

PROPOSAL SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | |
|---|---|--|---|-----------|
| Company: | M. Joseph Medical, LLC | | | |
| Address: | 11900 Brinley Ave, Ste 200 | AR Vendor # (if known) | 100240590 | |
| City: | Louisville | State: | KY | Zip Code: |
| Business Designation: | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Public Service Corp | |
| | <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | | <input type="checkbox"/> Nonprofit | |
| Minority and Women-Owned Designation*: | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> American Indian | <input type="checkbox"/> Service-Disabled Veteran | |
| | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American | <input checked="" type="checkbox"/> Women-Owned | |
| | <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander American | | |
| | AR Certification #: | | * See Minority and Women-Owned Business Policy | |
| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | | | |
| <i>Provide contact information to be used for bid solicitation related matters.</i> | | | | |
| Contact Person: | Russell Williams | Title: | Senior Account Executive | |
| Phone: | (502)777-9461 | Alternate Phone: | (502)855-4582 | |
| Email: | rwilliams@mjosephmedical.com | | | |
| CONFIRMATION OF REDACTED COPY | | | | |
| <input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. | | | | |
| <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i> | | | | |
| ILLEGAL IMMIGRANT CONFIRMATION | | | | |
| By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract. | | | | |
| ISRAEL BOYCOTT RESTRICTION CONFIRMATION | | | | |
| By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. | | | | |
| <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel. | | | | |

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: Senior Account Executive

Printed/Typed Name: Russell Williams Date: 7/23/2020

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M. Joseph Medical

Response to State of Arkansas Request for Proposal Workers' Compensation Pharmacy Services

July 27, 2020

M. JOSEPH MEDICAL
TECHNICAL PROPOSAL PACKET
SP-20-0093 RESPONSE

REDACTED

E.1 ORGANIZATIONAL PROFILE

- A. Provide a brief overview of the history, structure, and ownership of your organization.

M. Joseph Medical is a full-service Pharmacy Benefits Management (PBM) provider with expertise in corporate cost containment for workers' compensation claims. M. Joseph Medical is a privately owned company that has been in business since 1985, based in Louisville, Kentucky. M. Joseph Medical is a woman-owned business, with Julie Norris as the President/CEO of M. Joseph Medical, LLC. Michael Joseph Bartlett founded M. Joseph & Associates with the original focus of software development. He implemented mail-order prescription services in 1990, followed by online prescription adjudication in 1995. M. Joseph Medical developed proprietary software to assist with adjudicating online pharmacy transactions to deliver additional efficiencies to its client base. Julie Norris joined M. Joseph Medical in 1997 and was instrumental in growing the ancillary services segment for injured workers' needs. In 2014, Julie took ownership of M. Joseph Medical, LLC. Efficient cost containment for workers' compensation, through pharmacy benefits management and ancillary services, was always the top priority and remains so today.

- B. Discuss your organization's experience in providing PBM services over the past five (5) years similar in size and scope to those required by the RFP. Include experience providing services to public entities and experience in workers' compensation claims, including the percentage of your organization's business dedicated to workers' compensation claims, as applicable.

- C. Provide a brief summary of (3) three accounts to which your organization has provided PBM services in the past two (2) years. Include the following information for each client:

Client business name and dates of service

Title, phone number, and email address of a contact person

Summary of the services provided

- D. Provide a resume, biographical sketch, and/or curriculum vitae for the key personnel, including the account manager and executive sponsor (if applicable), anticipated to be assigned to the Pharmacy Program.

Russell Williams, Senior Account Executive, will act as the Account Manager to the State of Arkansas. Russell began his career with M. Joseph Medical in 2009 after completing his undergraduate degree at the University of Kentucky, serving in a bilingual customer service role for the Pharmacy and Ancillary departments. He implemented M. Joseph Medical's streamlined national Transportation & Translation cost-containment program in 2011. Recognizing an analytical, detail-oriented approach to work processes, Russell transitioned to work as liaison between internal customer service departments, vendor network(s), and accounting to address efficiencies in billing practices.

In 2013, Russell began work on his Masters of Science degree, continuing to work in an operational support role to customer service and accounting departments until his completion of his M.S. Speech Language Pathology degree, specializing in Traumatic Brain Injury, movement disorders, and Alzheimer's/Dementia care in 2015. He practiced until 2018, when he returned to M. Joseph Medical. Russell serves as Senior Account Executive to carriers, third-party administrators, and self-insureds. He has over 10 years of knowledge and experience with M. Joseph Medical and M. Joseph Respiratory operations. Russell champions client-directed programs to best meet the wants and needs of patrons and anticipates M. Joseph Medical's competitive nature, coupled with exemplary customer service, to serve any entity as a treasured partner.

Katie Lee, Director of Account Management, is serving as Russell's Executive Sponsor. Since 2007, Katie is responsible for managing client relationships. She is implicitly involved with new business development and marketing opportunities throughout the workers' compensation industry. Katie oversees the implementation of new client accounts, ensures ongoing process improvement, and heads the account management and sales teams. She manages the overall client relationship and makes certain the departmental customer service team members carry out client specific protocols to exceed client expectations. Katie's experience and attention to detail add value to M. Joseph Medical trusted partnerships and provide effective delivery of cost containment solutions.

Mary Smith is Director of Pharmacy Services for M. Joseph Medical. Joining the company in 2004, she has over 15 years of experience in the workers' compensation industry. Mary has played an integral part of the company, responsible for the oversight of the entire pharmacy services department focusing on cost containment and every aspect in providing outstanding service to our clients. She is also responsible for the technical billing practices of all pharmacy services rendered. Mary works closely with

the Pharmacy Services Manager, pharmacy customer service team and other internal departments to expand operational efficiencies within the company.

Mary Dinnegan is M. Joseph Medical's Pharmacy Services Manager. Mary joined the company in 2006. She manages the pharmacy customer service team to ensure outstanding service for clients and timely prescription fills for workers' compensation claimants. She is responsible for home infusion implementation and pain pump service negotiation and service. Mary also oversees third-party billing practices and works with clients to reduce these costly bills as well as out-of-network dispensing.

- E. Provide the method(s) by which your company measures client satisfaction, how your company ranks by these measurements, and provide your company's client retention rate.

M. Joseph Medical is flexible and proud to measure client satisfaction based on an individual client's prioritization of wants/needs. Objective indicators of satisfaction are often measured by cost-containment, generic utilization, and decreased narcotic utilization. In the first half of 2020, national clients in general have received pharmacy costs 50.52% below respective state fee schedules with overall generic utilization of 88.38%. Working closely with individual clients, M. Joseph Medical has yielded statistically significant year-over-year narcotic utilization. Subjective indicators of satisfaction are often linked to program transparency, efficient communication, timely prescription fills, ease of Prescription portal use, and responsive customer service.

Through both objective and subjective measurements, M. Joseph Medical boasts a client retention rate of 98%.

- F. Discuss significant changes in the ownership or structure of your company within the past three (3) years, including mergers and/or acquisitions, and discuss if your company anticipates significant changes in the future. Provide an explanation of these changes and how these changes will or may affect its service to PECD. If no significant changes have occurred or are anticipated, discuss your company's current organization retention policy.

M. Joseph Medical has not experienced any changes in ownership or structure within the past three years. M. Joseph Medical is not participating in a merger or acquisition currently, and does not have plans to merge and/or acquire another company.

For M. Joseph Medical's retention policies, please refer to ATTACHMENT C.

- G. List all significant litigation and/or government action taken, proposed, or pending against your company within the past five (5) years that relates to providing PBM services. Include outcomes, explanations, and tell what actions your company has taken to remedy the matter(s). If no litigation or action has been taken against your company, discuss practices and/or policies your company has in place to avoid such litigation or action.

M. Joseph Medical has not nor is currently involved with any legal litigation and/or government action against it whether PBM services or otherwise. In addition to client, claimant, and data protection measures addressed in E.6 TECHNOLOGY AND SECURITY, M. Joseph Medical abides by all state and federal laws and guidelines concerning workers' compensation. When applicable, M. Joseph Medical

engages as an active stakeholder with governing bodies creating and amending state-level laws and guidelines to promote transparency and education throughout the workers' compensation hierarchy.

E. 2 ACCOUNT MANAGEMENT AND SUPPORT

- A. Discuss how your company plans to respond to PECD account management inquiries. Include your company's customer service call center hours of operation, avenues of communication (such as toll-free telephone number, online live chat, email), and the experience and training of current staff.

M. Joseph Medical welcomes account management inquiries to solidify understanding, provide education, provide transparency, and increase the working relationship effectiveness with all clients. Due to the nature of account management inquiries and their universal application to the account, these dialogues typically are documented through email communication, although telephonic clarification may always be used as desired. The Account Manager, Russell Williams, will act as the primary liaison for all general account questions. If unable to answer any inquiries, Russell shall route to any/all appropriate parties to address the client's needs, including the Director of Pharmacy Services and the pharmacist on staff. The M. Joseph customer service team has immediate access to information related to prescriptions on hand and may speak to claimant's pharmacist for additional information.

Pharmacy customer service representatives are available and may be reached telephonically (toll-free), by e-mail, or fax Monday-Friday, 7:00 AM-5:00 PM CST, with a dedicated after-hours representative available outside of regular operating hours, including evenings, weekends, and holidays.

The M. Joseph Pharmacy customer service team is comprised of individuals with over 40 years of combined experience serving workers' compensation pharmacy clients. All customer service team members are educated and trained on varying state mandates, state and client-specific formularies, and client-specific needs. Each member is provided with a client reference guide so individual client preferences are acted upon to provide exemplary customer service. The pharmacy team meets regularly to discuss new developments, modifications, and concerns.

- B. Discuss your company's customer service call center procedures and metrics. Include how calls are initially answered (such as by a live operator or an automated system), the call center's average time to answer, and the call center's call abandonment rate.

The M. Joseph Customer Care Team is available Monday-Friday, 7:00 AM-5:00 PM CST, with a dedicated after-hours representative available outside of regular operating hours, including evenings, weekends, and holidays. All inbound calls are routed to the M. Joseph pharmacy customer service team by pressing a single key on the automated prompt (#1). The M. Joseph Medical customer service team's benchmark is to answer every call by the 2nd ring. At the time of writing this proposal, the last 30 days of call logs were analyzed. Of the 1,790 inbound calls, 7 were not answered or the caller terminated the call before M. Joseph Medical was able to answer. Average call duration was 1 minute and 58 seconds. In the same 30-day timeframe, 140 calls were placed on hold (7.8% of total calls placed on hold) with an average hold time of 24 seconds.

- C. Discuss the availability of specialists your company will provide, as needed by nurse case managers, claims examiners, and EBRx pharmacists, such as clinical pharmacists and pharmacist liaisons. Include hours those specialists will be available to PECD for phone consultations and quarterly formulary meetings.

Specialists such as clinical pharmacists and pharmacist liaisons are available during business hours from 9:00 AM-6:00 PM CST. Clinical pharmacists and/or pharmacist liaisons are also available for quarterly formulary meetings.

- D. Discuss training programs your company proposes to provide for PECD staff and claims examiners.

To provide multimodal learning, typically on-site overview, education, and training of the pharmacy portal and program is provided with webinar “refreshers” available at any scheduled time thereafter. An examiner/claims representative Reference Guide is provided to those requiring portal access during initial training. If national health concerns are to continue, on-site overview, education, and training may be completed virtually with screen-mirroring capabilities.

- E. Discuss how your company proposes to provide stewardship meetings, including how often these meetings will be scheduled and a brief sample of information to be shared during these meetings.

M. Joseph Medical will provide stewardship meetings according to PECD’s preferred timeline. Savings and Utilization Reports will be shared during stewardship meetings and overall performance will be discussed. The M. Joseph Medical team will provide visibility throughout the course of the agreement and will provide resolution for any unique PECD requirements. The M. Joseph Medical team will deliver a full-service solution to ensure that the performance of the PECD’s PBM program is consistently optimized to its satisfaction. See samples of information to be shared under E.5 REPORTING, a.

- F. Describe how your company will manage incomplete transmissions from a pharmacy.

A pharmacy may often face an “incomplete” transmission of a prescription. This may be due to Prior Authorization, non-designated prescribers, or a required field not appropriately keyed at the level of the pharmacy prohibiting the medication from processing. The M. Joseph Medical pharmacy customer service team monitors a live feed to adjudicate these claims as soon as possible during business hours. Incomplete transmissions from evening, holiday, and weekend hours are chronologically logged and addressed next business day, unless the pharmacy/claimant utilizes the after-hours line so acute prescription needs may be addressed in real time.

The customer service team members’ initial phone contact script always includes a reference to our telephone number located on their prescription card in the event of difficulties experienced at the pharmacy.

- G. Describe how your company will process refunds to PECD.

M. Joseph Medical will issue refunds to PECD by check upon any overpayment or reversal which is claim specific.

- H. Describe how your company will handle prescription payment status calls from PECD and network pharmacies.

Prescription payment status calls will be directed to the Pharmacy Services Department Manager and Director to be promptly addressed.

E.3 NETWORK AND PHARMACY PROGRAM MANAGEMENT

- A. Discuss the scope and size of your company's retail pharmacy network, both within Arkansas and nationally, including whether your company owns or leases the retail pharmacy network.

Workers' Compensation prescriptions may be filled at over 65,000 pharmacies nationwide using a leased Retail Rx program network. Within the state of Arkansas, there are currently approximately 656 in-network pharmacies.

- B. Discuss your company's retail pharmacy network penetration rate and the methods your company utilizes to increase network compliance.

M. Joseph Medical does not currently have a Network Penetration-specific report although this type of report is able to be implemented during contract negotiations. M. Joseph Medical proactively contacts claimant's preferred pharmacies to relay claimant-specific processing information. Pharmacies are educated on where they can identify the M. Joseph Medical telephone number if the pharmacy experiences a prescription rejection.

For pharmacies not within the current network, when M. Joseph Medical receives a call from said pharmacy or identifies said pharmacy in the live rejection feed, immediate action is taken to reduce the POS transaction time. The pharmacy is subsequently added in a matter of minutes and the medication(s) are addressed for processing with contractual terms sent from the processor to the pharmacy thereafter.

- C. Discuss your company's claims examiner access portal including how the portal is accessed and used, along with features accessible to users and supervisors such as, viewing medication histories by claim, allowing delegation of approvals, and allowing supervisors to view and manage medications awaiting approval, current delegations, and pending medications.

M. Joseph Medical's pharmacy portal is a real-time, web-based platform. Authorized claims examiners and supervisors may access the portal via the M. Joseph Medical homepage online, with a provided User ID and password. Multiple features are available through the portal for authorized PECD staff, including: adding claimants, editing certain claimant demographics, extending prescription eligibility coverage, adding/deleting/modifying coverage dates of specific medications within a claimant's profile, uploading claimant files, viewing medication history by claim, viewing prescribing doctor history, viewing claim

processing activity, viewing time stamped rejection history, generating new/replacement Rx cards, viewing mail order alerts for claimant candidacy, generating Letter of Medical Necessity letters, and generating Letter of Brand Necessity letters. M. Joseph Medical's secure Rx portal also allows authorized PECD claims examiners to change the primary user assigned to the claim. The portal also allows claims examiners to delegate approvals/denials of pending medications with choices of Allow One Time Fill, Allow Ongoing Fills, Authorization Denied, Never Allow This Drug, or Other if the M. Joseph Medical pharmacy team has not already contacted EBRx. Selecting one of these options will not automatically execute the selected function but rather electronically prompt M. Joseph Medical to execute the function and document the internal notation system.

Related, email notifications are sent 72 hours in advance of a specific claim's Rx eligibility expiration date to the primary user. This allows the claim's primary user to review and extend if desired or to let the claim expire if indicated. If a claims examiner expects to be out of the office, a specific date range can be searched for upcoming expiring claims to avoid potential disruption of claimant's pharmacy fills who have impending claim expirations.

D. Discuss your company's adjudication process for authorizing prescriptions.

M. Joseph Medical works with individual clients on how they would like the adjudication process to occur. As Arkansas has an established formulary, the prescription customer service team assists all related prescriptions as required by pharmacies. Single or multiple providers can be "locked in" and can be restricted to specific dates of injury/claims. As ICD-9 or ICD-10 codes are not utilized to determine appropriateness within M. Joseph Medical's system, the pharmacy team will contact EBRx for any rejections due to non-authorized physicians, medications outside of the specified formulary, etc. M. Joseph Medical acts accordingly to the explicit direction provided. Drug interaction/crosscheck analysis is completed at the pharmacy level and is displayed within the processor. And, as pharmacy claims are adjudicated in the M. Joseph Medical system, the following audits occur:

Duplicate drug therapy, gender auditing, age auditing and three levels of drug interactions (mild, moderate and severe) occur automatically. The M. Joseph Medical system sends alerts to the pharmacies as mild, moderate or severe. It is up to the pharmacist to make an effort to correct the issue at hand and prescriptions are allowed to process at this time. However, custom audits may also be performed if defined by PECD. For example, if there is a moderate or severe interaction, M. Joseph Medical is able send a message back to the pharmacy prohibiting the prescription from processing. The pharmacy would have to contact M. Joseph Medical with a reason to override the medication (for example, the patient has not taken one of the medications in over a year), and M. Joseph Medical could then allow the prescription to process.

M. Joseph Medical has a database of providers, which includes prescriber DEA#s and NPI#. Before a provider can be added to the database as a prescriber, there is a formula in place to ensure the prescriber meets appropriate criteria. This formula has a specific code that verifies the DEA# and NPI#, which would show if there are fraudulent numbers in either professional number.

Generic medications are mandated unless a physician specifically writes prescription with "Dispense as Written" noted for Brand medications. M. Joseph Medical will send "Letter of Brand Necessity" upon request by examiner to treating physician to determine if Brand medications are necessary for a particular patient. M. Joseph Medical will provide reports to PECD showing brand usage and will discuss possible opportunities for conversion to generics.

E. Discuss how your company proposes to provide notification to EBRx of pending medications needing authorization.

As a preferred communication medium, e-mail is the proposed route to notify EBRx of pending medications requiring authorization. Electronic correspondence allows dialogue to be reviewed and referenced for claim notation.

F. Discuss the workflow your company proposes for handling each of the following scenarios, including how the initial pre-authorization request will be handled:

- Medication not on the formulary

M. Joseph Medical receives “rejected” medication through the live portal and identifies the medication as an “N” drug in the formulary. M. Joseph Medical subsequently reaches out to the specified EBRx contact via email, providing all necessary information including medication name and prescriber and documents the occurrence in its internal claimant notation system. Given receiving instruction back, the customer service team members reach out to the pharmacy with notification of approval/denial and documents the internal notation system.

- Medication prescribed by an unauthorized physician

M. Joseph Medical receives “rejected” medication through the live portal and identifies the prescriber as unauthorized. M. Joseph Medical will attempt to establish a relationship with the treating physician and/or practice with the pharmacy. M. Joseph Medical subsequently reaches out to the specified EBRx contact via email, providing all necessary information including the medication name, prescriber, and practice information if known. This information is documented internally for M. Joseph Medical team reference. Given the EBRx response, the customer service team members contact the pharmacy with notification of approval/denial and documents the internal notation system.

- Medication not on formulary and issued by an unauthorized physician

M. Joseph Medical receives “rejected” medication through the live portal and identifies the prescriber as unauthorized as well as the medication as an “N” drug. M. Joseph Medical will attempt to establish a physician relationship with the treating physician and/or practice with the pharmacy. M. Joseph Medical subsequently reaches out to the specified EBRx contact via email, providing all necessary information including the medication name, prescriber, and practice information if known. This information is documented internally for M. Joseph Medical team reference. Given the EBRx response, the customer service team members contact the pharmacy with notification of approval/denial and documents the internal notation system.

- Medication prescribed on a denied claim

M. Joseph Medical receives “rejected” medication through the live portal and references the internal notation system to identify the claim as denied. The pharmacy is notified of denied claim status and the occurrence is documented in said internal notation system. Email notification is sent to PECD to confirm claim’s status. Salient information in PECD responses are documented internally for M. Joseph Medical personnel reference.

- Medication not on formulary and on a denied claim

M. Joseph Medical receives “rejected” medication through the live portal and references the internal notation system to identify the claim as denied. The pharmacy is notified of denied claim status as well as medication status (“N”) and the occurrence is documented in said internal notation system. Email notification is sent to PECD to confirm claim’s status. Salient information in PECD responses are documented internally for M. Joseph Medical personnel reference.

- Medication prescribed on a closed claim

M. Joseph Medical receives “rejected” medication through the live portal and references the internal notation system to identify the claim as closed. If the claim was closed recently and expired naturally (original coverage date expired without explicit direction), M. Joseph Medical contacts EBRx to verify the claim status, providing information on the submitted medication and prescriber. This communication is documented internally. Given a response from EBRx, the claim can either be reopened and the medication is processed as assisted by the pharmacy team or the claim is confirmed to be closed and the internal notation system is documented and the pharmacy is notified.

- Medication not on the formulary and on a closed claim

M. Joseph Medical receives “rejected” medication through the live portal and references the internal notation system to identify the claim as closed. If the claim was closed recently and expired naturally (original coverage date expired without explicit direction), M. Joseph Medical contacts EBRx to verify the claim status, providing information on the submitted “N” drug and prescriber. This communication is documented internally. Given a response from EBRx, the claim can either be reopened and the medication is processed as assisted by the pharmacy team, the claim can be reopened but the pharmacy is notified of denial due to “N” drug status, or the claim is confirmed to be closed and the internal notation system is documented and the pharmacy is notified. Salient information in PECD responses are documented internally for M. Joseph Medical personnel reference.

G. Describe your company’s First-Fill program.

Through a First-Fill program, PECD will be provided with first-fill forms which may be distributed to an employee when they first report a workplace injury. M. Joseph Medical is able to assist with distribution of first-fill forms through different State of Arkansas departments and divisions. The first-fill form is electronic and can be emailed to different State of AR divisions or directly to the injured worker. The injured workers may take the form to any pharmacy in the area and the form instructs the pharmacy how to process the prescriptions online through the network. Savings are captured immediately and avoids out-of-pocket expense for the injured worker. The first-fill form acts like a temporary card, allowing a predetermined day supply of the first prescriptions, which are restricted by the client-approved formulary. M. Joseph Medical follows up with PECD to determine if Rx eligibility should be extended beyond the anticipated ten-day program. M. Joseph is always available for processing assistance if necessary.

H. Discuss your company’s proposed use of prescription drug cards. Include details regarding initial, replacement, and expedited issuance, and include text messaging services available to claimants.

Permanent Rx cards can be mailed out on every new claim if desired, or parameters can be established as to when new cards should be mailed out (at examiner request, surgery, etc.) Cards are mailed via postal mail with a letter explaining the card at the top of the page. M. Joseph Medical takes direction from PECD as to the issuing of permanent drug cards.

A cardless system is available; all processing information can be communicated to the pharmacies and a physical card is not necessary for the adjudication of medications to occur. If expedited issuance is necessary, M. Joseph Medical will communicate all processing information directly to pharmacy.

Replacement cards may be requested and issued at any point in time. Authorized PECD and EBRx users of the secure portal are also able to generate cards from the software system.

Text messaging services are not available at this time, but if PECD is interested in this capability, M. Joseph Medical is open to discussion during contract negotiations.

- I. Describe how your company handles third-party billing, including guaranteed processing time from receipt of the third-party bill.

M. Joseph Medical effectively manages the First-Fill program which can help with leakage of pharmacy bills to third-party billers. M. Joseph Medical proactively reaches out to pharmacies to insist they make notes of proper processing procedures in order to capture subsequent fills. The pharmacy team's daily practice of monitoring the live feed also helps streamline claims through the portal, decreasing third-party billing. M. Joseph Medical does not process third-party bills unless directed to do so at full fee schedule with subsequent conversion of the injured worker to the M. Joseph Medical pharmacy program. Approved third-party bills are addressed and processed within 30 days.

- J. Discuss the process your company proposes for handling mail order drugs. Include the following information:

M. Joseph Medical monitors utilization on a regular basis to see if employees become eligible for mail order. Typically, a good candidate for mail order delivery is a claimant who receives the same medication(s) from the same prescriber(s) on an extended basis. This possibility can also be requested by PECD. M. Joseph Medical subsequently contacts the employee, verifies demographic, prescription, and treating physician information, and explains the mail-order process. Internally, M. Joseph Medical fills out a mail order form with all pertinent information to be sent to the mail order pharmacy. The mail order pharmacy contacts the claimant to verify submitted information. M. Joseph Medical notifies PECD of successful mail order status. In the first mail order, the injured worker receives a form the claimant can fill out which grants the mail order pharmacy authority to contact the doctor for refills to streamline automatic refills on authorized medications. If a claimant requests mail order prescription delivery, M. Joseph Medical will contact PECD to address the possibility and the above process is implemented.

- Location of your company's mail service facility

319 Broad Street, Gadsden, AL 35901

- Mail service turn-around time (days in-house and total days)

Mail service turn-around time is three business days. Shipping depends on claimant preference. UPS/FedEx ship in two days but USPS cannot guarantee delivery turn-around time. M. Joseph provides this information to claimants when discussing the potential of pharmacy mail-order.

- Preferred method of accepting prescription orders

M. Joseph Medical will accept prescriptions in several ways: e-scribe, fax, phone, or mail.

- A sample order form

Please refer to ATTACHMENT D. Claimants may also request refills telephonically or through M. Joseph Medical website.

- Additional savings rate for mail order

The State of Arkansas' savings rate will be between 20-50% below fee schedule depending on the medication and assigned NDC.

K. Discuss clinical intervention programs your company proposes using to control utilization and increase patient safety.

M. Joseph Medical has security measures in place which prevent unauthorized use of its pharmacy program. Previously mentioned, the pharmacy level drug interaction/cross check analysis is automatically programmed. In addition, examiners have the option to decide if and when prescription cards are to be mailed out to injured workers. Expiration dates are set on each "claim" to keep Rx Eligibility dates closely monitored, so prescription coverage does not continue longer than necessary. Custom formularies are put in place to restrict medications to those related to workers' comp injuries. Verification of claimant identity occurs at the pharmacy level and internally at M. Joseph Medical with inbound and outbound calls related to injured workers. Finally, the State of Arkansas will receive detailed billing invoices for timely review of all processed medications for each claim, which allows for another level of safeguards and authorization.

L. Describe the protocol for how PECD should notify your company of surgery date(s) and anticipated new medications.

M. Joseph Medical maintains a surgery planner internally which proactively manages the expected surgeries of injured workers. Contact is made prior to surgery to ensure claimants, caretakers, and family members know how to reach out if they have medications post-surgery. M. Joseph Medical also monitors the surgery planner and the real-time online portal to scan for rejections at the pharmacy level which may be related to new medications prescribed post-surgery. PECD may notify the M. Joseph Medical customer service team of upcoming surgery dates by email or phone, or sending a message within the Rx Portal.

M. Describe how your company handles late-in-the-day and late-Friday new medications.

Late-in-the day and late-Friday new medications are handled by the customer service team during the business day. If after-hours, an after-hours representative is available 24/7 for prescription emergencies and will assist with processing of new medications. This representative is contacted via the same telephone number as business hours and following the single digit prompt.

N. Describe your company's Samaritan fill protocol.

If a prescription is processed after typical business hours, M. Joseph Medical will allow enough medication to be filled until we are able to receive authorization from PECD or EBRx. There is one caveat to this process: If the medication is inexpensive or a Class II medication, we will allow a complete fill. If the medication is later approved, splitting the inexpensive medication into two (2) fills would cost PECD more than allowing the entire fill. On a Class II medication, based on Federal guidelines, the patient would have to obtain a second prescription to finish dispensing the amount on the original prescription.

O. Describe how your company will provide confirmation of prescription approvals and denials to PECD.

M. Joseph Medical's customer service team acknowledges confirmation of prescription approvals and denials via email.

P. Discuss your company's knowledge of Arkansas Workers' Compensation Commission's Pharmacy Benefit Rule 40 and how your company plans to comply with this rule.

The Arkansas Workers' Compensation Commission's Pharmacy Benefit Rule 41 (per addendum) is quite similar to the statutes recently put in place within Kentucky's workers' compensation state formulary. Details regarding the current pharmacist on staff/contracted will be furnished as requested and required by the State of Arkansas. Opioid medication specific parameters, including Morphine Equivalent Dose per Day (MED) and day-supply limitations are able to be accommodated by M. Joseph Medical's programming in prescription portal. Being able to group claimants according to DOI to differentiate formulary allowances is also able to be accommodated by programming within the portal. Dispute resolution processes are also set forth which establish clear timelines for M. Joseph Medical to furnish documentation with due diligence and to communicate any other salient information to PECD. M. Joseph Medical does not anticipate systemic or procedural difficulties addressing Arkansas Workers' Compensation Commission's Pharmacy Benefit Rule 41.

Q. Describe how your company will handle phone calls from PECD regarding the status of a prescription.

M. Joseph Medical welcomes any phone calls from PECD regarding the status of a prescription. The customer service representative reached will provide all details regarding submissions, denials, and, if applicable, time of processing verbally and can be followed up via email if desired. Any salient changes or discussions regarding specific medications, doctors, or the claim in general is documented in M. Joseph Medical's internal notation system.

E.4 IMPLEMENTATION

- A. Discuss your company's plan for completing implementation by the Go-Live Date. Include a timetable of implementation activities your company proposes for the Implementation Period and a biographical sketch or resume for each member of the implementation team.

M. Joseph Medical will establish a timeline based on the preference of PECD. M. Joseph Medical will communicate implementation details, including the exchange of contact information, on-site training, billing protocols, etc.

Generally, the initial installation takes between 30-60 days, depending on the ability for M. Joseph Medical to obtain eligibility information and data from the current processor. An implementation packet is completed including Q&A, user names and passwords, approval of formulary and claimant letters, examiner contact list and sample mail order referral form. A roster of claimants for the retail Rx program conversion is obtained electronically or manually depending on the current PBM's capabilities. On-site education and training are provided prior to going "live". The M. Joseph Medical team will provide visibility through the entirety of the agreement and will provide resolution for any unique PECD requirements or needs. The M. Joseph Medical team will deliver responsive, timely full-service solutions to ensure the performance of the PECD PBM program and its optimization.

The initial implementation process takes approximately 30-60 days depending on several factors, including receiving timely data transfer from the current PBM. Implementation activities are addressed in Section 4.a. above and the implementation team consists of Russell Williams, Katie Lee, and Mary Smith. Their biographical sketches are provided in E.1 ORGANIZATIONAL PROFILE, d.

- B. Discuss the information your company proposes to import regarding prescription history including the data fields your company plans to import the length of history your company plans to import.

M. Joseph Medical would like to import the last 6 months of prescription data. This will include the prescription date, physician name (NPI), pharmacy information (NPI or NABP), NDC number, quantity, and day's supply.

- C. Discuss your company's plan for handling Claimants who are currently receiving workers' compensation benefits as of the award date of a resulting contract. Include the transition activities required to avoid interruption of pharmacy benefits.

To avoid interruption for claimants currently receiving workers' compensation prescriptions, M. Joseph Medical requests two types of files be sent. The first file is a patient demographics file. This file will include the patient name, DOB, ID Number, Sex, address, phone number, claim number, date of injury, description of injury and examiner. This file is used to load the patients into our system. The second file is the prescription history file described in question B above. It is vitally important M. Joseph Medical receive the first file three to four weeks before the go-live-date. The claimants will be loaded into the system and a prescription card is printed. The Rx card is sent with a letter explaining the change to a new vendor as well as the date the new card will be active. M. Joseph asks the client provide us with their custom card stock envelopes to help with injured worker recognition. M. Joseph has found claimants will open an envelope from their workers' compensation carrier because they recognize the

name. We will print and mail the cards two weeks in advance to allow for returns due to wrong addresses, etc.; this provides enough time to obtain the correct address and mail the card again, if necessary.

- D. Discuss your company's plan for handling Claimants whose claims predate the Arkansas Workers' Compensation Commission's Pharmacy Benefit Rule 40.

For any claimants whose claims predate the Arkansas Workers' Comp Commission Pharmacy Benefit Rule 41 (Rule 41 per addendum), M. Joseph Medical will work closely with PECD to discuss and establish different "criteria" and detailed parameters for managing these claims going forward.

- E. Discuss your company's communication strategy for introducing the Pharmacy Program to Entities.

M. Joseph Medical will proceed from direction of PECD on communication strategy to Entities. M. Joseph is able to send mass mailing, email blasts and phone communication.

E.5 REPORTING

- A. Describe the standard reporting package your company will provide PECD. Include samples of the reports referenced.

M. Joseph Medical typically provides twelve quarterly Rx reports including: Client Performance Review, Savings Summary, Physicians Prescribing Analysis by Rx Percentage, Physicians Prescribing Analysis by Rx Total, Top Drugs by Rx Count, Top Drugs by Rx Total, Generic Utilization, Amount Paid by Dollar Range, Top Users by Rx Count, Top Users by Claim Total, Narcotic Trending Report, and Savings and Utilization by Division.

See ATTACHMENT E for sample reports.

- B. Describe the self-service reports your company will make available to PECD via the secure portal and how PECD and EBRx personnel will access the secure portal.

M. Joseph Medical's secure Rx portal allows authorized PECD examiners and supervisors to access self-service reports as desired under the visible Reports tab, then selecting the Patient Reports icon. The secure web-based portal is accessed through the M. Joseph Medical homepage online. Patient Reports include: Active Patient Report, Add Patient Report, Demographics and Payment Report, Patient Spend Report, Patients Assigned to Examiner, Patient Utilization, Patient N-Drug Report, Restricted Doctor Report, Narcotic Detail Report, Refill Too Soon Report, Unrestricted Doctor Report, Utilization by Drug Name, and Monthly Benefit Cap Report.

- C. Describe custom reporting services your company will make available to PECD. Include additional data analytics capabilities your company offers.

M. Joseph Medical has additional customizable reports available upon request. Through implementation, M. Joseph Medical will work with PECD to determine if additional data would be useful for PECD analysis of the pharmacy program.

E.6 TECHNOLOGY AND SECURITY

- A. In addition to a secure portal, what additional online capabilities does your company offer?

From the M. Joseph Medical home page, referrals may be made via the Send a Referral tab and has multiple pages where Contact Us or other options may be selected to send a message to M. Joseph Medical. The M. Joseph Medical Resources tab provides several links to useful tools and informational sources such as an Opioid Dose Calculator, the National Council on Compensation Insurance, the Workers' Compensation Research Institute, and the Workers' Compensation Institute.

- B. Describe the procedures and safeguards your company has in place for PHI, NPPI, and confidential information. Including applicable Utilization Review Accreditation Commission (URAC) accreditations.

M. Joseph Medical harbors a deep commitment to security for employees, clients, and claimants alike. Multiple physical and technical safeguards are in place and updated regularly to secure the privacy and safety of personnel and highly confidential client/claimant data including PHI and NPPI.

Without a single data breach in its history, M. Joseph Medical has a longstanding relationship with a third-party technology company to ensure protection of technological data. An intrusion prevention system, regular automated security patches, limited administrator-level network and system infrastructure access, and network device manual-entry password access are utilized. Password-accessible programs employ password regeneration on systematic intervals. HIDS, NIDS, and rogue device and service detection systems are in place. M. Joseph Medical employs internet browsing protection to address proxies, content filtering, and inbound anti-virus scanning. For internal employees accessing network systems remotely, two-factor authentication with a collection of remote access logs are in place. All employee laptops, able to leave the physical premise, are encrypted. Certain data transfers also require email encryption which M. Joseph Medical practices regularly for specific instances. Regarding malware, all email communications are scanned for viruses with a central administration of virus control. End-users are prevented from disabling anti-virus software on individual workstations.

On site at M. Joseph Medical's physical location, additional security measures are in place to protect M. Joseph Medical personnel as well as client/claimant data. Door access is bound by personalized PIN access with keyless entry points. Multiple live-streamed video/audio monitors are located in corridors, hallways, and door access points with administrative-accessed logs. The Server Room remains locked, accessed by approved administrative staff. Visitors to M. Joseph Medical are escorted through all critical areas of the physical property by M. Joseph Medical staff. With the trust given to M. Joseph Medical by dozens of companies regarding thousands of claimant PHI, M. Joseph Medical ensures the privacy and security of information so a working relationship is not strained by concerns of a breach.

M. Joseph Medical telephonic interaction with clients, claimants, and pharmacies is safeguarded by two-step identify verification practiced by internal personnel.

M. Joseph Medical partners with Occupational Managed Care Alliance, Inc. (OMCA) as a member of a select fraternity which has chosen to be URAC accredited for workers' compensation utilization management. OMCA has made the investment to ensure appropriate requests are promptly approved while denials are thoroughly researched and scientifically supported. Several of OMCA's physician advisors are authors of workers' compensation clinical guidelines and recognized nationally as leaders in their fields of medicine. URAC accreditation ensures adherence to the highest industry standards helping payers effectively control their medical costs and case reserves.

- C. Describe your company's information systems platform and indicate whether it is proprietary, purchased, or leased.

M. Joseph Medical leases 2 information systems; one specifically for patient demographics data and notes system, and the other which is a proprietary, web-based PBM platform, EmeraldRx.

- D. Describe your company's EDI capabilities, including your company's electronic billing capabilities.

M. Joseph Medical has the ability to work with a multitude of claims systems for receiving incoming claims eligibility data and sending outbound electronic billing. M. Joseph Medical's processor has implemented automated claim eligibility importing using a standard or custom layout, load notifications and activity monitoring. M. Joseph Medical can produce a standard or custom format bill file, pdf images of invoices, web-based pickup or SFTP delivery. Electronic EOBs are also acceptable.

- E. Discuss your company's options for billing frequency, including which option your company prefers and/or proposes for PECD.

M. Joseph Medical typically bills on a weekly basis so paid claims may be reviewed by PECD on a consistent, manageable schedule without significant delay. M. Joseph Medical does have select clients who prefer a bi-weekly billing frequency. M. Joseph Medical is open to discuss PECD's preferred billing frequency.

- F. Discuss your company's methods to ensure the security of data transmissions.

M. Joseph Medical's processor has implemented administrative, physical, and technical safeguards to help ensure compliance with HIPAA security standards. M. Joseph Medical continually monitors, assesses risk, and updates safeguards to secure patient information. Elements of M. Joseph Medical security program include use of appropriate system authorization procedures; system authentication including server power-on and end-user passwords; limited access to sensitive files and data; timely application of security patches; network antivirus controls; redundant firewalls with intrusion detection monitoring; client-specific encrypted data transmissions, and Secure Sockets Layer (SSL) secured Client Services web servers. M. Joseph Medical has segmented its network to ensure database servers are not directly accessible from the Internet. Finally, M. Joseph Medical has implemented appropriate physical security and environmental controls such as an electronic alarm system with door contacts,

motion/sound detectors, and biometric authentication access to its primary facilities, all of which are connected to the processor's backup power system.

G. Describe disaster recovery procedures for your company's claims and network systems.

Disaster recovery and business continuity plans are in place to operate if need be with manual backup/restore procedures practiced in the event of an automatic backup failure. The State of Arkansas data would be stored in an SQL database and protected by network credentials.

H. List all instances in the past six (6) months whereby your company's technology systems were unavailable to network pharmacies for more than ten (10) continuous minutes. Include outcomes, explanations, and tell what actions your company took to remedy the outage(s). If no such outages have occurred, discuss practices and/or policies your company has in place to avoid such outages.

There was only one instance of M. Joseph Medical's technology systems being unavailable which has occurred within the last six months, creating a disturbance of greater than ten minutes. It occurred on a Saturday morning during non-business hours due to processor-specific software updates which created a stop for claims to process. The interruption was recognized by the designated after-hours customer service team member who reported it to senior management including the Pharmacy Services Manager and Pharmacy Services Director which resulted in IT involvement for resolution. All submitted, yet rejected medications, were logged for the M. Joseph Medical Rx customer service team to address next business day if pharmacies did not resubmit subsequently on Saturday or Sunday for processing. The dedicated after-hours representative was able to assist processing as needed for the remaining part of the weekend without interruption.

E.7 DATABASE PRICING AND PERFORMANCE STANDARDS

A. Discuss the drug database pricing reference your company will use for retail and mail pharmacy programs under a resulting contract and how often your company's pricing is updated.

For retail prescriptions, M. Joseph Medical will utilize the MediSpan drug database. This database is updated weekly. For mail order prescriptions, M. Joseph Medical will utilize its invoices to maintain correct prescription costs as well as AWPs. M. Joseph Medical's mail order pharmacy updates prescription costs daily as needed.

B. In addition to those specified in the RFP, discuss performance standards your company proposes under a resulting contract and how your company will manage compliance with those performance standards.

In addition to the performance standards presented in the State of Arkansas' RFP, M. Joseph Medical employs its own service standards. The most important aspect of a managed pharmacy benefit plan is the ability to accumulate, analyze, and make recommendations from realized data. Using a vast array of management/reporting tools, M. Joseph Medical helps detect areas of current program inefficiencies

giving clients the information needed to improve their program, resulting in potentially lower pharmacy spend.

Customer service team members have benchmarks for timely, responsive communication for telephonic and email correspondence which are able to be tracked objectively. Subjectively, customer service team members receive feedback on communicative pragmatics as reported by management, client, and claimant feedback. Corrective action and support are internally addressed to provide best-in-class service.

M. Joseph Medical is a valued partner, helping clients improve work-flow efficiencies at the examiner/claim level, while delivering top-notch service to the injured employee. M. Joseph Medical has a boutique-approach, exploring what works best for individual clients and adapting as necessary.

C. Discuss how your company will handle rebate revenue collected by your company on formulary drugs related to PECD's utilization data.

M. Joseph Medical submits a file quarterly to an aggregator which sends information on how much M. Joseph will be paid on each client. M. Joseph will take the rebatable amount for PECD and submit a check to PECD for the exact amount paid to M. Joseph for PECD prescriptions.

Exhibit B.

ACCEPTANCE OF REQUIREMENTS

M. Joseph Medical unconditionally accepts all Requirements in the Requirements of this RFP to be considered a responsive Prospective Contractor.

**M. Joseph Medical
RECORD RETENTION POLICY**

The Organization, M. Joseph Medical, LLC, takes seriously its obligations to preserve information relating to litigation, audits, and investigations.

The information listed in the retention schedule below is intended as a guideline and may not contain all the records the Organization may be required to keep in the future. Questions regarding the retention of documents not listed in this chart should be directed to the President.

From time to time, the President may issue a notice, known as a "legal hold," suspending the destruction of records due to pending, threatened, or otherwise reasonably foreseeable litigation, audits, government investigations, or similar proceedings. No records specified in any legal hold may be destroyed, even if the scheduled destruction date has passed, until the legal hold is withdrawn in writing by the President.

File Category Item Retention Period

| Category | Item | Retention Period |
|-----------------------------------|---|--|
| Corporate Records | Articles of Incorporation Corporate resolutions | Permanent Permanent |
| Finance and Administration | Financial statements (audited) Auditor management letters Payroll records Check register and checks Bank deposits and statements Chart of accounts General ledgers and journals (includes bank reconciliations) Investment performance reports Contracts and agreements Correspondence — general | 7 years 7 years 7 years 7 years 7 years 7 years 7 years 7 years Obligation end + 7 years 3 years |
| Insurance Records | Policies Claims (after settlement) Group disability records | Permanent 7 years Benefit end +7 years |
| Real Estate | Leases (expired) | End + 7 Years |

ATTACHMENT C

| | | |
|------------------------|--|---|
| Tax | IRS exemption determination and related correspondence IRS Forms and Tax Filings | Permanent 7 Years |
| Human Resources | Employee personnel files Retirement plan benefits (plan descriptions, plan documents) Employee handbooks Workers comp claims (after settlement) | Term + 3 years Permanent Permanent 7 years |

1. Electronic Documents and Records.

Electronic documents will be retained as if they were paper documents.

Therefore, any electronic files that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an e-mail message, the message should be printed in hard copy and kept in the appropriate file or moved to an "archive" computer file folder. Backup and recovery methods will be tested on a regular basis.

2. Emergency Planning.

The Organization's records will be stored in a safe, secure, and accessible manner. Documents and financial files that are essential to keeping the Organization operating in an emergency will be duplicated or backed up at least every month and maintained off-site.

3. Document Destruction.

The President is responsible for the ongoing process of identifying its records, which have met the required retention period, and overseeing their destruction.

Destruction of financial and personnel-related documents will be accomplished by shredding.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

4. Compliance.

Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against the Organization and its employees and possible disciplinary action against responsible individuals. The President and Controller will periodically review these procedures with legal counsel or the organization's certified public accountant to ensure that they are in compliance with new or revised regulations.

ATTACHMENT D

 RETAIL MAIL ORDER COMPOUNDING

11900 Brinley Ave. Ste 200

Louisville, KY 40243

M. Joseph Medical, LLC. Referral Form

Phone: 1-800-928-1050

Fax: 1-502-244-8705

Claimant Name: _____ Sex: M F DOB: _____

Address: _____ ID: _____

City: _____ State: _____ Zip Code: _____ Ph: _____

Employer: _____ Date of Injury: _____

Description of Injury: _____

Claim #: _____ State of Jurisdiction: _____ Division/County Code: _____
_____**Authorized Treating Physician(s)**

Name: _____ Phone: _____

Address: _____ DEA/NPI: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____

Address: _____ DEA/NPI: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone: _____

Address: _____ DEA/NPI: _____

City: _____ State: _____ Zip Code: _____
_____**Authorized Medications:** Formulary: Y NList: _____

Company: _____ Group #: _____

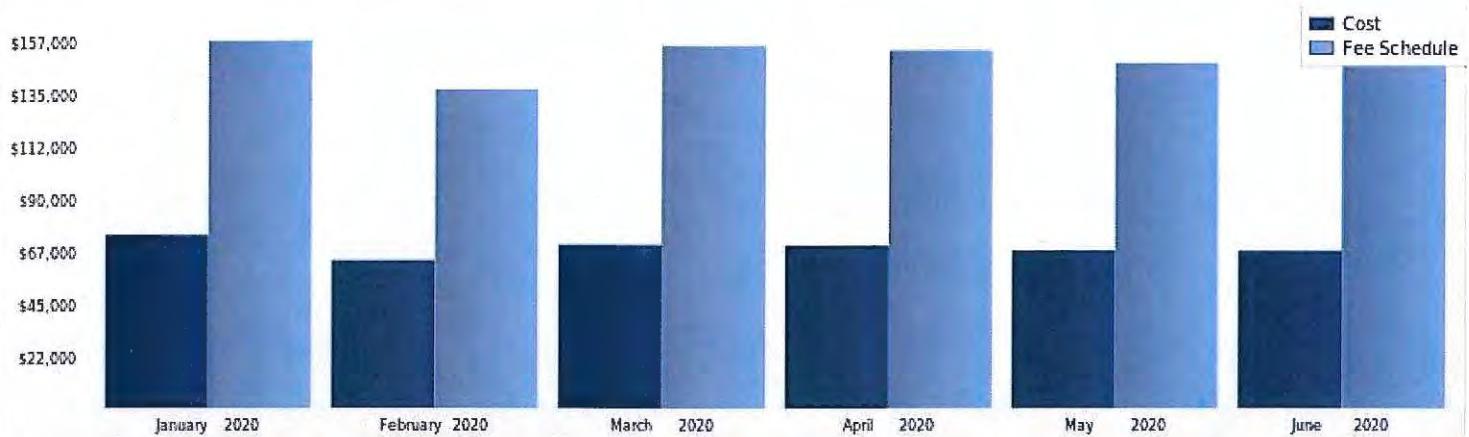
Adjuster: _____ Phone: _____

Email: _____ CSR: _____ Date: _____

From 1/1/2020 to 6/30/2020

Pharmacy Cost Savings

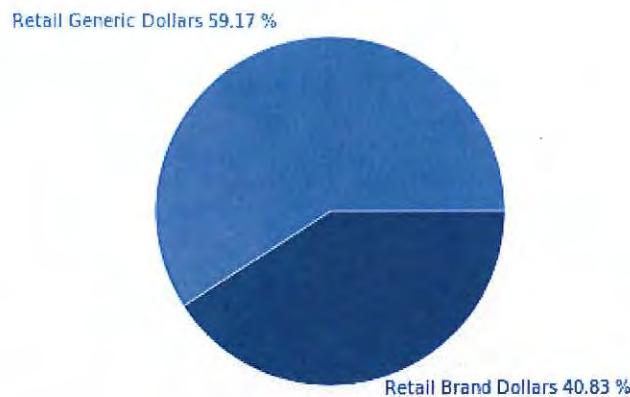
| Month | Number of Scripts | Cost | State Fee Cost | Total Savings | % Savings |
|---------------|-------------------|---------------------|---------------------|---------------------|---------------|
| January 2020 | 583 | \$63,700.36 | \$135,373.48 | \$71,673.12 | 52.94% |
| February 2020 | 516 | \$54,379.67 | \$117,300.34 | \$62,920.67 | 53.64% |
| March 2020 | 571 | \$60,197.69 | \$133,629.89 | \$73,432.20 | 54.95% |
| April 2020 | 555 | \$59,878.78 | \$131,873.88 | \$71,995.10 | 54.59% |
| May 2020 | 530 | \$57,993.80 | \$127,057.91 | \$69,064.11 | 54.36% |
| June 2020 | 554 | \$57,874.96 | \$133,211.45 | \$75,336.49 | 56.55% |
| Total | 3309 | \$354,025.26 | \$778,446.95 | \$424,421.69 | 54.52% |



From 1/1/2020 to 6/30/2020

Pharmacy Cost Breakdown

| Month | Retail Brand Scripts | Retail Generic Scripts | Retail Brand Dollars | Retail Generic Dollars | Prescription Total |
|----------|----------------------|------------------------|----------------------|------------------------|--------------------|
| 01M 2020 | 36 | 547 | \$27,084.88 | \$36,615.48 | \$63,700.36 |
| 02M 2020 | 29 | 487 | \$22,528.81 | \$31,850.86 | \$54,379.67 |
| 03M 2020 | 33 | 538 | \$24,160.64 | \$36,037.05 | \$60,197.69 |
| 04M 2020 | 34 | 521 | \$26,359.80 | \$33,518.98 | \$59,878.78 |
| 05M 2020 | 33 | 497 | \$23,249.64 | \$34,744.16 | \$57,993.80 |
| 06M 2020 | 30 | 524 | \$21,161.63 | \$36,713.33 | \$57,874.96 |
| Total | 195 | 3114 | \$144,545.40 | \$209,479.86 | \$354,025.26 |



Savings Summary**SAMPLE**

From 1/1/2020 to 6/30/2020 for

| Group | # Scripts | # Mail Order | State Fee | Bill Amount | Mail Order | Retail | Savings | Savings % |
|--------------|------------------|---------------------|------------------|--------------------|-------------------|---------------|----------------|------------------|
| | 3309 | 52 | \$778,446.95 | \$354,025.26 | \$10,893.03 | \$343,132.23 | \$424,421.69 | 54.52% |
| ***Total | 3309 | 52 | \$778,446.95 | \$354,025.26 | \$10,893.03 | \$343,132.23 | \$424,421.69 | 54.52% |

| Legend | |
|---------------|--|
| Group | Client identification |
| # Scripts | Total # scripts for that group |
| State Fee | Savings basis |
| Billed Amount | Total amount billed |
| Retail | Total retail amount billed |
| Mail Order | Total mail order amount billed |
| Savings | State Fee amount minus Billed amount |
| Savings % | State Fee amount minus Billed amount expressed as a percentage |

Physician's Prescribing Analysis **SAMPLE**

RX Percentage

Groups:

Start Date: 1/1/2020 End Date: 6/30/2020

| Name | State | Total | Brand | Generic | Brand % | Generic % |
|-----------------------------------|-------|-------|-------|---------|---------|-----------|
| ADKINS, BRANDI APRN | KY | 2 | 0 | 2 | 0.00% | 100.00% |
| AGGARWAL, RINKOO MD | KY | 27 | 5 | 22 | 18.52% | 81.48% |
| AHMED, NAVEED MD | KY | 30 | 0 | 30 | 0.00% | 100.00% |
| ALEXANDER, BETTY J | KY | 8 | 0 | 8 | 0.00% | 100.00% |
| ANDERSON II, DAVID M MD | KY | 7 | 0 | 7 | 0.00% | 100.00% |
| ANDREWS, MICHAEL C. R. (M.D.) | MN | 3 | 0 | 3 | 0.00% | 100.00% |
| ASHBURN, WILLIAM THOMAS MD | KY | 14 | 7 | 7 | 50.00% | 50.00% |
| ASHCRAFT, TROY KENNETH DO | KY | 4 | 0 | 4 | 0.00% | 100.00% |
| ATIENZA, MARIA CRISTINA O MD | KY | 11 | 0 | 11 | 0.00% | 100.00% |
| ATLURI, SAIRAM LAKSHMI | OH | 4 | 0 | 4 | 0.00% | 100.00% |
| AZIZ, ASSAD | FL | 10 | 4 | 6 | 40.00% | 60.00% |
| BAKER, ROBETTA M. APRN | KY | 1 | 0 | 1 | 0.00% | 100.00% |
| BALDWIN, ROBBIN D APRN | KY | 25 | 0 | 25 | 0.00% | 100.00% |
| BANDY, ERIC LEE MD | KY | 5 | 0 | 5 | 0.00% | 100.00% |
| BANSAL, BAL K MD | KY | 1 | 0 | 1 | 0.00% | 100.00% |
| BARKER, KATRINA APRN | KY | 19 | 2 | 17 | 10.53% | 89.47% |
| BEACHAM, TIMOTHY MD | KY | 15 | 0 | 15 | 0.00% | 100.00% |
| BEGAY, RAY MD | KY | 24 | 6 | 18 | 25.00% | 75.00% |
| BERG, JEFFREY WILLIAM MD | KY | 25 | 0 | 25 | 0.00% | 100.00% |
| BINGHAM, GINA L MD | KY | 5 | 0 | 5 | 0.00% | 100.00% |
| BIRCH, MORGAN W. DO | KY | 8 | 0 | 8 | 0.00% | 100.00% |
| BLACKBURN, ERICA N APRN | KY | 3 | 0 | 3 | 0.00% | 100.00% |
| BOSOMWORTH II, DAVID P MD | KY | 32 | 5 | 27 | 15.63% | 84.38% |
| BRAITHWAITE, BRIAN A MD | KY | 24 | 0 | 24 | 0.00% | 100.00% |
| BRANHAM, ASHLEY | KY | 8 | 0 | 8 | 0.00% | 100.00% |
| BREEDING, VAN S MD | KY | 3 | 1 | 2 | 33.33% | 66.67% |
| BROUGHTON, ANDREA M APRN | KY | 4 | 0 | 4 | 0.00% | 100.00% |
| BUDHAN, JEROME E.R. MD | KY | 10 | 0 | 10 | 0.00% | 100.00% |
| BURNS, PATRICK T MD | KY | 21 | 12 | 9 | 57.14% | 42.86% |
| BUTLER, DANNY NEALE MD | KY | 24 | 0 | 24 | 0.00% | 100.00% |
| BUX, ANJUM MD | KY | 4 | 0 | 4 | 0.00% | 100.00% |
| CALDWELL, SONYA A PA | KY | 19 | 0 | 19 | 0.00% | 100.00% |
| CALHOUN, JAMES D. NP | KY | 3 | 0 | 3 | 0.00% | 100.00% |
| CARRICO, JEFF | KY | 15 | 0 | 15 | 0.00% | 100.00% |
| CATLETT, DAVID | KY | 5 | 0 | 5 | 0.00% | 100.00% |
| CHANDOKE, ATUL MD | OH | 6 | 0 | 6 | 0.00% | 100.00% |
| CHANDRASHEKAR, LATHA MD | KY | 1 | 0 | 1 | 0.00% | 100.00% |
| CHANAY, GEORGE R MD | KY | 56 | 9 | 47 | 16.07% | 83.93% |
| CHAPPELL, KRISTY G MD | KY | 7 | 0 | 7 | 0.00% | 100.00% |
| CHAUDRY, KHALID R MD | KY | 7 | 0 | 7 | 0.00% | 100.00% |
| CHOU, RODNEY V. MD | KY | 24 | 5 | 19 | 20.83% | 79.17% |
| CILIBERTI, SALVATORE ANTHONY J MD | KY | 12 | 8 | 4 | 66.67% | 33.33% |
| CLEMENTS, JINNYI | KY | 4 | 0 | 4 | 0.00% | 100.00% |
| COLE, KELLY L DO | KY | 15 | 6 | 9 | 40.00% | 60.00% |

Physician's Prescribing Analysis **SAMPLE**

Total Percentage

Groups:

Start Date: 1/1/2020 End Date: 6/30/2020

| Name | State | RX Count | Brand Count | Generic Count | Total Cost | Brand Cost | Generic Cost | Brand Cost % | Generic Cost % |
|----------------------------|-------|----------|-------------|---------------|-------------|------------|--------------|--------------|----------------|
| MANN, RONALD | KY | 103 | 5 | 98 | \$14,743.51 | \$8,362.80 | \$6,380.71 | 56.72% | 43.28% |
| LESTER, WILLIAM J MD | KY | 89 | 6 | 83 | \$11,849.97 | \$3,157.20 | \$8,692.77 | 26.64% | 73.36% |
| LEDFORD MELANIE H. | KY | 87 | 4 | 83 | \$7,423.13 | \$2,843.28 | \$4,579.85 | 38.30% | 61.70% |
| PETERS, LAWRENCE HOLT MD | KY | 66 | 1 | 65 | \$5,099.74 | \$722.94 | \$4,376.80 | 14.18% | 85.82% |
| CHANAY, GEORGE R MD | KY | 56 | 9 | 47 | \$9,034.15 | \$7,356.10 | \$1,678.05 | 81.43% | 18.57% |
| NORTHRIP, DENNIS | KY | 52 | 2 | 50 | \$5,437.36 | \$2,010.27 | \$3,427.09 | 36.97% | 63.03% |
| MODADUGU, ANAND MD | KY | 47 | 0 | 47 | \$3,368.51 | \$0.00 | \$3,368.51 | 0.00% | 100.00% |
| RICHARDSON, GAY BEST MD | KY | 42 | 0 | 42 | \$1,483.37 | \$0.00 | \$1,483.37 | 0.00% | 100.00% |
| MCCLURE, MICHELE | KY | 41 | 0 | 41 | \$2,249.23 | \$0.00 | \$2,249.23 | 0.00% | 100.00% |
| LAFFERTY, LON E | KY | 40 | 0 | 40 | \$1,496.31 | \$0.00 | \$1,496.31 | 0.00% | 100.00% |
| MALIK, HAMMAD U MD | KY | 37 | 0 | 37 | \$3,199.31 | \$0.00 | \$3,199.31 | 0.00% | 100.00% |
| KLICKOVICH, ROBERT J. MD | KY | 33 | 0 | 33 | \$1,043.85 | \$0.00 | \$1,043.85 | 0.00% | 100.00% |
| SCHOETTLE, TIMOTHY P MD | TN | 33 | 0 | 33 | \$2,326.48 | \$0.00 | \$2,326.48 | 0.00% | 100.00% |
| BOSOMWORTH II, DAVID P MD | KY | 32 | 5 | 27 | \$7,615.65 | \$6,475.95 | \$1,139.70 | 85.03% | 14.97% |
| MIMS, TIMOTHY T MD | KY | 32 | 1 | 31 | \$3,037.41 | \$145.79 | \$2,891.62 | 4.80% | 95.20% |
| SETTLE, DEBORAH K APRN | KY | 31 | 0 | 31 | \$3,556.48 | \$0.00 | \$3,556.48 | 0.00% | 100.00% |
| AHMED, NAVEED MD | KY | 30 | 0 | 30 | \$2,121.56 | \$0.00 | \$2,121.56 | 0.00% | 100.00% |
| KARELIS, JR THOMAS E MD | KY | 30 | 0 | 30 | \$2,461.91 | \$0.00 | \$2,461.91 | 0.00% | 100.00% |
| RIGHTMYER, GERALD R MD | KY | 30 | 0 | 30 | \$2,470.68 | \$0.00 | \$2,470.68 | 0.00% | 100.00% |
| AGGARWAL, RINKOO MD | KY | 27 | 5 | 22 | \$3,883.71 | \$2,125.90 | \$1,757.81 | 54.74% | 45.26% |
| LOVE, RILEY DUANE MD | KY | 27 | 9 | 18 | \$7,443.57 | \$6,779.52 | \$664.05 | 91.08% | 8.92% |
| ROBERTS, CHARLES, A, MD | KY | 27 | 0 | 27 | \$4,242.12 | \$0.00 | \$4,242.12 | 0.00% | 100.00% |
| HALL, APRIL L. DO | KY | 26 | 0 | 26 | \$792.29 | \$0.00 | \$792.29 | 0.00% | 100.00% |
| LYON, CHRISTOPHER M MD | KY | 26 | 3 | 23 | \$3,456.26 | \$1,973.72 | \$1,482.54 | 57.11% | 42.89% |
| WALCOTT, CHRISTOPHER MD | IN | 26 | 0 | 26 | \$5,094.52 | \$0.00 | \$5,094.52 | 0.00% | 100.00% |
| BALDWIN, ROBBIN D APRN | KY | 25 | 0 | 25 | \$924.06 | \$0.00 | \$924.06 | 0.00% | 100.00% |
| BERG, JEFFREY WILLIAM MD | KY | 25 | 0 | 25 | \$3,693.08 | \$0.00 | \$3,693.08 | 0.00% | 100.00% |
| MONACO, COURTNEY G APRN | KY | 25 | 0 | 25 | \$1,077.14 | \$0.00 | \$1,077.14 | 0.00% | 100.00% |
| BEGAY, RAY MD | KY | 24 | 6 | 18 | \$3,231.46 | \$2,688.18 | \$543.28 | 83.19% | 16.81% |
| BRAITHWAITE, BRIAN A MD | KY | 24 | 0 | 24 | \$1,059.72 | \$0.00 | \$1,059.72 | 0.00% | 100.00% |
| BUTLER, DANNY NEALE MD | KY | 24 | 0 | 24 | \$2,121.93 | \$0.00 | \$2,121.93 | 0.00% | 100.00% |
| CHOU, RODNEY V. MD | KY | 24 | 5 | 19 | \$7,491.08 | \$4,126.98 | \$3,364.10 | 55.09% | 44.91% |
| FRANCIS, BRIAN MD | KY | 24 | 0 | 24 | \$526.88 | \$0.00 | \$526.88 | 0.00% | 100.00% |
| GIBSON, MILES K MD | KY | 24 | 0 | 24 | \$1,802.99 | \$0.00 | \$1,802.99 | 0.00% | 100.00% |
| MANCHIKANTI, LAXMAIAH MD | KY | 24 | 0 | 24 | \$1,491.36 | \$0.00 | \$1,491.36 | 0.00% | 100.00% |
| MEYER, DAVID A MD | KY | 24 | 0 | 24 | \$824.21 | \$0.00 | \$824.21 | 0.00% | 100.00% |
| TRACY, ROBERT NICHOLAS MD | KY | 24 | 0 | 24 | \$1,100.77 | \$0.00 | \$1,100.77 | 0.00% | 100.00% |
| YELAMELI, MADHU S MD | TN | 24 | 0 | 24 | \$3,875.97 | \$0.00 | \$3,875.97 | 0.00% | 100.00% |
| GAUZE, STEVEN M APRN | KY | 23 | 0 | 23 | \$534.67 | \$0.00 | \$534.67 | 0.00% | 100.00% |
| MCDONNELL, FRANCIS J MD | IN | 23 | 0 | 23 | \$1,983.90 | \$0.00 | \$1,983.90 | 0.00% | 100.00% |
| POTTER MD, IRA | KY | 23 | 0 | 23 | \$544.13 | \$0.00 | \$544.13 | 0.00% | 100.00% |
| SANAPATI, MAHENDRA | IN | 23 | 0 | 23 | \$1,596.78 | \$0.00 | \$1,596.78 | 0.00% | 100.00% |
| LINEBERRY, TRISTAN KIRK MD | KY | 22 | 7 | 15 | \$9,404.67 | \$9,022.56 | \$382.11 | 95.94% | 4.06% |
| BURNS, PATRICK T MD | KY | 21 | 12 | 9 | \$7,440.66 | \$7,187.40 | \$253.26 | 96.60% | 3.40% |

Top Drugs**SAMPLE**

Top 50 drugs based on Rx Count
 Groups: Start Date: 1/1/2020 End Date: 6/30/2020

| Description | Brand | Rank | # RXs | Avg Cost | Total Cost | Percent of Total |
|---------------------------|-------|------|-------|------------|-------------|------------------|
| HYDROCO/APAP TAB 10-325MG | G | 1 | 224 | \$49.80 | \$11,155.98 | 3.15% |
| HYDROCO/APAP TAB 7.5-325 | G | 2 | 179 | \$33.55 | \$6,005.75 | 1.70% |
| GABAPENTIN TAB 600MG | G | 3 | 170 | \$58.94 | \$10,020.08 | 2.83% |
| OXYCOD/APAP TAB 10-325MG | G | 4 | 156 | \$134.37 | \$20,961.04 | 5.92% |
| TRAMADOL HCL TAB 50MG | G | 5 | 112 | \$31.68 | \$3,547.64 | 1.00% |
| TIZANIDINE TAB 4MG | G | 6 | 107 | \$42.86 | \$4,585.97 | 1.30% |
| CELECOXIB CAP 200MG | G | 7 | 104 | \$54.33 | \$5,650.72 | 1.60% |
| GABAPENTIN TAB 800MG | G | 8 | 94 | \$64.47 | \$6,059.82 | 1.71% |
| CYCLOBENZAPR TAB 10MG | G | 9 | 86 | \$32.29 | \$2,776.79 | 0.78% |
| GABAPENTIN CAP 300MG | G | 10 | 72 | \$35.57 | \$2,560.75 | 0.72% |
| DULOXETINE CAP 60MG | G | 11 | 67 | \$103.05 | \$6,904.20 | 1.95% |
| HYDROCO/APAP TAB 5-325MG | G | 12 | 57 | \$29.61 | \$1,687.69 | 0.48% |
| METHOCARBAM TAB 750MG | G | 13 | 54 | \$37.82 | \$2,042.35 | 0.58% |
| LIDOCAINE PAD 5% | G | 14 | 51 | \$197.43 | \$10,069.08 | 2.84% |
| PREGABALIN CAP 100MG | G | 15 | 42 | \$97.71 | \$4,103.69 | 1.16% |
| MELOXICAM TAB 15MG | G | 16 | 41 | \$56.46 | \$2,314.75 | 0.65% |
| DICLOFENAC GEL 1% | G | 17 | 39 | \$101.71 | \$3,966.81 | 1.12% |
| OXYCODONE TAB 10MG | G | 18 | 39 | \$40.89 | \$1,594.65 | 0.45% |
| ESOMEPPRA MAG CAP 40MG DR | G | 19 | 36 | \$103.91 | \$3,740.60 | 1.06% |
| APAP/CODEINE TAB 300-30MG | G | 20 | 35 | \$25.92 | \$907.34 | 0.26% |
| METHADONE TAB 10MG | G | 21 | 34 | \$33.20 | \$1,128.91 | 0.32% |
| OXYCODONE TAB 15MG | G | 22 | 33 | \$56.05 | \$1,849.49 | 0.52% |
| CARISOPRODOL TAB 350MG | G | 23 | 31 | \$24.47 | \$758.64 | 0.21% |
| DIAZEPAM TAB 5MG | G | 24 | 30 | \$15.12 | \$453.73 | 0.13% |
| PREGABALIN CAP 75MG | G | 25 | 29 | \$152.01 | \$4,408.17 | 1.25% |
| ALPRAZOLAM TAB 1MG | G | 26 | 29 | \$30.56 | \$886.11 | 0.25% |
| MELOXICAM TAB 7.5MG | G | 27 | 25 | \$64.85 | \$1,621.18 | 0.46% |
| OXYCOD/APAP TAB 7.5-325 | G | 28 | 24 | \$116.72 | \$2,801.26 | 0.79% |
| DULOXETINE CAP 30MG | G | 29 | 24 | \$46.60 | \$1,118.30 | 0.32% |
| GABAPENTIN CAP 400MG | G | 30 | 24 | \$26.86 | \$644.76 | 0.18% |
| IBUPROFEN TAB 800MG | G | 31 | 23 | \$33.32 | \$766.47 | 0.22% |
| ZOLPIDEM TAB 10MG | G | 32 | 22 | \$64.11 | \$1,410.40 | 0.40% |
| PANTOPRAZOLE TAB 40MG | G | 33 | 22 | \$40.60 | \$893.16 | 0.25% |
| TOPIRAMATE TAB 100MG | G | 34 | 22 | \$32.05 | \$705.11 | 0.20% |
| CLONAZEPAM TAB 1MG | G | 35 | 22 | \$28.39 | \$624.50 | 0.18% |
| OXYCOD/APAP TAB 5-325MG | G | 36 | 20 | \$39.81 | \$796.26 | 0.22% |
| NAPROXEN TAB 500MG | G | 37 | 20 | \$33.83 | \$676.64 | 0.19% |
| LANSOPRAZOLE CAP 30MG DR | G | 38 | 19 | \$47.81 | \$908.33 | 0.26% |
| BUSPIRONE TAB 15MG | G | 39 | 18 | \$52.30 | \$941.35 | 0.27% |
| DICLOFENAC TAB 50MG DR | G | 40 | 18 | \$41.85 | \$753.34 | 0.21% |
| TIZANIDINE TAB 2MG | G | 41 | 18 | \$38.23 | \$688.10 | 0.19% |
| OXYCODONE TAB 30MG | G | 42 | 17 | \$163.07 | \$2,772.22 | 0.78% |
| OXYCONTIN TAB 40MG CR | B | 43 | 16 | \$1,051.19 | \$16,819.07 | 4.75% |
| PREGABALIN CAP 150MG | G | 44 | 16 | \$292.05 | \$4,672.87 | 1.32% |
| PREGABALIN CAP 200MG | G | 45 | 16 | \$243.50 | \$3,896.05 | 1.10% |
| PENTAZ/NALOX TAB 50-0.5MG | G | 46 | 15 | \$127.46 | \$1,911.89 | 0.54% |
| OXYCONTIN TAB 30MG CR | B | 47 | 14 | \$695.63 | \$9,738.80 | 2.75% |
| DICLOFENAC TAB 75MG DR | G | 48 | 13 | \$62.26 | \$809.41 | 0.23% |
| BACLOFEN TAB 10MG | G | 49 | 13 | \$53.58 | \$696.60 | 0.20% |
| IBUPROFEN TAB 600MG | G | 50 | 13 | \$24.10 | \$313.36 | 0.09% |

Top Drugs**SAMPLE**

Groups: Top 50 drugs based on RX Total
Start Date: 1/1/2020 End Date: 6/30/2020

| Description | Brand | Rank | # RXs | AVG Cost | Total Cost | Percent of Total |
|---------------------------|-------|------|-------|------------|-------------|------------------|
| OXYCOD/APAP TAB 10-325MG | G | 1 | 156 | \$134.37 | \$20,961.04 | 5.92% |
| PERCOSET TAB 10-325MG | B | 2 | 6 | \$3,121.53 | \$18,729.18 | 5.29% |
| OXYCONTIN TAB 40MG CR | B | 3 | 16 | \$1,051.19 | \$16,819.07 | 4.75% |
| LIDODERM DIS 5% | B | 4 | 6 | \$1,881.23 | \$11,287.39 | 3.19% |
| HYDROCO/APAP TAB 10-325MG | G | 5 | 224 | \$49.80 | \$11,155.98 | 3.15% |
| LIDOCAINE PAD 5% | G | 6 | 51 | \$197.43 | \$10,069.08 | 2.84% |
| GABAPENTIN TAB 600MG | G | 7 | 170 | \$58.94 | \$10,020.08 | 2.83% |
| OXYCONTIN TAB 30MG CR | B | 8 | 14 | \$695.63 | \$9,738.80 | 2.75% |
| ZIPSOR CAP 25MG | B | 9 | 5 | \$1,672.56 | \$8,362.80 | 2.36% |
| DULOXETINE CAP 60MG | G | 10 | 67 | \$103.05 | \$6,904.20 | 1.95% |
| TEROCIN DIS 4-4% | B | 11 | 5 | \$1,295.19 | \$6,475.95 | 1.83% |
| EFFEXOR XR CAP 75MG | B | 12 | 4 | \$1,517.35 | \$6,069.40 | 1.71% |
| GABAPENTIN TAB 800MG | G | 13 | 94 | \$64.47 | \$6,059.82 | 1.71% |
| HYDROCO/APAP TAB 7.5-325 | G | 14 | 179 | \$33.55 | \$6,005.75 | 1.70% |
| GRALISE TAB 600MG | B | 15 | 7 | \$837.94 | \$5,865.61 | 1.66% |
| CELECOXIB CAP 200MG | G | 16 | 104 | \$54.33 | \$5,650.72 | 1.60% |
| HYSINGLA ER TAB 60 MG | B | 17 | 6 | \$872.83 | \$5,236.98 | 1.48% |
| METAXALONE TAB 800MG | G | 18 | 12 | \$419.87 | \$5,038.42 | 1.42% |
| NORCO TAB 10-325MG | B | 19 | 6 | \$837.96 | \$5,027.76 | 1.42% |
| OXYCONTIN TAB 20MG CR | B | 20 | 9 | \$522.19 | \$4,699.74 | 1.33% |
| PREGABALIN CAP 150MG | G | 21 | 16 | \$292.05 | \$4,672.87 | 1.32% |
| TIZANIDINE TAB 4MG | G | 22 | 107 | \$42.86 | \$4,585.97 | 1.30% |
| OXYCODONE TAB 40MG ER | G | 23 | 10 | \$442.50 | \$4,424.97 | 1.25% |
| PREGABALIN CAP 75MG | G | 24 | 29 | \$152.01 | \$4,408.17 | 1.25% |
| NUCYNTA TAB 50MG | B | 25 | 6 | \$692.71 | \$4,156.26 | 1.17% |
| PREGABALIN CAP 100MG | G | 26 | 42 | \$97.71 | \$4,103.69 | 1.16% |
| RELISTOR TAB 150MG | B | 27 | 2 | \$2,023.87 | \$4,047.74 | 1.14% |
| DICLOFENAC GEL 1% | G | 28 | 39 | \$101.71 | \$3,966.81 | 1.12% |
| PREGABALIN CAP 200MG | G | 29 | 16 | \$243.50 | \$3,896.05 | 1.10% |
| AJOVY INJ 225/1.5 | B | 30 | 6 | \$648.00 | \$3,888.02 | 1.10% |
| ESOMEPPRA MAG CAP 40MG DR | G | 31 | 36 | \$103.91 | \$3,740.60 | 1.06% |
| AMBIEN CR TAB 12.5MG | B | 32 | 6 | \$613.01 | \$3,678.08 | 1.04% |
| TRAMADOL HCL TAB 50MG | G | 33 | 112 | \$31.68 | \$3,547.64 | 1.00% |
| OXYCOD/APAP TAB 7.5-325 | G | 34 | 24 | \$116.72 | \$2,801.26 | 0.79% |
| CYCLOBENZAPR TAB 10MG | G | 35 | 86 | \$32.29 | \$2,776.79 | 0.78% |
| OXYCODONE TAB 30MG | G | 36 | 17 | \$163.07 | \$2,772.22 | 0.78% |
| DURAGESIC DIS 75MCG/HR | B | 37 | 2 | \$1,366.31 | \$2,732.62 | 0.77% |
| LIDOCAINE OIN 5% | G | 38 | 8 | \$340.02 | \$2,720.20 | 0.77% |
| ULTRAM TAB 50MG | B | 39 | 6 | \$448.03 | \$2,688.18 | 0.76% |
| ULTRACET TAB 37.5-325 | B | 40 | 7 | \$371.21 | \$2,598.49 | 0.73% |
| GABAPENTIN CAP 300MG | G | 41 | 72 | \$35.57 | \$2,560.75 | 0.72% |
| OXYCONTIN TAB 10MG CR | B | 42 | 6 | \$425.18 | \$2,551.08 | 0.72% |
| MELOXICAM TAB 15MG | G | 43 | 41 | \$56.46 | \$2,314.75 | 0.65% |
| ZANAFLEX CAP 4MG | B | 44 | 6 | \$359.94 | \$2,159.64 | 0.61% |
| DICLOFENAC DIS 1.3% | G | 45 | 4 | \$517.38 | \$2,069.53 | 0.58% |
| BACLOFEN TAB 20MG | G | 46 | 12 | \$170.78 | \$2,049.34 | 0.58% |
| METHOCARBAM TAB 750MG | G | 47 | 54 | \$37.82 | \$2,042.35 | 0.58% |
| SPIRIVA CAP HANDIHLR | B | 48 | 4 | \$495.82 | \$1,983.28 | 0.56% |
| LINZESS CAP 145MCG | B | 49 | 4 | \$492.71 | \$1,970.84 | 0.56% |
| PENTAZ/NALOX TAB 50-0.5MG | G | 50 | 15 | \$127.46 | \$1,911.89 | 0.54% |

SAMPLE

ATTACHMENT E

Generic Utilization

Groups: Start Date: 1/1/2020 End Date: 6/30/2020 (Report based off brand versus generic in number RX's filled and percentage)

| Month | Total | Brand | Generic | % Brand | % Generic | \$ Brand | \$ Generic | \$ %Brand | \$ %Generic |
|--------------|--------------|--------------|----------------|----------------|------------------|-----------------|-------------------|------------------|--------------------|
| 2020 JAN | 583 | 36 | 547 | 6.17% | 93.83% | \$27,084.88 | \$36,615.48 | 42.52% | 57.48% |
| 2020 FEB | 516 | 29 | 487 | 5.62% | 94.38% | \$22,528.81 | \$31,850.86 | 41.43% | 58.57% |
| 2020 MAR | 571 | 33 | 538 | 5.78% | 94.22% | \$24,160.64 | \$36,037.05 | 40.14% | 59.86% |
| 2020 APR | 555 | 34 | 521 | 6.13% | 93.87% | \$26,359.80 | \$33,518.98 | 44.02% | 55.98% |
| 2020 MAY | 530 | 33 | 497 | 6.23% | 93.77% | \$23,249.64 | \$34,744.16 | 40.09% | 59.91% |
| 2020 JUN | 554 | 30 | 524 | 5.42% | 94.58% | \$21,161.63 | \$36,713.33 | 36.56% | 63.44% |
| Total | 3309 | 195 | 3114 | 5.89% | 94.11% | \$144,545.40 | \$209,479.86 | 40.83% | 59.17% |

| Legend | |
|---------------|---|
| Month | The month that the prescriptions were filled in. |
| Total | The total number prescriptions filled that month |
| Brand | Total number of brand scripts filled that month |
| Generic | Total number of generic scripts filled that month |
| % Brand | % of the total scripts filled that month that were brand name |
| % Generic | % of the total scripts filled that month that were generic |
| \$ Brand | The Total dollar amount spent on brand name medication |
| \$ Generic | The Total dollar amount spent on generic medication |
| \$ % Brand | The % of the dollar amount spent on brand name medication |
| \$ % Generic | The % of the dollar amount spent on generic medication |

Amount Paid By Dollar Range

SAMPLE

Groups: Start Date: 1/1/2020 End Date: 6/30/2020 (Report based on Number of Prescriptions Per Dollar Range)

| \$ Paid Per Claim | # Rxs Filled | % of Total | Total \$ in Range |
|-------------------|--------------|------------|-------------------|
| \$0.00 - 4.99 | 2 | 0.06% | \$9.68 |
| \$5.00 - 9.99 | 45 | 1.36% | \$332.00 |
| \$10.00 - 14.99 | 61 | 1.84% | \$782.31 |
| \$15.00 - 19.99 | 196 | 5.92% | \$3,465.30 |
| \$20.00 - 24.99 | 245 | 7.40% | \$5,478.54 |
| \$25.00 - 29.99 | 494 | 14.93% | \$13,543.01 |
| \$30.00 - 34.99 | 337 | 10.18% | \$11,138.70 |
| \$35.00 - 39.99 | 299 | 9.04% | \$11,242.91 |
| \$40.00 - 44.99 | 236 | 7.13% | \$9,992.41 |
| \$45.00 - 49.99 | 141 | 4.26% | \$6,673.16 |
| \$50.00 - 54.99 | 121 | 3.66% | \$6,389.00 |
| \$55.00 - 59.99 | 92 | 2.78% | \$5,210.63 |
| \$60.00 - 64.99 | 51 | 1.54% | \$3,183.14 |
| \$65.00 - 69.99 | 59 | 1.78% | \$3,962.95 |
| \$70.00 - 74.99 | 70 | 2.12% | \$5,082.96 |
| \$75.00 - 79.99 | 40 | 1.21% | \$3,089.61 |
| \$80.00 - 84.99 | 62 | 1.87% | \$5,170.07 |
| \$85.00 - 89.99 | 20 | 0.60% | \$1,747.17 |
| \$90.00 - 94.99 | 19 | 0.57% | \$1,762.70 |
| \$95.00 - 99.99 | 30 | 0.91% | \$2,908.84 |
| \$100.00 - 104.99 | 17 | 0.51% | \$1,736.62 |
| \$105.00 - 109.99 | 11 | 0.33% | \$1,188.65 |
| \$110.00 - 114.99 | 22 | 0.66% | \$2,487.40 |
| \$115.00 - 119.99 | 25 | 0.76% | \$2,950.49 |
| \$120.00 - 124.99 | 1 | 0.03% | \$124.05 |
| \$125.00 - 129.99 | 19 | 0.57% | \$2,421.70 |
| \$130.00 - 134.99 | 19 | 0.57% | \$2,521.05 |
| \$135.00 - 139.99 | 36 | 1.09% | \$4,901.10 |
| \$140.00 - 144.99 | 68 | 2.06% | \$9,645.58 |
| \$145.00 - 149.99 | 23 | 0.70% | \$3,368.99 |
| \$150.00 - 154.99 | 16 | 0.48% | \$2,426.48 |
| \$155.00 - 159.99 | 2 | 0.06% | \$312.28 |
| \$160.00 - 164.99 | 20 | 0.60% | \$3,239.90 |
| \$165.00 - 169.99 | 9 | 0.27% | \$1,503.42 |
| \$175.00 - 179.99 | 5 | 0.15% | \$880.35 |
| \$180.00 - 184.99 | 1 | 0.03% | \$181.01 |
| \$185.00 - 189.99 | 7 | 0.21% | \$1,317.69 |
| \$195.00 - 199.99 | 6 | 0.18% | \$1,199.52 |
| \$200.00 - 204.99 | 9 | 0.27% | \$1,829.60 |
| \$210.00 - 214.99 | 9 | 0.27% | \$1,907.37 |
| \$215.00 - 219.99 | 9 | 0.27% | \$1,970.67 |
| \$220.00 - 224.99 | 22 | 0.66% | \$4,854.72 |
| \$225.00 - 229.99 | 6 | 0.18% | \$1,378.98 |
| \$230.00 - 234.99 | 6 | 0.18% | \$1,404.76 |
| \$240.00 - 244.99 | 3 | 0.09% | \$725.79 |
| \$245.00 - 249.99 | 5 | 0.15% | \$1,248.50 |

Top Users**SAMPLE**(Top users based on script count)
Groups: Start Date: 1/1/2020 End Date: 6/30/2020

| Patient | Claim # | DOB | Adjuster | # RX's | Total Amount |
|---------|---------|-----|----------|--------|--------------|
| | 60 | | | | \$11,378.39 |
| | 58 | | | | \$2,271.30 |
| | 52 | | | | \$4,368.68 |
| | 40 | | | | \$2,695.96 |
| | 40 | | | | \$977.49 |
| | 39 | | | | \$2,312.89 |
| | 35 | | | | \$5,842.45 |
| | 35 | | | | \$1,327.44 |
| | 35 | | | | \$4,450.78 |
| | 35 | | | | \$3,518.60 |
| | 34 | | | | \$4,377.88 |
| | 33 | | | | \$879.21 |
| | 32 | | | | \$2,314.15 |
| | 31 | | | | \$974.16 |
| | 31 | | | | \$5,364.97 |
| | 30 | | | | \$2,470.68 |
| | 30 | | | | \$1,110.05 |
| | 30 | | | | \$2,121.56 |
| | 29 | | | | \$4,341.86 |
| | 29 | | | | \$2,445.73 |
| | 28 | | | | \$7,804.95 |
| | 28 | | | | \$12,131.38 |
| | 26 | | | | \$792.29 |
| | 25 | | | | \$1,077.14 |
| | 25 | | | | \$1,740.94 |
| | 24 | | | | \$3,231.46 |
| | 24 | | | | \$7,372.34 |
| | 24 | | | | \$877.85 |
| | 24 | | | | \$2,482.25 |
| | 24 | | | | \$1,542.14 |
| | 24 | | | | \$3,875.97 |
| | 24 | | | | \$2,121.93 |
| | 24 | | | | \$1,100.77 |
| | 24 | | | | \$585.06 |
| | 24 | | | | \$657.02 |
| | 24 | | | | \$2,633.72 |
| | 24 | | | | \$799.38 |
| | 23 | | | | \$1,030.32 |
| | 23 | | | | \$544.13 |
| | 23 | | | | \$1,076.32 |
| | 23 | | | | \$954.05 |
| | 22 | | | | \$572.75 |
| | 22 | | | | \$9,404.67 |
| | 22 | | | | \$700.13 |
| | 22 | | | | \$2,723.89 |
| | 21 | | | | \$917.58 |

Top Users**SAMPLE**

(Top users based on amount spent)

Groups: Start Date: 1/1/2020 End Date: 6/30/2020

| Patient | Claim # | DOB | Adjuster | # RX's | Total Amount |
|---------|---------|-----|----------|--------|--------------|
| | | | 15 | | \$19,569.16 |
| | | | 28 | | \$12,131.38 |
| | | | 60 | | \$11,378.39 |
| | | | 22 | | \$9,404.67 |
| | | | 16 | | \$8,056.66 |
| | | | 28 | | \$7,804.95 |
| | | | 21 | | \$7,440.66 |
| | | | 24 | | \$7,372.34 |
| | | | 13 | | \$6,689.66 |
| | | | 19 | | \$6,625.31 |
| | | | 35 | | \$5,842.45 |
| | | | 12 | | \$5,468.54 |
| | | | 31 | | \$5,364.97 |
| | | | 12 | | \$5,289.92 |
| | | | 18 | | \$4,871.64 |
| | | | 7 | | \$4,750.94 |
| | | | 14 | | \$4,585.72 |
| | | | 17 | | \$4,521.56 |
| | | | 35 | | \$4,450.78 |
| | | | 34 | | \$4,377.88 |
| | | | 52 | | \$4,368.68 |
| | | | 29 | | \$4,341.86 |
| | | | 14 | | \$4,001.22 |
| | | | 16 | | \$3,988.44 |
| | | | 24 | | \$3,875.97 |
| | | | 12 | | \$3,827.16 |
| | | | 11 | | \$3,660.79 |
| | | | 35 | | \$3,518.60 |
| | | | 13 | | \$3,488.97 |
| | | | 24 | | \$3,231.46 |
| | | | 6 | | \$3,205.70 |
| | | | 15 | | \$3,085.01 |
| | | | 20 | | \$2,919.13 |
| | | | 12 | | \$2,739.71 |
| | | | 22 | | \$2,723.89 |
| | | | 20 | | \$2,697.79 |
| | | | 40 | | \$2,695.96 |
| | | | 20 | | \$2,694.11 |
| | | | 10 | | \$2,658.19 |
| | | | 24 | | \$2,633.72 |
| | | | 18 | | \$2,533.51 |
| | | | 24 | | \$2,482.25 |
| | | | 30 | | \$2,470.68 |
| | | | 29 | | \$2,445.73 |
| | | | 19 | | \$2,370.88 |
| | | | 16 | | \$2,319.37 |

Reporting Period: 1/1/2020 to 6/30/2020

Client:

| Drug Description | Date Filled | SOJ | Billed Amount | Narcotic Count | Total Billed Amt | RX Count | Narcotic Count % | Narcotic Amt % |
|---------------------------|-------------|-----|---------------|------------------------|------------------|-----------|-------------------|----------------|
| Patient: | | | | | | | | |
| METHADONE TAB 10MG | 2020-01-06 | KY | \$41.48 | | | | | |
| HYDROCO/APAP TAB 7.5-325 | 2020-01-06 | KY | \$58.05 | | | | | |
| METHADONE TAB 10MG | 2020-02-07 | KY | \$41.48 | | | | | |
| HYDROCO/APAP TAB 7.5-325 | 2020-02-07 | KY | \$58.05 | | | | | |
| METHADONE TAB 10MG | 2020-03-09 | KY | \$41.48 | | | | | |
| HYDROCO/APAP TAB 7.5-325 | 2020-03-11 | KY | \$58.05 | | | | | |
| HYDROCO/APAP TAB 7.5-325 | 2020-04-11 | KY | \$58.55 | | | | | |
| METHADONE TAB 10MG | 2020-04-11 | KY | \$41.48 | | | | | |
| METHADONE TAB 10MG | 2020-05-12 | KY | \$41.48 | | | | | |
| HYDROCO/APAP TAB 7.5-325 | 2020-05-12 | KY | \$58.05 | | | | | |
| METHADONE TAB 10MG | 2020-06-12 | KY | \$41.48 | | | | | |
| | | | | Patient Totals: | \$539.63 | 11 | \$4,377.88 | 34 |
| Patient: | | | | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-01-30 | KY | \$45.73 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-02-28 | KY | \$45.75 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-03-27 | KY | \$45.75 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-04-27 | KY | \$45.75 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-05-26 | KY | \$45.75 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-06-24 | KY | \$45.75 | | | | | |
| | | | | Patient Totals: | \$274.48 | 6 | \$440.80 | 12 |
| Patient: | | | | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-01-17 | KY | \$53.76 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-02-18 | KY | \$53.76 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-03-18 | KY | \$53.78 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-04-16 | KY | \$53.78 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-05-19 | KY | \$53.78 | | | | | |
| HYDROCO/APAP TAB 10-325MG | 2020-06-17 | KY | \$53.78 | | | | | |
| | | | | Patient Totals: | \$322.64 | 6 | \$1,542.14 | 24 |
| Patient: | | | | | | | | |
| OXYMORPHONE TAB 5MG ER | 2020-01-03 | KY | \$131.25 | | | | | |
| OXYCOD/APAP TAB 10-325MG | 2020-01-06 | KY | \$84.48 | | | | | |
| OXYMORPHONE TAB 5MG ER | 2020-02-03 | KY | \$150.52 | | | | | |
| OXYCOD/APAP TAB 10-325MG | 2020-02-05 | KY | \$84.48 | | | | | |
| OXYMORPHONE TAB 5MG ER | 2020-03-02 | KY | \$150.52 | | | | | |
| OXYCOD/APAP TAB 10-325MG | 2020-03-06 | KY | \$84.48 | | | | | |

Reporting Period: 1/1/2020 to 6/30/2020
 Client:

(Savings derived from fee schedule vs. billed amount)

| Doctor | NDC # | Description | Qty | Type | DOI | Date Filled | # Scripts | Fee Sch | Bill Amt | Savings | Juris |
|------------------------------------|-------------|---------------------------|---------|------|-------------------|-------------|-----------|------------|------------|------------|--------|
| Division: | | | | | | | | | | | |
| Patient ID: Claim #: | | | | | | | | | | | |
| NORTHRIP, DENNIS 64896069813 | | OXYMORPHONE TAB 15MG ER | 60.000 | G | 05/17/93 01/18/20 | | | \$446.55 | \$258.73 | \$187.82 | KY |
| NORTHRIP, DENNIS 60505025103 | | TIZANIDINE TAB 2MG | 60.000 | G | 05/17/93 01/18/20 | | | \$78.31 | \$47.53 | \$30.78 | KY |
| NORTHRIP, DENNIS 68462019005 | | NAPROXEN TAB 500MG | 60.000 | G | 05/17/93 01/18/20 | | | \$76.55 | \$46.57 | \$29.98 | KY |
| LYON, CHRISTOPHER M MD | 68462019005 | NAPROXEN TAB 500MG | 60.000 | G | 05/17/93 02/17/20 | | | \$76.55 | \$46.57 | \$29.98 | KY |
| LYON, CHRISTOPHER M MD | 75834020715 | TIZANIDINE CAP 2MG | 60.000 | G | 05/17/93 02/17/20 | | | \$78.26 | \$47.51 | \$30.75 | KY |
| LYON, CHRISTOPHER M MD | 64896069813 | OXYMORPHONE TAB 15MG ER | 60.000 | G | 05/17/93 02/17/20 | | | \$446.55 | \$258.73 | \$187.82 | KY |
| NORTHRIP, DENNIS 60505025103 | | TIZANIDINE TAB 2MG | 60.000 | G | 05/17/93 03/18/20 | | | \$78.31 | \$47.53 | \$30.78 | KY |
| LYON, CHRISTOPHER M MD | 64896069813 | OXYMORPHONE TAB 15MG ER | 60.000 | G | 05/17/93 03/18/20 | | | \$446.55 | \$258.73 | \$187.82 | KY |
| NORTHRIP, DENNIS 64896069813 | | OXYMORPHONE TAB 15MG ER | 60.000 | G | 05/17/93 04/17/20 | | | \$446.55 | \$258.73 | \$187.82 | KY |
| LYON, CHRISTOPHER M MD | 75834020715 | TIZANIDINE CAP 2MG | 60.000 | G | 05/17/93 04/17/20 | | | \$78.26 | \$47.51 | \$30.75 | KY |
| NORTHRIP, DENNIS 64896069813 | | OXYMORPHONE TAB 15MG ER | 60.000 | G | 05/17/93 05/16/20 | | | \$446.55 | \$258.73 | \$187.82 | KY |
| LYON, CHRISTOPHER M MD | 64896069813 | OXYMORPHONE TAB 15MG ER | 60.000 | G | 05/17/93 06/16/20 | | | \$446.55 | \$258.73 | \$187.82 | KY |
| | | | | | | | 12 | \$3,145.54 | \$1,835.60 | \$1,309.94 | 41.64% |
| Patient ID: Claim #: | | | | | | | | | | | |
| REED, SHERRYL B MD | 00406012410 | HYDROCO/APAP TAB 7.5-325 | 90.000 | G | 04/15/94 01/28/20 | | | \$70.20 | \$32.00 | \$38.20 | KY |
| REED, SHERRYL B MD | 00406012410 | HYDROCO/APAP TAB 7.5-325 | 90.000 | G | 04/15/94 02/24/20 | | | \$70.20 | \$32.00 | \$38.20 | KY |
| REED, SHERRYL B MD | 00406012410 | HYDROCO/APAP TAB 7.5-325 | 90.000 | G | 04/15/94 03/20/20 | | | \$70.20 | \$32.00 | \$38.20 | KY |
| REED, SHERRYL B MD | 00406012410 | HYDROCO/APAP TAB 7.5-325 | 90.000 | G | 04/15/94 04/16/20 | | | \$70.20 | \$32.00 | \$38.20 | KY |
| REED, SHERRYL B MD | 00406012410 | HYDROCO/APAP TAB 7.5-325 | 90.000 | G | 04/15/94 05/07/20 | | | \$70.20 | \$32.00 | \$38.20 | KY |
| REED, SHERRYL B MD | 00406012410 | HYDROCO/APAP TAB 7.5-325 | 90.000 | G | 04/15/94 06/04/20 | | | \$70.20 | \$34.39 | \$35.81 | KY |
| | | | | | | | 6 | \$421.20 | \$194.39 | \$226.81 | 53.85% |
| Patient ID: Claim #: | | | | | | | | | | | |
| WILSON, RITA, K APRN | 68382020405 | GABAPENTIN TAB 600MG | 180.000 | G | 09/24/12 01/14/20 | | | \$459.72 | \$53.45 | \$406.27 | KY |
| WILSON, RITA, K APRN | 00603388732 | HYDROCO/APAP TAB 10-325MG | 180.000 | G | 09/24/12 01/14/20 | | | \$172.26 | \$61.99 | \$110.27 | KY |
| WILSON, RITA, K APRN | 00603388732 | HYDROCO/APAP TAB 10-325MG | 180.000 | G | 09/24/12 02/13/20 | | | \$172.26 | \$61.99 | \$110.27 | KY |
| WILSON, RITA, K APRN | 68382020405 | GABAPENTIN TAB 600MG | 180.000 | G | 09/24/12 02/13/20 | | | \$459.72 | \$53.45 | \$406.27 | KY |
| WILSON, RITA, K APRN | 00603388732 | HYDROCO/APAP TAB 10-325MG | 180.000 | G | 09/24/12 03/13/20 | | | \$172.26 | \$62.02 | \$110.24 | KY |
| WILSON, RITA, K APRN | 68382020405 | GABAPENTIN TAB 600MG | 180.000 | G | 09/24/12 03/12/20 | | | \$459.72 | \$53.45 | \$406.27 | KY |
| WILSON, RITA, K APRN | 68382020405 | GABAPENTIN TAB 600MG | 180.000 | G | 09/24/12 04/09/20 | | | \$459.72 | \$53.45 | \$406.27 | KY |
| WILSON, RITA, K APRN | 00603388732 | HYDROCO/APAP TAB 10-325MG | 180.000 | G | 09/24/12 04/11/20 | | | \$172.26 | \$62.02 | \$110.24 | KY |

PROPOSED SUBCONTRACTORS FORM

- *Do not include additional information relating to subcontractors on this form or as an attachment to this form.*

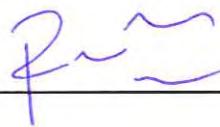
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

| Subcontractor's Company Name | Street Address | City, State, ZIP |
|---|------------------|----------------------|
| Occupational Managed Care Alliance (OMCA) | 2211 Greene Way | Louisville, KY 40220 |
| Corporate Pharmacy Services (CPS) | 319 Broad Street | Gadsden, AL 35901 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

Authorized Signature:



Title: Senior Account Executive



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 2

TO: Vendors Addressed
FROM: Brandi Schroeder, Buyer
DATE: July 10, 2020
SUBJECT: SP-20-0093 Pharmacy Benefit Manager

The following change(s) to the above-referenced RFP have been made as designated below:

Additional attachment(s)

ADDITIONAL ATTACHMENTS

- Add the following attachment:

Attachment B: In-Network Pharmacy Report

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Brandi Schroeder at Brandi.Schroeder@dfa.arkansas.gov or (501) 682-4169.

Signature

Russell Williams

Printed Name

7/23/2020

Date

M. Joseph Medical, LLC

Prospective Contractor's Name



STATE OF ARKANSAS
OFFICE OF STATE PROCUREMENT
1509 West 7th Street, Room 300
Little Rock, Arkansas 72201-4222

ADDENDUM 1

TO: Vendors Addressed
FROM: Brandi Schroeder, Buyer
DATE: June 30, 2020
SUBJECT: SP-20-0093 Pharmacy Benefit Manager

The following change(s) to the above-referenced RFP have been made as designated below:

- Additional attachment(s)
 Change to Price Sheet
 Additional specification(s)
 Delete specification(s)

ADDITIONAL ATTACHMENTS

- Add the following attachment:

Attachment A: Pharmacy Report

CHANGE TO PRICE SHEET

- Delete the Official Bid Price Sheet and replace with the following:

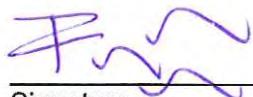
Revised Official Bid Price Sheet

ADDITIONAL SPECIFICATIONS

- Add the following to RFP Item 1.11.B.:
 3. For Table C, Prospective Contractors shall enter the Prospective Contractor's pricing model for amounts paid to network pharmacies for prescriptions using an average wholesale price (AWP), National Average Drug Acquisition Cost (NADAC), or wholesale acquisition cost (WAC) pricing model based on one of the nationally recognized databases in the appropriate column.
 - a. Pricing discounts must be entered as percentages.
 - b. Table C will not be used in low-cost determination.
- Add the following to RFP Item 2.3.H.:
 4. The Contractor shall ensure that network pharmacies not take a loss in filling an individual prescription for PECD and that a means be provided for paying the network pharmacy at least its cost plus the dispensing fee as the pass-thru cost to PECD. This may be provided by the Contractor through a retroactive review process.
 - a. Compliance with this Requirement will be included as an audit item.

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Brandi Schroeder at Brandi.Schroeder@dfa.arkansas.gov or (501) 682-4169.



Signature

Russell Williams

Printed Name

7/23/2020

Date

M. Joseph Medical, LLC

Prospective Contractor's Name

M Joseph Medical, LLC

Employee Handbook

103 Equal Employment Opportunity

Effective Date: 12/1/2016

Revision Date: 12/1/2016

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at M Joseph Medical will be based on merit, qualifications, and abilities. M Joseph Medical does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, or any other characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: **SUBCONTRACTOR NAME:**
 Yes No OCCUPATIONAL MANAGED CARE ALLIANCE, INC.

IS THIS FOR:
TAXPAYER ID NAME: OCCUPATIONAL MANAGED CARE Goods? Services? Both?

YOUR LAST NAME: _____ **FIRST NAME:** _____ **M.I.:** _____

ADDRESS: 2211 GREENE WAY

CITY: LOUISVILLE **STATE:** KY **ZIP CODE:** 40220 **COUNTRY:** USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT,
 OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (\v) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | |
|----------------------------------|-----------|--------|--|---------------|-------------|---|----------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Relation |
| General Assembly | | | | | | | |
| Constitutional Officer | | | | | | | |
| State Board or Commission Member | | | | | | | |
| State Employee | | | | | | | |

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (\v) | | Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.] | For How Long? | | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | | |
|----------------------------------|-----------|--------|---|---------------|-------------|--|------------------------|---------------------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Ownership Interest (%) | Position of Control |
| General Assembly | | | | | | | | |
| Constitutional Officer | | | | | | | | |
| State Board or Commission Member | | | | | | | | |
| State Employee | | | | | | | | |

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature R~ Title SENIOR ACCOUNT EXECUTIVE Date 07/27/2020

Vendor Contact Person RUSSELL WILLIAMS Title SENIOR ACCOUNT EXECUTIVE Phone No. 502-244-8840

Agency use only

| | | | | |
|---------------|-------------|-----------------------|-------------------|-----------------------|
| Agency Number | Agency Name | Agency Contact Person | Contact Phone No. | Contract or Grant No. |
|---------------|-------------|-----------------------|-------------------|-----------------------|

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: Yes No SUBCONTRACTOR NAME:

CORPORATE PHARMACY SERVICES

IS THIS FOR:

TAXPAYER ID NAME: CORPORATE PHARMACY SERVICE Goods? Services? Both?

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS: 319 BROAD STREET

CITY: GADSDEN

STATE: AL

ZIP CODE: 35901

COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.] | For How Long? | | What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.] | |
|----------------------------------|----------|--------|--|---------------|-------------|---|----------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Relation |
| General Assembly | | | | | | | |
| Constitutional Officer | | | | | | | |
| State Board or Commission Member | | | | | | | |
| State Employee | | | | | | | |

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

| Position Held | Mark (✓) | | Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.] | For How Long? | | What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control? | | |
|----------------------------------|----------|--------|---|---------------|-------------|--|------------------------|---------------------|
| | Current | Former | | From MM/YY | To MM/YY | Person's Name(s) | Ownership Interest (%) | Position of Control |
| General Assembly | | | | | | | | |
| Constitutional Officer | | | | | | | | |
| State Board or Commission Member | | | | | | | | |
| State Employee | | | | | | | | |

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature R. Williams Title SENIOR ACCOUNT EXECUTIVE Date 07/27/2020

Vendor Contact Person RUSSELL WILLIAMS Title SENIOR ACCOUNT EXECUTIVE Phone No. 502-244-8840

Agency use only

| | | | | |
|---------------|-------------|-----------------------|-------------------|-----------------------|
| Agency Number | Agency Name | Agency Contact Person | Contact Phone No. | Contract or Grant No. |
|---------------|-------------|-----------------------|-------------------|-----------------------|

REVISED OFFICIAL BID PRICE SHEET 6.30.2020

SP-20-0093 Pharmacy Benefit Manager

TABLE A: PROCESSING AND ADMINISTRATION (to be used in determining low-cost)

| Description | Estimated # of Prescriptions (annual estimated) | Per Prescription Cost | Estimated Annual Cost |
|--------------------|--|-----------------------|-----------------------|
| Administrative Fee | 7,600 | \$ 19.00 | \$ 144,400.00 |

TABLE B: OPTIONAL SERVICES (not to be used in determining low-cost)

| Description | Per Review Cost | Additional Per Unit Cost | Unit (pages or time) |
|--------------------------------|-----------------|--------------------------|-------------------------|
| Third-party utilization review | \$ 275.00 | \$ 225.00 | Per Hr Appeal Review |
| Description | | | Per Day Cost |
| Clinical review services | | | \$ - |

TABLE C: PRICING MODEL DISCOUNTS (not to be used in determining low-cost)

| NADAC Discount Percentage | WAC Discount Percentage | AWP Discount Percentage |
|---------------------------|-------------------------|---|
| | | <p>Brand = AWP less 17.5% +\$2.00, Generic = MAC + \$2.00, Single Source Generic = AWP less 30% + \$2.00. We have two pharmacies that require different fees: Walgreens; Brand = AWP less 12% + \$2.50, Generic = AWP - 62% +\$2.00, CVS; Brand = AWP less 11.5% + \$2.00, Generic = AWP less 62% + \$2.25 Mail Order: Brand & Generic: Cost + \$16.50</p> |