5.2.2. EXPERIENCE/EXPERTISE NARRATIVE PROPOSAL

The following is the CVS Health narrative response on our Experience and Expertise, as directed in Item #3.3 of the RFP Special Instructions to Offerors.

All information highlighted in this document contains confidential information that is proprietary to, and constitutes trade secrets of CVS Health. CVS Health's trade secret and/or proprietary information is exempt from disclosure under applicable public records laws. Refer to Part C2 for CVS Health's legal basis letter.

This section defines how the Experience/Expertise Narrative Proposal should be prepared, addressing the following Proposal Response Requirements. The Experience/Expertise Narrative Proposal must be limited to 10 pages with the exception of Org Chart and References. The Offeror shall submit:

5.2.2.1. Information documenting successful and reliable experience in past performances in the management of hemophiliac and other blood disorders pharmaceutical care and as related to the services in this RFP. The Offeror's experience and past performance will be evaluated on the extent of its success in managing and integrating work relevant to that of a specialty pharmacy and as defined in the Scope of Work;

CVS Health has been providing specialty pharmacy services for more than 40 years, and started providing specialty medication services in 1978, when we pioneered hemophilia home care. Since then, we have grown to become one of the nation's largest hemophilia home therapy providers as a result of its strong relationships with hemophilia treatment centers, clinicians, and individuals with hemophilia and their families. In addition to providing hemophilia services, we successfully expanded our portfolio of therapies for a wide range of chronic and genetic disorders, and expanded its distribution with our network of specialty pharmacies.

We are contracted with more than 3,100 clients and their 113.4 million members across all 50 states, Puerto Rico, and the Virgin Islands. We administer programs for a diverse client base, including national and regional managed care organizations, employer groups, medical groups and other healthcare payer entities. Our payer portfolio represents nearly every major and minor commercial healthcare payer in the industry, as well as many government-sponsored managed care payers, Medicare Advantage, and managed Medicaid plans nationwide.

- **Assay Management to Target Dose** – This is essential to control the excessive costs associated with factor products. Our policy is to consistently select assays that will be close to the target or prescribed dose, vs. at the upper range of +10% authorized by the physician on the prescription.
- **Bleed and Infusion Monitoring** – We assess the patient's response to the factor products dispensed. With each order, clinical data is collected, such as, the number of bleeds, breakthrough bleeds, frequency, location, timeliness of administration, and changes are tracked and monitored.

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Compliance to prophylaxis or immune tolerance protocols is also monitored. We review the data for signs of potential problems in controlling bleeds or the development of inhibitors

- **Hemophilia Educational and Preventive Measures –** This includes member counseling, written materials, and regular one-on-one interaction with the Hemophilia CareTeam both upon initiation of therapy and on an ongoing basis

MANAGED MEDICAID EXPERIENCE

We are URAC and Joint Commission accredited and have supported managed Medicaid clients since 1988. [redacted] With strong knowledge and experience based on supporting the clinical and account management operations of our clients, we have been able to modify our approach to meet the unique needs and state requirements of Medicaid clients and members.

We recognize and understand the unique needs of the Medicaid population and we are always evolving to meet the needs of our clients. With more than half of Medicaid members managing multiple conditions, the complexity of drug regimens is a major factor of non-adherence and as the level of complexity goes up, the rate of adherence goes down. When members stop taking their medications for chronic conditions (or do not take them correctly), serious or life-threatening complications may occur. These complications can lead to hospital stays, physician office and emergency room visits, or other costly medical expenses.

Specialty and infusion conditions are often the most common cost drivers for our managed Medicaid clients, and we offer comprehensive management solutions for a comprehensive list of chronic and rare conditions. These programs are flexible and can be customized to meet specific needs of managed Medicaid plans.

ARIZONA EXPERIENCE

Our company also has extensive experience in the Arizona marketplace. We are very familiar with the AHCCCS health plans and have excellent working relationships with those organizations based on the last five years of coordination and collaboration. Our commitment to high quality and innovative programs and services can help you achieve your unique strategic objectives. We understand your business and know how to customize our services and programs to meet your specific requirements. The account team supporting AHCCCS is local and will remain in place. Please refer to question 5.2.2.3 for the biographies of [redacted]

HEMOPHILIA CARE PROGRAM

The Hemophilia Care Program incorporates established therapy management principles coupled with distribution management functions to optimize therapy outcomes and help lower overall costs. [redacted]

The goals of the Hemophilia Care Program are to manage the controllable costs associated with hemophilia factor utilization and to utilize supplemental educational information for members to

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avoid bleeds and improve the therapy outcomes. The program is designed to minimize the orthopedic deteriorations, prevent bleeds, and other medical complications, such as line infections, common to individuals with hemophilia that can lead to emergency room visits and hospitalizations. A dedicated, highly-experienced Hemophilia CareTeam, comprised of a Clinical Pharmacist, Pharmacy Service Representative, Pharmacy Technician, Clinical Nurse Coordinator and Clinical Nurse provide consistent, high touch care, based on individual member needs. The clinical program consists of three basic components.

ASSAY MANAGEMENT TO TARGET DOSE

This is essential to control the excessive costs associated with factor products. As a leading provider of factor, reliable inventory management expertise enables us to maintain one of the widest range of factor products and assays available.

[redacted]

We have been reporting the target and actual dose dispensed for each prescription to AHCCCS since the contract inception. Substantial savings has been achieved through effective target dose management. Performance is calculated quarterly and reported to AHCCCS Quarterly performance will vary slightly due to mix of products, member ages, and assay availability from manufacturers.

BLEED AND INFUSION MONITORING

Bleed and Infusion Monitoring refers to the Hemophilia Clinical Pharmacist assessment of the patient's response to the factor products dispensed. With each order, clinical data is collected, such as, the number of bleeds, breakthrough bleeds, frequency, location, timeliness of administration, and changes are tracked and monitored. Compliance to prophylaxis or immune tolerance protocols is also monitored. The Clinical Pharmacist and other members of the Hemophilia CareTeam review the data for signs of potential problems in controlling bleeds or the development of inhibitors. Additional information may need to be gathered to evaluate the problem.

Changes in weight, difficulty with vascular access, signs of infection, compliance, time of administration of the factor, or changes in activity may require a modification to the dose or additional training to address the specific problem. Small changes, such as administering factor in the morning versus in the evening, can be a simple cost-effective change that may reduce bleeds without an increase in the factor. For an individual on a prophylactic protocol, administering a slightly higher dose on Friday or Saturday may eliminate additional bleeds over the weekends and the costs associated with additional factor doses. The use of infusion logs is highly recommended to accurately track bleed activity to assist the physician in making appropriate treatment decisions.

HEMOPHILIA EDUCATIONAL AND PREVENTIVE MEASURES

Education begins with the initiation of therapy. The goal is to promote optimal clinical outcomes and to prevent unwarranted ER visits and hospitalizations. Members and caregivers are counseled about their medical condition and the prescribed therapy. The education occurs via various written

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materials, and one-on-one interaction with various members of the Hemophilia CareTeam to ensure complete understanding of the therapy. We have many educational tools available to help newly diagnosed families learn about hemophilia. Educational tools vary with the age of the member and will include such topics as disease state information, timely administration of hemophilia factor product, importance of learning self-administration techniques, compliance, appropriate physical activities, use of adjunctive therapy, common morbidities, hepatitis vaccinations, and maintaining regular physician appointments. Recent examples of caregiver education for AHCCCS members include training a spouse of a newlywed, the ER staff at a local hospital where an active toddler occasionally ends up and the new foster parents when a child changed homes.

Throughout the course of therapy, our personnel regularly communicate with the member or caregiver to ensure that the therapy is being administered properly and regularly. Such communication also enables us to monitor the response to therapy and identify potential problems or adjustments needed in the factor products.

Through these conversations, our experienced CareTeam members often are able to identify lifestyle or behavior activities that could impact therapy. We also provide HemoWise®, an educational supplement, as quick reminders on various topics to continue education throughout service and enhance outcomes. These consistent educational interactions are critical to the success of the therapy.

Clinical support services available through our member-centric Hemophilia Care Program include:

- Easy access to a registered nurse (RN) or licensed pharmacies 24/7 for beneficiaries and providers with culturally sensitive staff and multi-lingual capabilities
- Personalized hemophilia-specific beneficiary education materials and newsletters, counseling, and training in English, Spanish, Haitian Creole and other foreign languages as needed at or near the fourth grade comprehension level
- Access to all products related to factor replacement and supplies as well as medications for comorbid conditions such as HIV or hepatitis C for cost-effective fulfillment
- [redacted]
- Ancillary medication coordination (e.g. pain medication)
- Dedicated hemophilia health care professionals including nurse-based care management
- Health care education on treatment guidelines for targeted physicians, specialists and other providers
- Drug safety reviews to prevent harmful drug interactions
- Advanced compliance monitoring for hemophilia to promote proper treatment and prevent waste
- Comprehensive utilization management and clinical oversight
- Expert financial and personal counseling
- Beneficiary and caregiver assistance and consultative support during hospitalization or surgery including face to face visits
- Therapy coordination with local physician or hemophilia treatment center staff
- Home and emergency delivery of products and supplies
- Waste management services
- Inventory management with protocols on short-dated pharmaceuticals

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- Statistical, financial, and clinical data reports for utilization, compliance monitoring, claims data and other analysis of health care outcomes, trends and performance measures.

5.2.2.2. Any information documenting successful and reliable experience with transition of members to and/or from another contractor or vendor;

Please refer to Exhibit 2 – AHCCCS Implementation Timeline, which provides AHCCCS a full view of the steps involved in transitioning your members successfully. This is the same implementation plan that was utilized in 2017-2018 to successfully transition AHCCCS members from the previous hemophilia services provider to CVS Health for specialty services. We will provide continuity of care for AHCCCS members should you retain CVS Health for these services, helping to minimize member disruption.

5.2.2.3. A summary documenting the experience and expertise of its key staff; and

Clinical interventions for the Hemophilia Care program are made by clinicians according to their scope of services, training, experience, and expertise. For example, the nurses provide information on such topics as recognizing signs and symptoms of bleeds, and pharmacists evaluate appropriate doses based on weight, diagnosis, and the product used.

Pharmacy Technicians and other trained non-clinicians, such as Pharmacy Service Representatives, also provide education on topics within their scope of services (such as maintaining minimum doses on hand and reinforcing compliance with prophylactic treatment plans). These individuals are trained to recognize potential problems and elevate the interventions to the appropriate clinician.

Our dedicated specialty staff provide expert clinical management for members taking critical specialty medications. Our therapy-specific Centers of Excellence model provides each member with a pharmacist-led CareTeam to support adherence, medication administration, and consistent specialty medication support. This team also incorporates care management nurses to provide member care beyond the medication.

5.2.2.4. A listing of their specialty pharmacies/fulfillment centers.

We launched our Centers of Excellence (COE) model in 1978 with the start of the industry's first Hemophilia-focused Drug Therapy Management (DTM) program. For nearly 40 years, our COE model has expanded to include numerous locations and disease states, while incorporating best practices, tools, and technology to improve effectiveness, ensure clinical excellence, and meet the changing needs of our clients and their members. Our COEs are comprised of dedicated interdisciplinary teams of clinical pharmacists, nurses, and technical and/or Customer Care staff with advanced training, knowledge, and expertise in the management and delivery of specialty pharmacy services.

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[redacted] In the case of emergency, there is a CVS Specialty retail location in Phoenix Arizona.

Specialty Mail Dispensing Pharmacy
1127 Bryn Mawr Avenue, Suite A
Redlands, California 92374

NATIONAL NETWORK OF PHARMACIES

We have a national distribution model, which includes our network of specialty mail pharmacies to support a full range of specialty therapies. We can also offer specialty pharmacy clients a delivery choice. [redacted] We utilize our own dedicated network of specialty pharmacies, geographically dispersed across the United States and Puerto Rico, to conveniently and cost-effectively service your members where they live or travel. There are several AHCCCS members who have selected the convenience of an alternate delivery location to best fit their needs. There is one AHCCCS member who used to drive 1.5 hours from a Northern Arizona reservation to pick up each delivery, and now he can have it shipped to the medical center where he goes for his infusions. A student athlete chooses delivery to CVS Pharmacy to ensure that the package is safely stored instead of trusting delivery to campus. When an AHCCCS member with multiple co-morbidities expressed frustration with receiving medications from various pharmacies (retail, mail and specialty), the local CVS Specialty retail location offered to accept, combine and courier the medications to the patient in one package.

Our industry-leading specialty mail service network of regional pharmacies and support facilities operate in unison to process and deliver your members' prescription medications as seamlessly and quickly as possible. These servicing pharmacies are linked by our dedicated specialty enrollment and Customer Care department.

Our specialty network runs in an automated, paperless environment with efficiencies that allow dispensing and shipping from the facility most appropriate for members based on several factors, including most efficient prescription order processing time and proximity to a member's desired shipping destination (allowing for a reduced total transit time).

5.2.2.5. A detailed description of the Offeror's experience with Member transitions.

Since CVS Health is the incumbent, current AHCCCS members are already on service. We are providing implementation experience, for Offeror comparison, per AHCCCS' request.

Our experience has demonstrated that establishing efficient lines of communication with existing members and physicians is one of the most important factors in a successful implementation. As such, particular focus is committed to the following areas:

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EXISTING MEMBER TRANSITION

We are sensitive to the fact that many members feel uncertainty or anxiety when their plan undergoes a transition. We act proactively to educate members with respect to how their service may be affected, and to help put them at ease regarding any changes. We strive to increase their awareness of – and comfort level with – the new relationship, and to facilitate their acceptance of the program. This process typically includes the following:

- Proactive and accurate utilization reports of all existing members
- Proactive and informative member communication packet 30 to 45 days prior to the scheduled transition of service responsibilities. This communication should be developed jointly by AHCCCS and CVS Health. CVS Health typically takes responsibility for execution of the letter campaign (mail-merge, mailing, etc.)
- CVS Health calls the member 15 to 30 days prior to the scheduled transition of services.

PHYSICIAN REFERRAL EDUCATION

CVS Health will employ the following:

- Proactive and accurate data on referring/prescribing physicians
- Proactive and informative letters of explanation to all physicians 30 to 45 days prior to the scheduled transition
- An introduction call and/or visit to top referring/prescribing physicians.

COORDINATION AND COOPERATION

Early identification of implementation team members and their responsibilities also is critical to a successful transition. A primary point person from each organization should be identified immediately. These individuals will serve as liaisons for all communications, to ensure effective operation of the entire team. Additional team members from both organizations will be identified and formal development of a detailed implementation plan will be completed, including assignment of responsibilities and identification of target completion dates and milestones. (This team may meet as often as weekly through the transition development and implementation processes. Once successful transition has been achieved, the group can meet quarterly to discuss the successes and challenges faced by the program and identify ways to enhance the program and its value.) Personnel from the individual managed care plans supporting AHCCCS members will be kept informed throughout the process.

We can transition members from other providers of pharmacy services. We will obtain refill transfer files on a prescribed schedule, agreed upon by AHCCCS, the incumbent vendor, and CVS Health. A letter will be sent to each of your members explaining the new program, followed by a phone call from our Specialty Customer Care Team. The pharmacy will place a call to the physician to obtain any required new prescriptions, if applicable. All of this information is tracked and reported to ensure that all members are transitioned in a seamless and effective manner.

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5.2.2.6. An Organizational Chart that identifies the hierarchy of the organization including all functional areas and the proposed Key personnel designated and dedicated to the provision of services under this RFP.

[redacted]

5.2.2.7. A listing of all prior and current awarded contracts directly or indirectly with Medicaid agencies that provided hemophilia and/or blood disorder services for Medicaid individuals.

[redacted]

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5.2.2.8. References of the Firm:

Provide three (3) Medicaid references. References should be verifiable and be able to comment on the Offeror's related experience, which demonstrates that the Offeror possesses an understanding and experience in providing the required service. AHCCCS may choose to contact references when considering an Offeror's proposal at its discretion. All information must be current and accurate, with prior permission obtained from each reference to use. References are not included in the page limit.

[redacted]

[redacted]

[redacted]

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