice Journal – October 2001; 50 (9):42-49*.

March, 2000

Calabrese DC. “The Value of Average Wholesale Pricing (AWP) to the Capitated Physician Provider” – *Drug Benefit Trends & Forecasts March 2000;12(3):52-4*.

December, 1999

Featured Interviewee – **Managing Risk for Medical Groups** – An educational CME video and CD-Rom series from the American Medical Group Association – Alexandria, VA..

June, 1999

Associate editor – **Risk Contracting and Capitation Management: a Colloquy** - educational CME monograph published by IMS Health – Totowa, NJ.

May 1999

Miele M and **Calabrese DC** “Pharmacy Capitation” *Managed Healthcare May 1999;9:5*.

April, 1999

Contributing author – “The use of practice guidelines in the treatment of allergic rhinitis.” *Managed Care Interface 1999; Suppl 1:12-36*.

April, 1998

Calabrese DC “Intranasal corticosteroids versus nonsedating antihistamines in the treatment of allergic rhinitis women” *Harvard Pilgrim Health Care Practice Forum 1998;2(April):4-6*.

March, 1998

Brufsky JW, Ross-Degnan D, **Calabrese DC**, Gao X, and Soumerai SB. "Shifting Physician Prescribing to a Preferred Histamine-2-Receptor Antagonist: Effect of a Multi-Factorial Intervention in Mixed-Model HMO" *Medical Care* **36(3):321-33**.

December, 1997

Calabrese DC and Mullally W. "Cost-effective pharmacologic management of migraine headaches." *Harvard Pilgrim Health Care Practice Forum* **1997;2(December):18-9**.

October, 1997

Calabrese DC. "Antibiotic treatment for urinary tract infections in women." *Harvard Pilgrim Health Care Practice Forum* **1997;2(October):12-3**.

Calabrese DC and Stelovich S. "Antidepressant medications: selection and use." *Harvard Pilgrim Health Care Practice Forum* **1997;2(October):12-3**.

November, 1995

Contributing author "Diagnosis and Management of Urinary Tract Infections in Women: Cost-Effectiveness and Quality-of-Care Issues" - an educational CME monograph published by the Institute for Medical Studies - Laguna Niguel, CA.

September, 1995

Calabrese, D. "Successful CQI-based programs in a group-model managed care setting." *Journal of Managed Care Pharmacy: Sept/Oct 1995*.

July, 1995

Calabrese DC "Management of drug therapy in the elderly." *Formulary Insight* **1995(Suppl A):1-10**.

June, 1995

Contributing Author - **Rational Therapy: Asthma** - an educational CME booklet published by the Institute for Contemporary Pharmacy Research - Waltham, MA.

January, 1995

Calabrese DC "Pharmacologic management of *Helicobacter pylori*" *Formulary Insight* **1995(Jan);2(1):1-2**.

REFERENCES

Furnished upon request.

Curriculum Vitae
Nan H. Ferris, Pharm.D.
Director of Clinical Affairs, Clinical Pharmacy Services
100 Century Drive, Worcester, MA 01606
Nan.Ferris@umassmed.edu

PROFESSIONAL EXPERIENCE

**Clinical Pharmacy Services (Drug Utilization Review Program (DUR),
Commonwealth Medicine, University of Massachusetts Medical School, Worcester, MA**
Director of Clinical Affairs (2005 – present)
Associate Director of Clinical Services (2002 – 2004)

- Coordinated implementation of the Massachusetts Medicaid (MassHealth) Preferred Drug List (www.mass.gov/druglist), encompassing over 25 therapeutic classes and saving over \$120 M during the first two years of implementation.
- Coordinated the new drug and therapeutic class reviews for the MassHealth Preferred Drug List.
- Oversees the maintenance of the clinical content of the word and web documents for the MassHealth Preferred Drug List and coordinates updates with the MassHealth publications department.
- Oversee development of prior-authorization criteria for the MassHealth Drug List and clinical staff training on these guidelines.
- Coordinates the clinical activities of the MassHealth DUR Board and specialty clinical workgroups (e.g., psychiatric, narcotic and gastrointestinal drugs).
- Directs the MassHealth retrospective drug utilization review program.

CVS Pharmacy, Woonsocket, RI (1997 – 2001)
Editor, Clinical FOCVS
Director, Drug Information Residency Program
Clinical Specialist, Clinical Information Services

- Coordinated and supervised all operations related to monthly publication of a national clinical pharmacy newsletter, circulation 14,000 copies.
- Developed and obtained American Society of Health-System Pharmacists (ASHP) accreditation for an advanced drug information residency program.
- Responded to 30+ complex telephone and internet inquiries per day from health care professionals and consumers.

Saint Vincent Hospital (Worcester Medical Center), Worcester, MA (1992 – 1997)
Coordinator of Critical Care/Clinical Pharmacist Specialist

- Provided pharmaceutical care to patients in the medical and surgical intensive care units (ICU).

- Developed and executed innovative programs, such as therapeutic class reviews and best practice guidelines, to improve patient care and reduce medication costs.
- Participated on numerous quality assurance and Pharmacy and Therapeutics Committees for departments of critical care and pharmacy.

University of California San Diego Medical Center, San Diego, CA (1987 – 1991)
Coordinator, Surgical ICU Satellite Pharmacy/Critical Care Pharmacist

- Implemented and supervised activities of a Surgical ICU satellite pharmacy.
- Developed therapeutic guidelines for several disease states.
- Evaluated several therapeutic classes to determine best practices for optimizing drug utilization and patient outcomes, while minimizing drug costs.

Assistant Professor, Massachusetts College of Pharmacy and Allied Health Sciences
Boston, MA (1984 – 1986)
Director, New England Drug Information and Consultation Service

- Coordinated courses and lectures regarding drug literature resources and evaluation.
- Delivered lectures for pharmacotherapeutics courses.
- Managed and supervised operations of the drug information service.

EDUCATION

University of Massachusetts Medical School
Foundations of Management Certificate Program

University of Kentucky (Albert B. Chandler Medical Center)
Two-year Pharmacy Residency, specializing in Drug Information
Pharm.D. Degree with Highest Distinction

University of Wisconsin
Bachelor of Science in Pharmacy

PHARMACIST LICENSURES

California, Kentucky, Massachusetts, and Rhode Island

AWARDS

Commonwealth Citation for Outstanding Performance 2004
Employee of the Month, March 2004, University of Massachusetts Medical School

OTHER ACCOMPLISHMENTS

- Delivered 20+ American College of Pharmaceutical Education (ACPE) and Continuing Medical Education (CME) approved programs.
- Authored two chapters (one nursing and one intensive care textbook).
- Published numerous articles in peer-reviewed journals.
- Held academic appointments at several colleges of pharmacy.

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Curriculum Vitae
Timothy P. Cummins, R.Ph., MBA
Executive Director, Clinical Pharmacy Services
100 Century Drive, Worcester, MA 01606
Timothy.Cummins@umassmed.edu

PROFESSIONAL EXPERIENCE

University of Massachusetts Medical School – Commonwealth Medicine

Worcester, MA (September 2001 – present)

Executive Director

Responsible for directing the Clinical Pharmacy Services (CPS) program at the University of Massachusetts Medical School. CPS administers the MassHealth Drug Utilization Review (DUR) Program for MassHealth (Massachusetts Medicaid) and oversees a clinical call center as well as provide clinical services for MedMetrics a non-profit pharmacy benefit management company and its clients.

University of Massachusetts Medical School – Commonwealth Medicine

Worcester, MA (September 2001 – present)

Director – DUR

Responsible for administering the MassHealth Drug Utilization Review (DUR) Program for MassHealth (Massachusetts Medicaid). Manage clinical consultant pharmacists in the decision process of prospective drug utilization review (Pro-DUR) and retrospective (Retro-DUR) drug utilization review. Facilitate the DUR Board quarterly meetings and the monthly clinical workgroups. Work closely with the MassHealth in providing state and federal reports, as well as adhering to Medicaid regulations and OBRA '90 guidelines. The DUR program has implemented and administer the following DUR initiatives; Preferred Drug List, Generic Mandatory, Early Refill Prohibition, Medication Regimen Review, Academic Detailing, Prescriber Profiling, Cost Avoidance Analysis, Disease State Management, Controlled Substance Management and Retrospective Outcome Measurement.

Pharmacia Corporation, Berlin, CT (10/00 – 9/01)

Operations Manager

Provide short-term operations consulting services to a long-term care pharmacy provider. Evaluate policies, procedures, and current business practices in order to delineate and implement cost and time saving measures.

NetCare Health Services, Inc., Middletown, CT (10/99 – 9/00)
Vice President Operations

Oversee startup plan to open a long-term care pharmacy, with initial business of 3,000 beds in Connecticut, and future growth to other states. Responsible for all operations, hiring, personnel management, budget and financial management.

Value Pharmacy, Inc. (OmniCare), West Boylston, MA (7/97 – 8/99)
Operations Manager

Responsible for finances and operation of the pharmacy. Assist the President in all aspects of the pharmacy including contracting, billing, sales and marketing, clinical consulting, medical records, transportation, disease state management, bench marking reports and infusion therapy. Oversee budget, Q&A, and a staff of 70, servicing 6,000 beds in Massachusetts. Committee chair for Value Pharmacy's JCAHO long-term care pharmacy accreditation. Initiate and maintain contract negotiations with new and existing customers. Have overseen business growth of 3,000 beds; joined the company after the abrupt departure of 3 key staff members, with no loss of customer base during the transition.

Pharmacy Corporation of America, West Springfield, MA (11/94 – 7/97)
(acquired Insta-Care)
Pharmacy Operations Manager

Responsible for finance and operation of all aspects of the pharmacy including managed care accounts, sales/marketing, clinical consulting, medical records editing, transportation, and home-care departments. Oversaw budget, Q/A, overall service and a staff of sixty servicing 4500 nursing home beds in Western Massachusetts. Managed a 500k inventory, supervised shipping and receiving functions, and maintained pharmacy production schedules.

Coordinated the expansion of business into the assisted living market. Successfully managed the move of the Windsor CT pharmacy to West Springfield. Trained staff on new computer and bar coding system. Managed the consolidation of the Marlboro Pharmacy to Brockton. Maintained the entire customer base throughout the move and consolidation.

Insta-Care Pharmacy Services, Woburn, MA (1/85 – 11/94)
Northeast Operations Manager

February, 1992 to November 1994. Prepared, managed, and reported on a \$40 million dollar operating budget for the Northeast Region. Oversaw operations of four regional stores servicing over 26,000 nursing home beds. Responsible for troubleshooting at all locations. Managed a staff of 150+, including performance and salary reviews for 5 key direct reports. Directed the staffs of Repackaging, Warehousing, and Medicare Part B departments, as well as supervised the Medical Part B billing processes. Supported senior management in the

reorganization of corporate-wide warehousing procedures and systems. Prepared numerous management reports covering budget, operational efficiency, staffing, inventory, and trend analysis using a variety of PC tools, including Microsoft Windows, Word, Excel, Microsoft Project, and workflow and space planning software. Oversaw services to our managed care accounts.

Managed projects including: a business acquisition adding 2600 beds; the consolidation of one store serving 5000 beds to two of the existing stores; the out-of-state move of a western Massachusetts store to Connecticut, including dealing with state and local governments to ensure proper licensing; automation of purchasing and inventory functions; bar-coding implementation. Conducted efficiency studies and implemented cost-saving measures. Assisted in college and university recruiting in New England; spoke at major drug companies on topics related to pharmacy operations in long-term care facilities. Sat on the formulary and regional Medicaid committees.

June 1986 to February, 1992. Managed 50 employees and a budget of \$10 million dollars. Hired and trained staff; monitored client relations. Managed the move of the Worcester store to Marlboro; named the top store in the Northeast. Published work in MEDS magazine.

EDUCATION

Anna Maria College, Paxton, MA
Masters in Business Administration, 1998.

Massachusetts College of Pharmacy
BS in Pharmacy, December, 1981.

Burroughs-Wellcome Management Training

Adjunct Assistant Professor of Pharmacy Practice - Northeastern University

CIVIC AND SERVICE ORGANIZATIONS

- Co-Director Boys of Summer Baseball Camp
- Riley Co-Award Winner 2000 (Town Citizen of the Year)
- Auburn Little League- Coach
- Midstate Junior Icecats Youth Hockey- Coach
- American Drug Utilization Review Society (ADURS) – At-Large Director

REFERENCES

Available upon request.

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SECTION 6

CORPORATE CAPABILITIES & COMMITMENT

HISTORY AND CORPORATE STRUCTURE

The bidding organization is MedMetrics Health Partners, Inc. (MedMetrics), a non-profit PBM founded by Public Sector Partners, Inc. (PSP). PSP is a non-profit organization created by, and affiliated with, the University of Massachusetts Medical School (UMMS) and the University of Massachusetts Memorial Medical Center in Worcester, Massachusetts, with representatives from both organizations sitting on PSP's board of directors.

Established in 2001, PSP is a health care management organization that offers a full array of program management and consulting services to public sector clients. PSP's mission is to work with states and municipalities to support public sector health care initiatives, to optimize program efficiency and effectiveness, and to add value to the quality of the provision of health care services. PSP's senior management team has over 100 years of combined direct public sector experience.

Founded by PSP, MedMetrics has a unique relationship with UMMS. The relationship is formalized by a contract with PSP, but the entities function as partners. PSP provides administrative, management and technical support to UMMS in a variety of areas including, but not limited to, program and project management, product and marketing management services, and education and training. In turn, UMMS offers a depth of clinical expertise and experience that allows PSP and MedMetrics to enhance the quality of health care services for its clients. The collaboration between MedMetrics and UMMS is strengthened by the co-location of MedMetrics and UMMS staff in offices in Worcester, Massachusetts.

MedMetrics is incorporated in Massachusetts and is located at 100 Century Drive, Worcester, MA 01606. MedMetrics is an independent, non-profit corporation; as such, no other organization owns any portion of MedMetrics.

MedMetrics is affiliated with the UMMS and the University of Massachusetts Memorial Medical Center. MedMetrics does not have affiliations or ownership relationships with suppliers of pharmaceuticals or retail pharmacy services including: retail pharmacy services, mail order pharmacy services, drug manufacturing, and drug distribution.

MedMetrics' clinical partner is Clinical Pharmacy Services (CPS), a division of UMMS. Through this partnership, MedMetrics meets the ITB requirement of being licensed to do business for a minimum of three (3) years. MedMetrics has obtained a license to do business in the State of Alabama; a copy of our Certificate of Authority is provided in Section 10.

MedMetrics requires subcontractors to report any potential conflicts of interest and informs our clients of potential conflicts as they arise. At present, MedMetrics is unaware of any conflicts of interest with subcontractors in Alabama or generally.

MedMetrics is fully responsible for meeting all requirements of any contract resulting from this ITB, including the work performed by its subcontractor, CPS. CPS has agreed to perform work associated with the ITB for the full contract period required. If awarded this contract, MedMetrics will seek written consent from Alabama Medicaid to subcontract with CPS. As a subcontractor to MedMetrics, CPS will provide the professional services for clinical pharmacists.

CPS is MedMetrics' clinical arm that manages concurrent and retrospective drug utilization review (DUR) programs. This relationship brings opportunities for clinical research and innovation. The strength of this partnership, combined with the clinical expertise within the University, offers new opportunities to study and manage pharmacy and health in a manner that has never been done before.

OVERVIEW OF CORPORATE CAPABILITIES

MedMetrics provides a unique pharmacy benefit management offering that differs significantly from traditional PBMs in the marketplace today. MedMetrics' development strategy has been to build on the existing programs at PSP and UMMS, drawing on the public health expertise and operational experience of PSP, while building on the clinical strength of UMMS.

MedMetrics has developed a private, nonprofit, full-service PBM with a business model that aligns its financial incentives with those of its clients to more effectively control drug trend while delivering quality clinical care. This financial alignment allows us to work in partnership with clients to control its drug trend through net cost management and innovative clinical programs designed to meet the unique needs of our clients. Our business model embraces a transparent pricing model, including the disclosure of all manufacturer funds to clients, providing pass-through pharmacy pricing, and disclosing all revenue streams attributable to the client's prescription drug program.

A cornerstone of MedMetrics' business model focuses on effective, innovative, and customized clinical programs. Drawing on the vast clinical resources of UMMS, MedMetrics assists clients in controlling their drug trend through clinical initiatives. These initiatives are intended to be practical alternatives to cost shifting and member benefit design changes. The result is enhanced quality of care for our client's members.

As a non-profit corporation, MedMetrics has a public mission to assist non-profits and public entities to improve their healthcare policies and improve the efficiencies of their services. MedMetrics has in-depth knowledge of the local and regional health care markets. Currently, PSP and Commonwealth Medicine contract with numerous states offering a variety of health programs.

MedMetrics has significant experience with those served under the Alabama Pharmacy program. Senior management and staff at both MedMetrics and CPS have extensive experience working within the Medicaid environment. They are very familiar with the needs of Medicaid recipients and providers. More importantly, our staff understands the needs of state governments.

Early in 2004, on behalf of the Commonwealth of Massachusetts, MedMetrics offered PBM services for a Medicare Drug Discount Card for over 30,000 members of its State Pharmacy Assistance Program. MedMetrics' newest client, Neighborhood Health Plan (NHP), signed a contract in June 2004 for a full-service PBM offering. MedMetrics provides NHP with a complete set of PBM services for over 120,000 members of this managed care plan.

CPS, MedMetrics' clinical arm at UMMS, has performed DUR services for the Massachusetts Medicaid program since 1997 to over 650,000 individuals. The DUR Program was established by CPS in response to the requirements of the Omnibus Budget and Reconciliation Act of 1990 (OBRA '90). The main goal of the Massachusetts DUR Program is to ensure that Medicaid recipients are receiving appropriate, medically necessary prescription drug therapy. To achieve this goal, three program initiatives have been implemented including Prospective DUR (ProDUR), Retrospective DUR (RetroDUR) and administration of the DUR Board.

CPS conducts utilization review for the Massachusetts program in three areas: (1) utilization of prescription drugs among Massachusetts Medicaid members; (2) prescribing patterns among physicians; and (3) utilization patterns by drug class. Additionally, the clinical team, comprised of licensed consultant pharmacists, clinical pharmacists (Pharm.Ds) and a Medical Director, provides comprehensive drug utilization review studies to assist in the design of clinically appropriate policies and cost containment initiatives, and monitors national drug

utilization trends, drug research and FDA announcements to further enhance pharmacy strategies.

CORPORATE COMMITMENT

MedMetrics is committed to providing the scope of services in the Alabama Medicaid Pharmacy Clinical Support ITB. As demonstrated by our experience with public agencies and its partnership with UMMS, MedMetrics will implement and exceed the expectations identified in the ITB. MedMetrics will foster a positive and mutually beneficial working with relationship with Alabama Medicaid that will enhance and improve the Pharmacy Program.

SECTION 7
BIDDER'S UNDERSTANDING OF ALABAMA REQUIREMENTS

MedMetrics staff believe we have a good understanding of the Alabama requirements in the ITB. With the informational Bidders' Conference, the questions and answers provided, the specificity of the ITB document, and the useful Attachment C, the list of Mandatory Bid Requirements Checklist, we are confident that we have a clear understanding of what is required.

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SECTION 8
REFERENCES

Corporate References

Massachusetts Executive Office of Elder Affairs

Description: For the Massachusetts Executive Office of Elder Affairs, MedMetrics coordinated the preferred Medicare-approved Drug Discount Program for the State Pharmacy Assistance Program, Prescription Advantage.

Duration: 2 years

Size: 30,000 members

Contact: Jennifer Davis Carey, Secretary

Address: One Ashburton Place, Boston, MA 02108

Telephone: 617-727-7750

Neighborhood Health Plan

Description: MedMetrics is a full service Pharmacy Benefits Manager.

Duration: 3 years

Size: 120,000 members

Contact: James Glauber, MD, Medical Director

Address: 253 Summer Street, Boston, MA 02210

Telephone: 617-772-5500

Office of Medicaid

Massachusetts Executive Office of Health and Human Services

Description: The University of Massachusetts Medical School's Clinical Pharmacy Services (CPS) provides comprehensive drug utilization program services.

Duration: 5 years

Size: 650,000 members

Contact: Ron Steingard, MD, Medical Director

Address: 600 Washington Street, Boston, MA 02111

Telephone: 617-210-5682

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Boston, MA 02111
617-210-5695 (telephone)

SECTION 9
FIXED BID PRICE

MedMetrics is pleased to submit a fixed bid price for the Alabama Medicaid Pharmacy Clinical Support ITB # 05-X-2150840. MedMetrics will perform the services as listed in the scope of this ITB for the fixed price of \$. The price proposed has been arrived at independently without consultation, communication, or agreement with any other bidder or competitor for this procurement.