Prescription Monitoring Program Advisory Council
State of Louisiana

July 9, 2008

MINUTES

A meeting of the Prescription Monitoring Program (PMP) Task Force scheduled to meet on Wednesday, July 9, 2008 at the office of the Louisiana Board of Pharmacy, 5615 Corporate Blvd., Suite 8-E, Baton Rouge, Louisiana 70808, convened at 1:00 p.m. to consider the following:

AGENDA

1. Call to Order
2. Call for Additional Agenda Items
3. Consideration of Minutes from Prior Meeting – April 16, 2008
4. Election of Chair and Vice Chair
5. Progress Report
6. Opportunity for Public Comment
7. Adjourn

Advisory Council representatives/designees present: Joni Nickens (LANP), J. Michael Burdine, M.D. (LSMS), James Sanderfur, O.D. (Optometry Board & Optometry Assoc., Louis LaJarza (DEA), Brenda Lands (DHH), Carl W. Aron (LABP), Alfred L. Gaudet (LSBME), Ward Blackwell (LDA), MJ Terrebonne (DHH), Major Adam White (State Police), JJ Williams (DA's Assoc.), Mary Staples (NACDS), Major Pete Tafaro (St. Bernard Sheriff's Office)

Others present: Malcolm J. Broussard (LABP), Kathleen Gaudet (LABP), Carlos M. Finalet, III (LABP), Cheryl Golden, Allan Clesi (DEA)

Consideration of Minutes from April 16, 2008 Meeting

Minutes approved by consensus.

Elections for Chair & Vice Chair

Carl Aron was elected Chair of the Advisory Council.
Alfred Gaudet was elected as Vice Chair.

Progress Report

Mr. Broussard gave an overview of Invitation to Bid (attached as *Exhibit A*) for the PMP Program.

A total of 5 Bidders for Solicitation No. 2226072 resulted (*attached as Exhibit B*). The bids are not completely public record as some of the information therein is proprietary.

A contract should be executed with one of the bidders by the end of July 2008. Mr. Broussard further explained that once a vendor is secured, the Board office will initially contact all dispensers so they can prepare for the reporting requirements. Then, Board staff will begin educating relevant parties on the program. The intent is to 'go live' by January 1, 2009.

Mary Staples asked about 'drugs of concern'. Mr. Broussard explained that while the intent is to eventually address drugs of concern, the parameters to determine those have not been promulgated.

The Summary of Bid Prices (attached as *Exhibit C*) is a five year total.

PMP fund accumulations total $282,900.00 as of May 30, 2008.

Mr. Broussard discussed grant issues:
Planning Grant – has already been accessed and covered travel to Kentucky and Nevada to review their PMP program, the purchase of a laptop and operational costs. A total of $10,600.00 was recouped from this grant route.

Implementation Grant – The first window to access this grant was July 1, 2006 to June 30, 2008. Due to practical effects of absorbing CDS program, we were unable to access these funds.

Enhancement Grant – This will be accessed once the PMP Program is implemented.

Mr. Broussard also discussed the new PMP section on the Board's website.

Dr. Sandefur suggested all practitioner licensees subject to the PMP requirements have a computer record keeping system by 2010. The Task Force indicated general approval for the concept but deferred further action until a later date.

Calendar Notes
The next meeting is tentatively scheduled for October 29, 2008, starting at 1:00 p.m.

Opportunity for Public Comment
The District Attorney's Association presented a resolution commending Board for rewriting the Controlled Dangerous Substances laws to conform with federal laws and regulations.

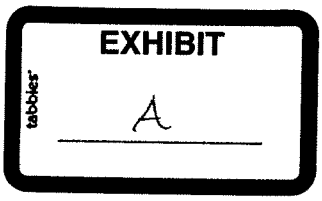
HCR 85 will be discussed at the next meeting.

The Council adjourned at 2:15 p.m.

I certify that the foregoing are true and accurate minutes.

Malcolm J. Broussard
Executive Director
Louisiana Board of Pharmacy

Prepared by: Carlos M. Finalet, III, General Counsel, Louisiana Board of Pharmacy



STATE OF LOUISIANA

INVITATION TO BID (ITB)

PURCHASE OF INFORMATION TECHNOLOGY SOFTWARE & SERVICE

Issuing Agency:

Louisiana Board of Pharmacy

ITB Coordinator:

Malcolm J. Broussard
Executive Director

Bid Opening:
July 3, 2008
at 10:00 AM

Office of State Purchasing
1201 N. 3rd Street, Suite 2-160
Post Office Box 94095
Baton Rouge, LA 70804-9095

File Number:
P27087ED

Solicitation Number:
2226072

ATTACHMENT I

1. Introduction

The Louisiana Controlled Substances Utilization Review Program (LACSUR) of the Louisiana Board of Pharmacy ("Board") has issued this invitation for the purpose of soliciting proposals from qualified contractors proficient in the collection, management and communication of electronic data relative to prescription transaction information for prescriptions for controlled substances and other drugs of concern. The successful contractor will collect the data from the reporting entities, house the data in a secure site, and establish a secure web portal to facilitate automated communication for authorized users.

Act 676 of the 2006 Louisiana Legislature authorized the Board to develop, implement and operate an electronic system for the monitoring of controlled substances and other drugs of concern which are dispensed to state residents. The goal of the program is to improve the state's ability to identify and inhibit the diversion of controlled substances and drugs of concern in an efficient and cost-effective manner that shall not impede the appropriate utilization of these drugs for legitimate medical purposes.

The Board promulgated the necessary rules for the program in July 2007 [LAC 46:LIII.Chapter 29 – Prescription Monitoring Program]. The rule requires all dispensers to report their eligible transactions electronically to the program on a frequency set by the Board, which shall be no more often than once every seven days or no less often than once every fourteen days. The rule specifies the data elements to be reported and requires their transmission according to the May 1995 Telecommunication Format for Controlled Substances standard from the American Society of Automation in Pharmacy (ASAP). The rule specifies those persons authorized to access that data and the permissible purposes for which such access may be granted. Direct access to program data is granted to the following: prescribers and dispensers for treatment of their own patients; regulatory agencies for prescribers and dispensers for their oversight of prescribers and dispensers under their jurisdiction, representatives of the Louisiana Medicaid program relative to their own recipients, and Board personnel for program maintenance and management. Law enforcement personnel (local, state or federal) with appropriate documentation (warrant, subpoena or summons) may also obtain relevant data from the program.

Assuring the confidentiality and security of the collected data is a high priority for the program. The legislation provides criminal penalties for the unlawful use or disclosure of the program's data; however, the law does permit the dissemination of non-identifiable data to public or private entities for public research, policy or educational purposes.

While the Board has access to federal grants to fund the implementation phase of the program, the legislature provided a sustained funding source by authorizing the Board to assess all prescribers and dispensers of controlled substances an annual service fee.

2. Scope of Work

2.1 Data Collection

2.1.1 Using the Board-supplied list of names and addresses for dispensers required to report information to the program, the contractor shall prepare and provide to dispensers any instructions necessary to comply with the reporting requirements, including technical assistance. The Board reserves the right to review and approve any communication prior to its distribution to dispensers.

2.1.2 The contractor shall have the capacity to receive electronic prescription information transmitted directly from the dispensers, seven days a week, and twenty-four hours per day.

2.1.3 The contractor shall collect the electronic data in the format established by the American Society for Automation in Pharmacy (ASAP) Telecommunications Format for Controlled Substances in May 1995, or its successor, receiving such data transmissions in secure email, telephone modem, diskette, CD-ROM, tape, secure FTP, Virtual Private Network (VPN), and other agreed upon media.

2.1.4 The contractor shall also accept written paper reports on a form approved by the Board, provided the dispenser has been granted a waiver by the Board. The contractor shall provide a form for this purpose to the dispenser, and shall enter data submitted in this manner into the data file.

2.1.5 The following data elements shall be collected for all controlled substance prescription transactions, as well as for other drugs of concern identified by the Board:

2.1.5.1 Prescriber's DEA registration number

2.1.5.2 Patient's information, including name, address, date of birth, and identification number.

2.1.5.3 Prescription information, including prescription number, date of issuance, date of dispensing, number of any authorized refills, and method of payment.

2.1.5.4 Drug information, including National Drug Code number and quantity dispensed.

2.1.5.5 Dispenser information, including DEA registration number and national practitioner identification number.

2.1.6 Dispensers under common ownership shall be permitted to submit their data in a single joint transmission, provided each dispenser is clearly identified for each prescription dispensed.

2.1.7 The contractor shall perform data checks to ensure the submitted data is compliant with the quality standards established by the Board relative to accuracy and completion.

2.1.8 When a dispenser's data file does not meet the quality standards for accuracy and completion, the contractor shall notify the dispenser, specifying the data deficiency, and ensure the dispenser corrects and resubmits the data. The contractor shall notify the Board when a dispenser fails to submit or resubmit data in a timely manner.

2.1.9 The contractor shall have a toll-free telephone number and email address by which dispensers may contact the contractor to resolve problems and receive information concerning data transmission.

2.2 Data Management

2.2.1 The contractor shall collect and load data into the database, which will reside with the contractor on the contractor's servers. The database and all of the data in the database shall belong to the Board.

2.2.2 When a dispenser reports to the system, the DEA registration numbers of the prescriber and dispenser are reported. The system shall be able to convert the DEA registration numbers to prescriber and dispenser name, address and registered schedules. The Board shall provide the DEA registration database. The system shall allow authorized Board personnel to search all prescriptions that contain unknown DEA numbers and correct bad DEA numbers through a "Search and Replace" function.

2.2.3 The system shall be able to convert National Drug Code (NDC) numbers to drug name, strength, dosage form, and controlled substance schedule, both at the point of data import and also retrospectively upon receiving NDC number updates. The contractor shall maintain a current reference source of NDC numbers that has been approved by the Board.

2.2.4 The system shall:

2.2.4.1 Provide data access, data management and data cleansing capabilities seamlessly integrated with data mining for ease of data analysis.

2.2.4.2 Provide geocoding of patients, prescribers, and dispenser locations to enable geographic analysis of the relationships to identify potential criminal activity or abuse.

2.2.4.3 Electronically cleanse and standardize the data to identify individuals using different but similar names, different but similar addresses, etc.

2.2.4.4 Allow for querying of relational or multi-dimensional data.

2.2.5 The contractor shall describe the tools that will be provided to electronically assist in the identification of illegal and unprofessional activities.

2.3 Secure Web Services

2.3.1 The system shall authenticate user registrations before providing login accounts. Users include prescribers, dispensers, designated agency personnel and authorized Board personnel. Only registered users shall be allowed to request program information. The system shall comply with the privacy and security standards of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, in addition to common Internet industry standards for privacy and security.

2.3.2 The system shall permit multiple users to be on the system and in the same application at the same time.

2.3.3 The system shall permit a registered user to request and receive information, including automatic reports, via the Internet, without intervention by Board staff.

2.3.4 Since not all registered users will necessarily have Internet access, Board staff shall have the capability to process requests for information received by other means.

2.3.5 The system shall provide the Board with the capability of communicating information of interest to registered users of the web-based program through broadcast alerts and/or an information section on the home page.

2.4 Queries and Reports

2.4.1 The contractor shall prepare reports for the Board at the end of each reporting period identifying dispensers that have not submitted a required report and dispensers that submitted a report but the report was rejected.

2.4.2 The system shall allow authorized Board personnel to search, correlate, query, and match records on all variables contained in the records in order to discover all instances in which the records of a single patient are misidentified as being the records of two or more patients.

2.4.3 The system shall create three basic reports: an individual report, a prescriber report, and a dispenser report. The format of all reports shall be approved by the Board.

2.4.4 The system shall be able to identify the number of registered user requests by user type, reports based on the registered user requests, and system logins.

2.4.5 The system shall enable the Board to perform ad hoc queries to respond to requests from individual patients, professional licensing boards, local, state, or federal law enforcement agencies, and for statistical, research, or educational purposes.

2.4.6 The system shall have the capability to produce automatic threshold reports. While the criteria have not yet been determined and may change over time, expected criteria may consist of number of prescriptions dispensed, number of prescribers used, and the number of dispensers used in a designated period of time. A report function for this activity is required and must allow for parameters to be modified.

3. Requirements & Qualifications

3.1 Proposals shall be specific regarding the measures for implementation and ongoing operation of the project, and include:

3.1.1 Evidence of ability to meet required timelines.

3.1.2 Measures to assure security and privacy of data.

3.1.3 A quality assurance plan detailing how the database will be maintained and archival procedures.

3.1.4 Ability to provide continuing technical assistance for dispensers and the Board.

3.1.5 Training for system use for authorized Board personnel.

3.1.6 Sample reports

3.2 Proposals shall outline objectives and describe how progress will be measured for each stage of implementation and operation. The following timeline shall be met:

3.2.1 An administrative manual containing technical descriptions of system components and instructions for the system shall be submitted to the Board for acceptance within 30 days of contract execution.

3.2.2 The final protocol for collecting dispenser data, including a user manual containing validation rules, business rules and instructions on how to respond to system-generated error messages and other exceptions shall be submitted to the Board for acceptance within 30 days of contract execution.

3.2.3 The developed database shall be submitted to the Board for acceptance within 60 days of contract execution.

3.2.4 Testing of pharmacy data shall be completed within 90 days of contract execution.

3.2.5 Final report formats shall be submitted to the Board for acceptance within 90 days of contract execution.

3.2.6 Policies and procedures for submitting data requests and for receiving data in response to those requests shall be submitted to the Board for acceptance within 120 days of contract execution.

3.2.7 Protocols for the secure web-based interface shall be submitted to the Board for acceptance within 150 days of contract execution.

3.2.8 The contractor shall attend periodic meetings, either in person or by teleconference as mutually agreed by both the contractor and the Board, to review the contractor's performance.

3.3 Bidder shall demonstrate proven experience in the implementation and management of a large-scale prescription monitoring program as described in the scope of work. Bidder shall describe their experience as the primary contractor on other large scale projects involving data collection, database development, and web systems. The bidder shall include an organization chart and brief history of the organization, description of the experience that the organization and staff have with prescription monitoring programs and other projects that are similar in size and scope, description of the software used and the staff's experience in its use.

3.4 Bidder shall provide curricula vitae, including qualifications and contact information, for key staff responsible for the project.

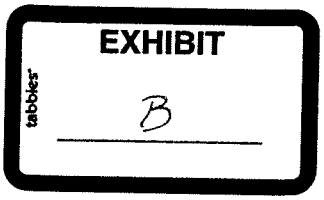
3.5 Bidder shall provide a copy of the most recent audited financial statement or similar evidence of financial stability. Financial data should be included with bid or must be provided upon request.

3.6 Bidder shall provide details of any pertinent judgment, criminal conviction, investigation, or litigation pending or in the future against it or any of its officers, directors, employees, agents, or subcontractors of which it has knowledge. If no such judgment, conviction, investigation or litigation exists, the bidder shall provide a statement, signed by its President or Chief Executive Officer, that none exists.

3.7 Bidder shall provide a minimum of three references for services related to those requested in this ITB. Each reference should include the name of the organization, the mailing address, and the name, email address and telephone number of the contact person.

Louisiana Board of Pharmacy

Prescription Monitoring Program



Bidders for Solicitation No. 2226072 in File No. P27087ED

Health Information Designs (HID)

Located in Auburn, AL, this company provides its RxSentry® Prescription Monitoring Program to four states: Alabama (Jan-06), North Dakota (Nov-06), North Carolina (Jul-07), and South Carolina (Aug-07). In addition, HID is in the process of implementing and deploying RxSentry in Vermont and Arizona. Further, HID provides Pharmacy Benefit Management (PBM) services, including Prior Authorization, Pro-DUR and Retro-DUR for 15 state Medicaid programs.

Goold Health Systems (GHS)

Located in Augusta, ME, this company supports the prescription monitoring program for two states: Maine (Jul-04) and Colorado (Jul-07). In addition, they provide PBM services for the Medicaid programs in Iowa and Maine.

Optimum Technology (OT)

Located in Columbus, OH, this company supports the prescription monitoring program for eight states: Nevada (1997), Indiana (2005), New Mexico (2005), Oklahoma (2006), Virginia (2006), Ohio (2006), Tennessee (2006), and Connecticut (2008). In addition, they have just initiated the implementation for the Mississippi program.

McKesson Corporation (McK)

Located in Atlanta, GA, McKesson has entered the prescription monitoring program industry through its subsidiary NDCHealth Corporation. McKesson was recently awarded the data collection services contract for the prescription monitoring program in Kentucky. That state's program is working with a federal enhancement grant to develop real-time reporting of prescription transaction data by dispensers.

I-Global Technology (IGT)

Located in New York, NY, this company did not report experiences with any state prescription monitoring program; however, they did report some experiences with communications and databases within the emergency fire responder systems, as well as some experiences with users of QS/1 pharmacy dispensing software systems.

Louisiana Board of Pharmacy
Prescription Monitoring Program

Summary of Bid Prices for Solicitation No. 2226072 in File No. P27087ED

	HID	GHS	OT	McK	IGT
Initial Costs					
Hardware	32,500		30,000		23,470
Software	31,480		175,000		14,000
Communications					10,000
Project Management			5,000		9,500
Project Implementation	13,660		30,000		8,000
Customizations	4,360				
Training			10,000		4,000
12 month Warranty			35,000		7,000
Recurring Costs					
Software Maint./Support	165,315	171,250	140,000	969,969	380,000
Hosting Fees	140,525	256,875	210,000		175,000
Data Collection	246,660	428,125	330,000		420,000
TOTAL	**634,500**	**856,250**	**965,000**	**969,969**	**1,050,970**

HID Health Information Designs - 391 Industry Drive in Auburn, AL

GHS Goold Health Systems - PO Box 1090 in Augusta, ME

OT Optimum Technology - One Crosswoods Center in Columbus, OH

McK NDCHealth Corporation - 1564 NE Expressway in Atlanta, GA

IGT I-Global Technology - 244 5th Ave in New York, NY

NOTE: Bids to be evaluated on basis of compliance with administrative and technical specifications, as well as price.