

CATAMARAN

Summary of Response

State and Public School Life and Health Insurance Task Force

Summary of Responses to RFP for Consultant Services

Responder: CATAMARAN

Evaluation Criteria:

<p>Directly Related Experience:</p>	<p>Catamaran <i>currently provides the Employee Benefits Division of the State of Arkansas</i> with integrated medical, pharmacy, risk, and episode information in order to monitor quality of care, track utilization services, identify members for disease and case management, model the potential effects of changes in benefit coverage, isolate and identify causes of unexpected variability in healthcare utilization, and measure the effect of different types of providers, insurers, and coverage on overall healthcare utilization costs. Since 2005, these services have been provided by Catamaran through the implementation and management of a product called IntegrailPRO, including training and analytical and technical support.</p>
<p>Price:</p>	<p>\$323,360 (for an 18 month period)</p>
<p>Plan/Schedule:</p>	<p>A. <u>Implementation of Public School and State Employee hierarchy within IntegrailPRO</u> a. Start: Upon contract initiation b. Completion: 45-60 days from receipt of required information from State</p> <p>B. <u>Identification and training of BLR Task Force Support Analyst</u> a. Start: Upon contract initiation b. Completion: 30 days from start</p> <p>C. <u>Initial meetings and data gathering meetings</u> a. Start: Within 30 days of contract initiation</p> <p>D. <u>Research design, data gathering, analytical support</u> a. Start: preliminary work can commence upon contract initiation, State vs. Public School analysis can commence after implementation of hierarchy</p> <p>E. <u>Enhancement of Episode Treatment Methodology</u> a. Start: Upon contract initiation b. Completion: 90 days from start</p> <p>F. <u>Regular support teleconferences will be scheduled at the discretion of the BLR Task Force</u></p> <p>G. <u>In person meetings can occur at the discretion</u></p>

	<p><u>of the BLR Task Force</u></p> <p>*Catamaran states that “based on an estimated approval date of January 15, 2014, and with the State’s ability to assist Catamaran in determining State vs. Public School employees by the same date, whether via an eligibility fee or a crosswalk, IntegrailPRO will be revised and functional by February 28, 2014. Upgrading to the latest version of the Episode Treatment Grouping methodology is targeted for completion by April 1, 2014.”</p>
Availability:	<p>Catamaran states that it will be available for regular support teleconferences and in person meetings “<i>at the discretion of the task force</i>”. Catamaran’s main business office is located in Chicago, IL, with a local office in Little Rock, AR.</p>
Personnel:	<p>Analyst Senior Manager of Product Development PhD Pharmacoeconomic Researchers</p>
Past Performance:	<p>See Directly Related Experience</p>

Redacted Vendor Response



**State of Arkansas
Bureau of
Legislative Research**

Marty Garrity, Director
Kevin Anderson, Assistant Director
for Fiscal Services
Matthew Miller, Assistant Director
for Legal Services
Richard Wilson, Assistant Director
for Research Services

REQUEST FOR PROPOSAL

RFP Number: BLR-130001	
Commodity: Health Information Management Consulting Services	Proposal Opening Date: December 30, 2013
Date: December 23, 2013	Proposal Opening Time: 4:30 P.M. CST

PROPOSALS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED ABOVE. THE PROPOSAL ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE PROPOSAL NUMBER, DATE AND HOUR OF PROPOSAL OPENING, AND VENDOR'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE BUREAU OF LEGISLATIVE RESEARCH.

Vendors are responsible for delivery of their proposal documents to the Bureau of Legislative Research prior to the scheduled time for opening of the particular proposal. When appropriate, Vendors should consult with delivery providers to determine whether the proposal documents will be delivered to the Bureau of Legislative Research office street address prior to the scheduled time for proposal opening. Delivery providers, USPS, UPS, FedEx, and DHL, deliver mail to our street address, State Capitol Building, Room 315, Little Rock, Arkansas 72201, on a schedule determined by each individual provider. These providers will deliver to our offices based solely on our street address.

MAILING ADDRESS: 500 Woodlane Street State Capitol Building, Room 315 Little Rock, Arkansas 72201	PROPOSAL OPENING LOCATION: Bureau of Legislative Research Director's Office State Capitol Building, Room 315
E-MAIL: janice@blr.arkansas.gov	
TELEPHONE: (501) 682-1937	

Company Name: Catamaran

Name (type or print): [REDACTED]

Title: VP, Clinical Outcomes and Health Services Research

Address: 300 North LaSalle, Suite 1600, Chicago, IL 60654

Telephone Number: office: [REDACTED] mobile [REDACTED]

Fax Number: (312) 261-7841

E-Mail Address: [REDACTED]

Signature: _____

USE INK ONLY; UNSIGNED PROPOSALS WILL NOT BE CONSIDERED

Identification:

Federal Employer ID Number (X)

Social Security Number

**FAILURE TO PROVIDE TAXPAYER IDENTIFICATION NUMBER MAY
RESULT IN PROPOSAL REJECTION**

Business Designation (check one):	Individual []	Sole Proprietorship []	Public Service Corp []
	Partnership []	Corporation [X]	Government/ Nonprofit []

GENERAL DESCRIPTION:	Health Information Management Consulting Services
TYPE OF CONTRACT:	Term

MINORITY BUSINESS POLICY

Participation by minority businesses is encouraged in procurements by state agencies, and although it is not required, the Task Force supports that policy. "Minority" is defined at Arkansas Code Annotated § 15-4-303 as "a lawful permanent resident of this state who is: (A) African American; (B) Hispanic American; (C) American Indian; (D) Asian American; (E) Pacific Islander American; or (F) A service-disabled veteran as designated by the United States Department of Veteran Affairs". "Minority business enterprise" is defined at Arkansas Code Annotated § 15-4-303 as "a business that is at least fifty-one percent (51%) owned by one (1) or more minority persons". The Arkansas Economic Development Commission conducts a certification process for minority businesses. Vendors unable to include minority-owned business as subcontractors may explain the circumstances preventing minority inclusion.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Vendor shall submit a copy of the Vendor's Equal Opportunity Policy prior to the contract award. EO Policies may be submitted in electronic format to the Director of the Bureau of Legislative Research or as a hard copy accompanying the solicitation response. The Bureau of Legislative Research will maintain a file of all Vendor EO policies submitted in response to solicitations issued by the Bureau of Legislative Research. The submission is a one-time requirement, but Vendors are responsible for providing updates or changes to their respective policies.

TECHNOLOGY ACCESS FOR THE BLIND

Please reference Section 508 of the federal Rehabilitation Act, 29 U.S.C. 794d and Arkansas Code Annotated § 25-26-201 et seq. The Vendor expressly acknowledges that state funds may not be expended in connection with the purchase of information technology unless that system meets certain statutory requirements, in accordance with the State of Arkansas technology policy standards, relating to accessibility by persons with visual impairments.

Accordingly, the Vendor represents and warrants to the Bureau of Legislative Research that the technology provided to the Bureau of Legislative Research for purchase is capable either by virtue of features included within the technology or because it is readily adaptable by use with other technology of:

- Providing equivalent access for effective use by both visual and non-visual means;
- Presenting information, including prompts used for interactive communications, in formats intended for non-visual use; and
- After being made accessible, it can be integrated into networks for obtaining, retrieving, and disseminating information used by individuals who are not blind or visually impaired.

State of Arkansas Bureau of Legislative Review
State and Public School Life and Health Insurance Task Force
RFP Number: BLR-130001
Health Information Management Consulting Services

Section 2.0 Task Force Overview: The State and Public School Life and Health Insurance Program Legislative Task Force was signed into law on October 21, 2013. In accordance with that legislation, the Task Force, for the benefit of the people of Arkansas, issued a Request for Proposal with the clear intent to aid the Task Force in developing an implementation plan and legislative framework for the State and Public School Life and Health Insurance Program that will allow the program to operate on an actuarially sound basis while ensuring a high-quality, low-cost program of insurance for state and public school employees and retirees.

Section 2.1 Task Force Objectives: The Task Force has been charged with studying all aspects of the State and Public School Life and Health Insurance Program to recommend changes that will ensure the financial stability of the program while offering participants affordable healthcare coverage, including researching current insurance concepts, market conditions, regulatory issues, the effects of the federal Patient Protection and Affordable Care Act, and best practices from other state; exploring cost-containment measures and funding options for plan options offered under the program, ways to promote competition among vendors and the offering of competitive health insurance plan options that include quality-of-care delivery, portability, and accessible and affordable healthcare, and the role that the current structure of the program in its plan options has contributed to the volatility of the program; preparing a comprehensive analysis of recommended health insurance plan options to be offered under the program; and evaluating the governance and structure of the State and Public School Life and Health Insurance Board. The Task Force is required to submit a preliminary report of its activities, findings, and recommendations by June 30, 2014 and a final report on or before June 29, 2015.

Section 3.0 Scope of Work / Specifications:

This request for proposal is designed to obtain a Contract to provide health information management consulting services to the Task Force. The Task Force's health information management goal is to research and consider various program options and cost and funding issues to aid the Task Force in developing a framework for an actuarially sound high-quality, low-cost health insurance program for state and public school employees and retirees. This response to the RFP will reflect these overall goals and objectives of the Task Force.

The Task Force is charged with providing preliminary and final reports concerning its activities, findings, and recommendations related to its study and analysis of the State and Public School Life and Health Insurance Program and the options for improving the quality and financial stability of the program. It will be the responsibility of the Vendor to provide supplemental services, billed on an hourly basis, that enhance the efficient and effective operation of the Task Force while enhancing the overall thoroughness and scope of the analyses, findings, and recommendations of the Task Force.



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Company Name: Catamaran

Name (type or print): ██████████

Title: VP, Clinical Outcomes and Health Services Research

Address: 300 North LaSalle, Suite 1600, Chicago, IL 60654

Telephone Number: office: ██████████ mobile ██████████

Fax Number: (312) 261-7841

E-Mail Address: ██████████

Signature: _____

USE INK ONLY; UNSIGNED PROPOSALS WILL NOT BE CONSIDERED

Identification: 112581812

Federal Employer ID Number (X)

Social Security Number

**FAILURE TO PROVIDE TAXPAYER IDENTIFICATION NUMBER MAY
RESULT IN PROPOSAL REJECTION**

Business Designation (check one):	Individual []	Sole Proprietorship []	Public Service Corp []
	Partnership []	Corporation [X]	Government/ Nonprofit []

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TYPE OF CONTRACT:	Term

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- After being made accessible, it can be integrated into networks for obtaining, retrieving, and disseminating information used by individuals who are not blind or visually impaired.

Section 5.1 Vendor Profile

- Business Name: Catamaran
- Business Address: 1600 McConnor Parkway, Schaumburg, Illinois 60195
- Primary Contact Name: [REDACTED], VP, Clinical Strategy and Health Outcomes Research
300 North LaSalle
Chicago, IL 60654
work: [REDACTED] mobile: [REDACTED]
[REDACTED]
- Number of Years in Existence: 27
- Qualifications to do business in the State of Arkansas: Catamaran currently provides PBM services to the Employee Benefits Division of The State of Arkansas; Catamaran's local office is at 320 Executive Court Drive, Suite 201, Little Rock, AR 72205
- Disclosure of all states and jurisdictions where Catamaran does business and the nature of that business: Catamaran currently provides PBM services and maintains a presence in the United States as well as Canada.
- Disclosure of all states and jurisdictions where Catamaran has contracts to supply health information management consulting services and the nature of those goods and services:
 - Catamaran currently provides integrated medical, pharmacy, and risk information to the State of Arkansas via its IntegrailPRO project. This contract includes maintenance and refreshment of IntegrailPRO, support and training for State personnel, and technical and analytical support as required.
- State or federal felonies: None
- Bankruptcy, insolvency, reorganization, or corporate takeover: None
- Additional Disclosures: None
- Disclosure of Litigation: None

Section 5.4 Executive Summary:

Catamaran has a long-standing commitment to providing the Employee Benefits Division of the State of Arkansas with integrated medical, pharmacy, risk, and episode information in order to monitor quality of care, track utilization of services, identify members for disease and case management, model the potential effects of changes in benefit coverage, isolate and identify causes of unexpected variability in healthcare utilization, and measure the effect of different types of providers, insurers, and coverage on overall healthcare utilization and costs. Since 2005, Catamaran has provided this assistance through the implementation and maintenance of a product called IntegrailPRO, including training and analytical and technical support. IntegrailPRO is a user-friendly, point-and-click driven data management, reporting, and query tool is refreshed monthly with medical and pharmacy information provided by the State. This data is grouped with the Episode Risk Group and Episode Treatment Group methodologies, enhanced, and placed in IntegrailPRO. Data enhancement includes the provision of higher categorizations of claim line specific data elements, such as grouping procedure codes into procedure types (e.g. office visits, laboratory tests, radiology services, surgeries, etc.) and procedure groups (evaluation and management, inpatient services, etc.) as well as consolidation of all services provided in inpatient settings.

Within IntegrailPRO, data can be further classified into up to 6 additional hierarchal dimensions, defined by the client, that enable analysis of the data in business specific segments – such as regions, type of employee or benefit, insurance carriers, etc. Previous divisions employed by the State for this purpose have been State vs. Public School Employee, Insurance Carrier, Type of Coverage (e.g. Active, Retired, Cobra, Medicare), current claim carrier (insurer in effect as of the date of the refresh) and historical claim carrier (insurer in effect at the time of the claim). These hierarchal dimensions recognize that non-health related factors can affect healthcare utilization and are used to control for these outside influences as well as identify, group, or isolate data for analysis and set business specific reference values. These reference values can be selected on the fly to identify potential sources of unexpected variability in the data once outside influences have been accounted for. Prior to 2012, State vs. Public School Employees were identified as a hierarchal dimension, but this dimension was removed as part of a restructuring activity within the State in 2012. Current hierarchal dimension are type of plan (Gold, Silver, Bronze) and Group (Active, Retired, Medicare). Two additional business specific hierarchal dimensions are available.

Several State employees are trained to use the system and ongoing technical and analytical support is provided by Catamaran. IntegrailPRO also contains a powerful data querying tool that allows analysts to delve into the data in detail, extract data for other purposes, and produce reports. Standardized reporting is available within the Quick Click library – a series of standardized, preformatted reports that can be produced on user selected subsets of data. User specific reports can also be created and stored via the point and click query system so that these reports can be refreshed and regenerated according to the user's needs. Finally, a series of additional reports have been designed and generated for the State of Arkansas as part of the previous quarterly refreshing cycle (prior to 2012). **Appendix A.**

IntegrailPRO was initially implemented in 2006 and has been used extensively by State and Catamaran analysts to support decisions made by the Employee Benefits Division as well as provide information to

the State legislature. Previous work has included an examination of wellness screening rates, analysis of cost differentials between insurance carriers, and identification of members with Quality of Care concerns for disease management. Samples of this work can be provided upon request.

Catamaran's response to the Bureau of Legislative Review's RFP is three-fold. Restoration of State vs. Public School Employees is crucial in order to be able to examine utilization and quality of care patterns of the two groups. Initial internal review of the work effort required to restore this hierarchal dimension has determined the level of effort to be between 120 – 160 hours for implementation and quality checking. After Catamaran receives the required information and support to identify state vs. public school employees, we anticipate a 45 -60 day implementation period. Analytical support of the Task Force's initiatives begins as soon as the hierarchal dimension has been added.

Secondly, analytical support for the Task Force activities is provided by a dedicated analyst within the Clinical Strategies and Health Outcomes Research team. For budgeting purposes, we assume this is a full time position for the length of the contract. Catamaran is open to discussions as to a smaller commitment dependent on the State's requirements.

The analyst would be trained and supported by our business analyst, a former employee of the State of Arkansas who is also a Registered Nurse and has a Masters in Healthcare Informatics, who utilized IntegrailPRO as an employee of the Employee Benefits Division and who currently provides technical and analytical support to the State's IntegrailPRO users. One-tenth to one-fifth FTE would be dedicated to this project. Catamaran is open to discussions as to the percentage of commitment required.

Additional oversight and direction will be provided by the Sr. Manager of Product Development, who has extensive experience with integrated medical and pharmacy data and is the subject matter expert on IntegrailPRO. Finally, PhD pharmacoeconomic researchers are also available within the department for consultation as needed. This support would occur on an ad hoc basis and would be billed no less than monthly on a per diem basis.

Finally, to make use of the most up-to-date clinical information available, upgrading the current Episode Treatment Grouping methodology within IntegrailPRO to the latest version (version 8.0) would allow additional expansion of the capabilities of IntegrailPRO to identify, isolate, and explore potential sources of variability in healthcare utilization patterns within and across the State of Arkansas. Medical coding is continually upgraded, and newer diagnosis and procedure codes may not be captured within episodes created by IntegrailPRO's current version of ETGs. This information is not lost – it is captured and available for analysis, but is not marked with relevant episode information. The level of effort for this enhancement is expected to require approximately 450 hours of work. This third effort represents an enhancement to IntegrailPRO and would occur "behind the scenes" once the hierarchal dimension has been implemented. It is not considered imperative in order to satisfy the needs of the Task Force, but would greatly enhance the Task Force's ability to understand and predict future healthcare resource consumption.

Based on an estimated approval date of January 15, 2014, and with the State's ability to assist Catamaran in determining State vs. Public School employees by the same date, whether via an eligibility

feed or a crosswalk, IntegrailPRO will be revised and functional by February 28, 2014. Upgrading to the latest version of the Episode Treatment Grouping methodology is targeted for completion by April 1, 2014. No additional licensing fees are incurred by any of these activities.

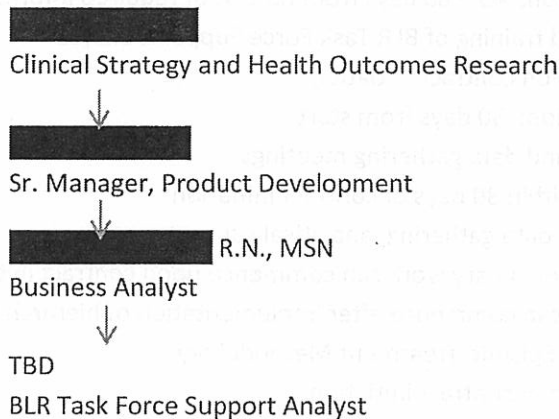
Plan for assisting Task Force:

- A. Implementation of Public School and State Employee hierarchy within IntegrailPRO
 - a. Start: Upon contract initiation
 - b. Completion: 45 – 60 days from receipt of required information from State
- B. Identification and training of BLR Task Force Support Analyst
 - a. Start: Upon contract initiation
 - b. Completion: 30 days from start
- C. Initial meetings and data gathering meetings
 - a. Start: Within 30 days of contract initiation
- D. Research design, data gathering, analytical support
 - a. Start: preliminary work can commence upon contract initiation, State vs Public School analysis can commence after implementation of hierarchy
- E. Enhancement of Episode Treatment Methodology
 - a. Start: Upon contract initiation
 - b. Completion: 90 days from start
- F. Regular support teleconferences will be scheduled at the discretion of the BLR Task Force
- G. In person meetings can occur at the discretion of the BLR Task Force

Section 5.5 Vendor's Qualifications

Catamaran has been provided integrated medical, pharmacy, and risk information within its IntegrailPRO product for well over ten years. Its current relationship with the State of Arkansas began in 2005 and continues today. Catamaran is a full service pharmacy benefits management company and currently is also the PBM and health solutions partner for the State of Arkansas.

Organizational Chart:



Biographies:

██████████ **PharmD**, joined Catamaran in ██████████ As Vice President, Clinical Strategy and Health Outcomes Research, ██████████ oversees the company's strategy for innovation of new clinical product strategies and business development activities. In addition, ██████████ is responsible for overseeing Catamaran's Health Outcomes Research team. This business unit is charged with providing business intelligence from data for purposes of improving client benefit designs, targeting of members/physicians for clinical interventions and measuring the clinical and financial impact of programs. ██████████ also oversees the management of Catamaran's transformational risk prediction tool that predicts clients and members real-time risk for future prescription and healthcare costs. His past experience includes similar roles with his previous employer, Walgreens, where ██████████ worked for 23 years, most recently to build the Walgreen Co.'s Clinical and Health Outcomes teams. An innovator in his field, ██████████ holds six US patents for developing clinical strategies, systems, and software for Retrospective Drug Utilization Review and Medication Therapy Management products. ██████████ is a trusted consultant on pharmacy solutions for managing quality, overall health care costs, and patient experience. ██████████ has also coordinated, presented and published instructional documents for pharmacy continuing education programs. ██████████ has also written over 20 research abstracts for organizations such as AMCP, Pinsonault, ACCP, WF Professionals. ██████████ has authored ISPOR on topics such as Medicare, MTM, prior authorization programs, retail 90 programs, hypertension, antibiotic resistance, appropriate use of proton pump inhibitors, drug interactions, HIV/AIDS, pharamaoeconomics and oncology.

██████████ has been active in primary care research and risk prediction methodologies for the last three decades and has extensive experience with merged medical and pharmacy data analytics, report development, and information delivery. █████ has an extended background and experience in the use of integrated medical, pharmacy and risk information in clinical, quality of care, patterns of care, physician reporting and profiling, identification of opportunities for intervention, and health outcomes research. Prior to coming to Catamaran, █████ was the Director of Physician Reporting and Profiling at a midlevel nonprofit managed care organization in northern New York State, where █████ had advanced from the Quality Improvement department where she was ultimately responsible for HEDIS, state quality reporting requirements, and NCQA accreditation reports and activities, to the creation and management of the Physician Reporting and Profiling Department. █████ has extensive experience with the three main risk grouping methodologies in the industry today – the ACG-PM model from the Johns Hopkins University, the DCG model via VIPs and MCSource, and the Episode Risk models now owned by Optum. █████ has completed █████ graduate work with the Johns Hopkins University School of Public Health and is ABD in the Social and Behavioral Sciences Department.

██████████ RN, MSN is the Business Operations Analyst at Catamaran. █████ has worked in various capacities in the pharmacy benefit management arena for over ten years. █████ became a registered nurse in 2005 mainly focusing on critical and cardiac care. █████ recently obtained a Masters in the Science of Nursing with an emphasis in Informatics from the University of Phoenix. █████ has over six years' experience utilizing Episode Treatment Group (ETG) and Adjusted Clinical Group (ACG) software for in-depth analysis of medical and pharmacy claims.

Demographic and Expense Summary

Comparison Group: State Employees
All Carriers

Incurred: 07/01/10 - 06/30/11
Paid: 07/01/10 - 06/30/11

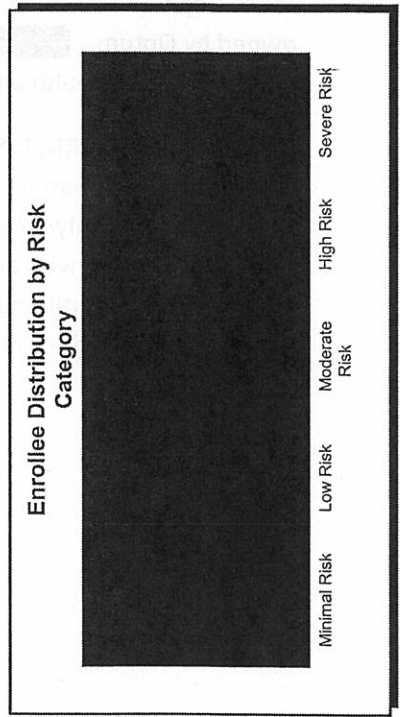
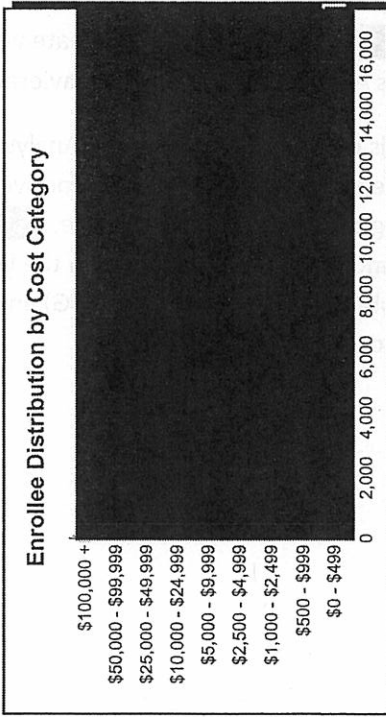
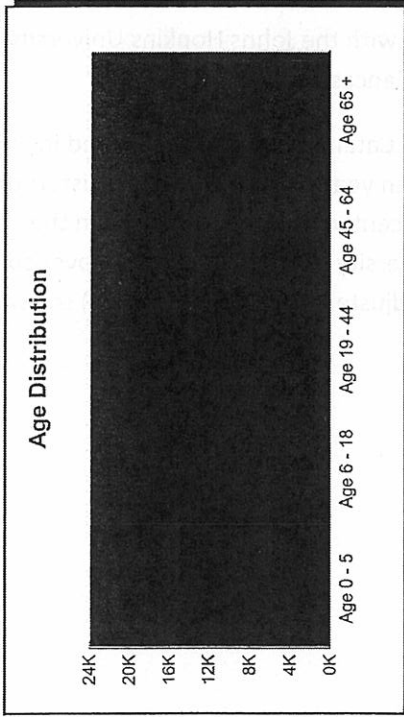


Demographic / Enrollment Summary

	Count	Member Months
Total Enrollees		
Employees		
Dependents		

Age / Gender Distribution

Males	Females
Age 0 - 5	Age 0 - 5
Age 6 - 18	Age 6 - 18
Age 19 - 44	Age 19 - 44
Age 45 - 64	Age 45 - 64
Age 65 +	Age 65 +



Expense / Risk Summary

	Total Allowed	Allowed PMPM	Paid PMPM
Total Costs			
Medical			
Prescription Drugs			
Employee Costs			
Medical			
Prescription Drugs			
Dependent Costs			
Medical			
Prescription Drugs			
Facility Costs			
Inpatient			
Outpatient			
Mental Health			
Emergency Room			
Other			
Professional Costs			
Primary Care			
Specialty Care			
Other			
Ancillary Costs			
Laboratory			
Radiology			
DME / Supplies			
Other			
Pharmacy Costs			
Prescription Drugs			
Specialty Pharmacy			
Other			
Total Costs by Risk Category			
Minimal Risk			
Low Risk			
Moderate Risk			
High Risk			
Severe Risk			

Distribution by Cost Category

\$0 - \$499	
\$500 - \$999	
\$1,000 - \$2,499	
\$2,500 - \$4,999	
\$5,000 - \$9,999	
\$10,000 - \$24,999	
\$25,000 - \$49,999	
\$50,000 - \$99,999	
\$100,000 +	

Distribution by Risk Category

Minimal Risk	
Low Risk	
Moderate Risk	
High Risk	
Severe Risk	

Demographic and Expense Summary

Comparison Group: Public School Employees
All Carriers

Incurred: 07/01/10 - 06/30/11
Paid: 07/01/10 - 06/30/11



Demographic / Enrollment Summary

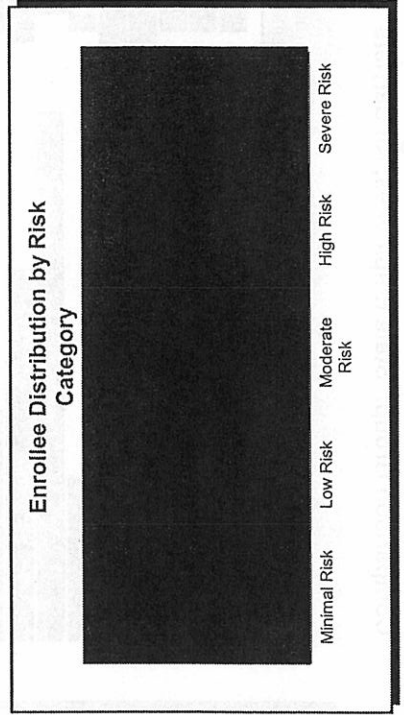
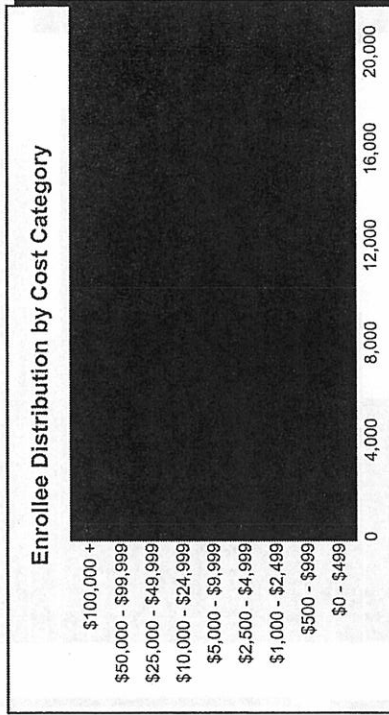
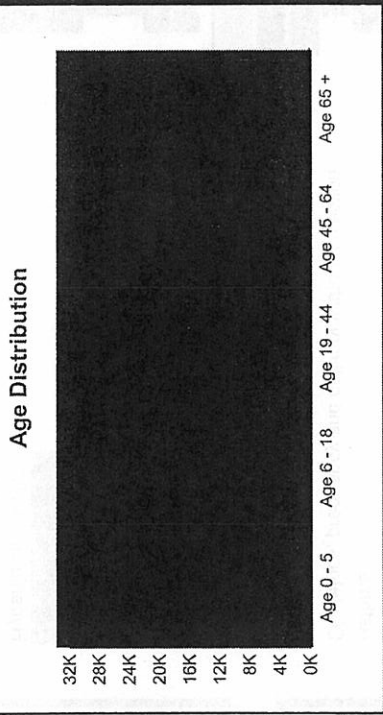
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Employees		
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Age / Gender Distribution

Males	Females
Age 0 - 5	Age 0 - 5
Age 6 - 18	Age 6 - 18
Age 19 - 44	Age 19 - 44
Age 45 - 64	Age 45 - 64
Age 65 +	Age 65 +

Expense / Risk Summary

	Total Allowed	Allowed PMPM	Paid PMPM
Total Costs			
Medical			
Prescription Drugs			
Employee Costs			
Medical			
Prescription Drugs			
Dependent Costs			
Medical			
Prescription Drugs			
Facility Costs			
Inpatient			
Outpatient			
Mental Health			
Emergency Room			
Other			
Professional Costs			
Primary Care			
Specialty Care			
Other			
Ancillary Costs			
Laboratory			
Radiology			
DME / Supplies			
Other			
Pharmacy Costs			
Prescription Drugs			
Specialty Pharmacy			
Other			
Total Costs by Risk Category			
Minimal Risk			
Low Risk			
Moderate Risk			
High Risk			
Severe Risk			



Distribution by Cost Category

\$0 - \$499	
\$500 - \$999	
\$1,000 - \$2,499	
\$2,500 - \$4,999	
\$5,000 - \$9,999	
\$10,000 - \$24,999	
\$25,000 - \$49,999	
\$50,000 - \$99,999	
\$100,000 +	

Distribution by Risk Category

Minimal Risk	
Low Risk	
Moderate Risk	
High Risk	
Severe Risk	

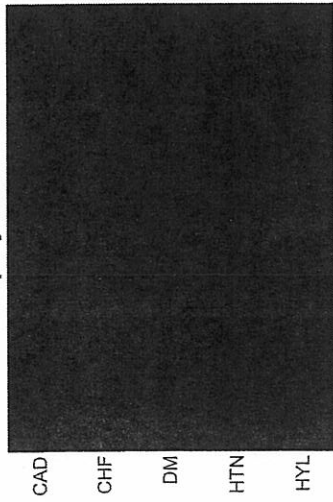
Incurred: 07/01/10 - 06/30/11
 Paid: 07/01/10 - 06/30/11

Disease Summary

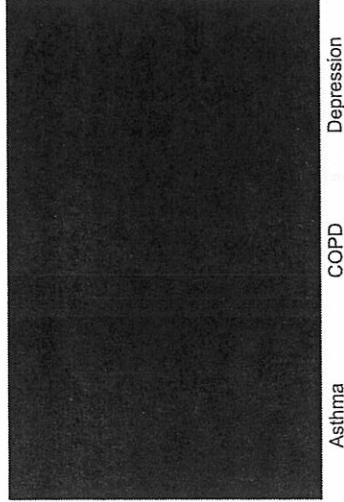
Comparison Group: Public School Employees, All Carriers



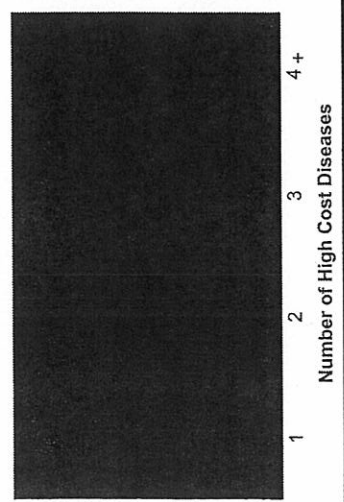
Metabolic Disease Rates per 1000 Employees



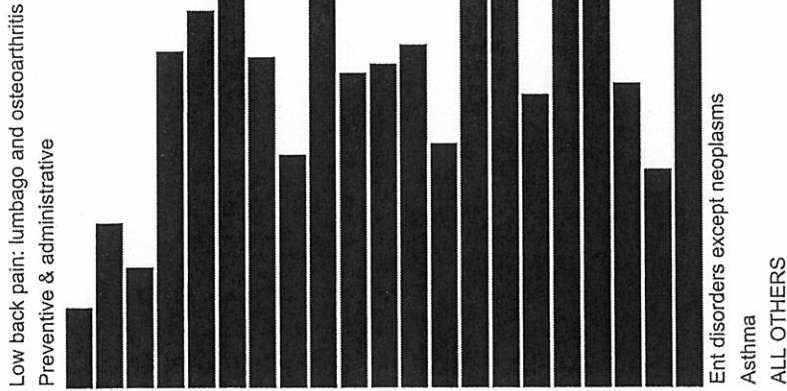
Other Disease Rates per 1000 Employees



Comorbidity Rates per 1000 Employees

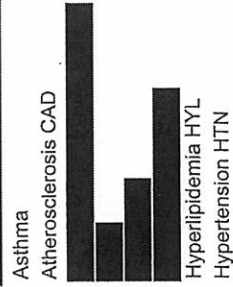


Disease Prevalence Summary



TOTALS:

High Cost Disease Summary



High Cost Disease Comorbidity Summary



Official Price Proposal

ATTACHMENT A

OFFICIAL PROPOSAL PRICE SHEET

Note: The Official Proposal Price Sheet must be submitted in a separate envelope or e-mail and not part of the technical evaluation. Any reference to pricing in the technical proposal shall be cause for disqualification from further considerations for award.

1. Any cost not identified on this schedule but subsequently incurred will be the responsibility of the Vendor.
2. Bids should provide at least a 180-day acceptance period.
3. By submission of a proposal, the proposer certifies the following:
 - A. Prices in this proposal have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition;
 - B. No attempt has been made nor will be by the proposer to induce any other person or firm to submit a proposal for the purpose of restricting competition;
 - C. The person signing this proposal is authorized to represent the company and is legally responsible for the decision as to the price and supporting documentation provided as a result of this RFP; and
 - D. Prices in this proposal have not been knowingly disclosed by the proposer and will not be prior to award to any other proposer.

The Official Price Proposal Sheet must be submitted in the following form, allowing for the inclusion of specific information regarding positions, goods, services, etc., and signed by an official authorized to bind the Vendor to a resultant contract.

DESCRIPTION	PRICE PER HOUR	NUMBER OF POSITIONS
Supervisor	\$ 80.00	0.3 FTEs (2 positions)
BLR Task Force Support Analyst	\$ 68.00	1.0 FTE (1 position)
Support Staff	None	none
DESCRIPTION	PRICE PER UNIT (if applicable)	TOTAL PRICE
Subcontractors (if any)	none	none
Travel	\$1,250 per trip	\$15,000
Heirarchy Implementation Fee	\$15, 000	\$ 15,000
Episode Treatment Group Upgrade Fee	\$42,000	\$42,000
Program Service Fees (assume 50,000 employees)	\$0.10 pepm	\$60,000
TOTAL MAXIMUM AMOUNT OF BID:		\$ 323,360