

CONTRACT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

CFMS: 733525

DHH: 060469

Agency # 305

Medical Vendor Administration

AND
Louisiana Healthcare Connections, Inc.

FOR
 Personal Services Professional Services Consulting Services Social Services

1) Contractor (Legal Name if Corporation) Louisiana Healthcare Connections, Inc.	5) Federal Employer Tax ID# or Social Security # 27128726700 (Must be 11 Digits)
2) Street Address 4550 North Blvd Ste 120	6) Parish(es) Served ST
City Baton Rouge	7) License or Certification # N/A
State LA	8) Contractor Status Subrecipient: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Corporation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For Profit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Publicly Traded: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3) Telephone Number (225)291-8477	9a) CFDA# (Federal Grant #)
4) Mailing Address (if different)	
City	State
Zip Code	

9) Brief Description Of Services To Be Provided:

Contractor will function as a risk-bearing managed care organization (MCO) that provides services to eligible Louisiana Medicaid enrollees as defined in the Louisiana Medicaid State Plan, administrative rules, Medicaid Policy and Procedure manuals, and this contract.

10) Effective Date 02-01-2015	11) Termination Date 01-31-2018
12) This contract may be terminated by either party DHH upon giving thirty (30) days advance written notice to the other party with or without cause but in no case shall continue beyond the specified termination date.	
13) Maximum Contract Amount 1,964,731,769	

14) Terms of Payment
If progress and/or completion of services are provided to the satisfaction of the initiating Office/Facility, payments are to be made as follows:
Contractor will be paid upon successful completion of deliverables in the manner outlined in Attachment C.

PAYMENT WILL BE MADE ONLY UPON APPROVAL OF:	First Name Mary T.C.	Last Name Johnson
	Title Deputy Medicaid Director	
Phone Number 225-342-3426		

15) Special or Additional Provisions which are incorporated herein, if any (IF NECESSARY, ATTACH SEPARATE SHEET AND REFERENCE):

- | | |
|--|---|
| Attachment A: HIPAA Addendum | Exhibit 1: Board Resolutions |
| Attachment B: Statement of Work | Exhibit 2: Multi-Year Letter |
| Attachment C: Terms of Payment | Exhibit 3: RFP305PUR-DHHRFP-SH-MCO-2014-4A/A |
| Attachment D: Rate Certification | Exhibit 4: Appendices to RFP305PUR-DHHRFP-SH-MCO-2014-MVA |
| Attachment E: Incentive-Based Performance Measures | Exhibit 5: Addenda to RFP305PUR-DHHRFP-SH-MCO-2014-MVA |
| Attachment F: Member Assignment Methodology | Exhibit 6: Contractor's proposal |
| Attachment G: Additional Terms and Conditions | Exhibit 7: Contractor's Emergency Preparedness Plan |

Attachment H: Standard Provisions
EXHIBIT 8: DISCLOSURE OF OWNERSHIP

During the performance of this contract, the Contractor hereby agrees to the following terms and conditions:

1. Contractor hereby agrees to adhere as applicable to the mandates dictated by Titles VI and VII of the Civil Rights Act of 1964, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974; Americans with Disabilities Act of 1990 as amended; the Rehabilitation Act of 1973 as amended; Sec. 202 of Executive Order 11246 as amended, and all applicable requirements imposed by or pursuant to the regulations of the U. S. Department of Health and Human Services. Contractor agrees not to discriminate in the rendering of services to and/or employment of individuals because of race, color, religion, sex, age, national origin, handicap, political beliefs, disabled veteran, veteran status, or any other non-ment factor.
2. Contractor shall abide by the laws and regulations concerning confidentiality which safeguard information and the patient/client confidentiality. Information obtained shall not be used in any manner except as necessary for the proper discharge of Contractor's obligations. (The Contractor shall establish, subject to review and approval of the Department, confidentiality rules and facility access procedures.)
3. The State Legislative Auditor, Office of the Governor, Division of Administration, and Department Auditors or those designated by the Department shall have the option of auditing all accounts pertaining to this contract during the contract and for a three year period following final payment. Contractor grants to the State of Louisiana, through the Office of the Legislative Auditor, Department of Health and Hospitals, and Inspector General's Office, Federal Government and/or other such officially designated body the right to inspect and review all books and records pertaining to services rendered under this contract, and further agrees to guidelines for fiscal administration as may be promulgated by the Department. Records will be made available during normal working hours.
3. Contractor shall comply with federal and state laws and/or DHH Policy requiring an audit of the Contractor's operation as a whole or of specific program activities relevant to this contract. Audit reports shall be sent within thirty (30) days after the completion of the audit, but no later than six (6) months after the end of the audit period. If an audit is performed within the contract period, for any period, four (4) copies of the audit report shall be sent to the Department of Health and Hospitals, Attention: **Division of Fiscal Management, P.O. Box 91117, Baton Rouge, LA 70821-3797** and one (1) copy of the audit shall be sent to the **originating DHH Office**.
4. Contractor agrees to retain all books, records and other documents relevant to the contract and funds expended thereunder for at least four (4) years after final payment or as prescribed in 45 CFR 74.53 (b) whichever is longer. Contractor shall make available to the Department such records within thirty (30) days of the Department's written request and shall deliver such records to the Department's central office in Baton Rouge, Louisiana, all without expense to the Department. Contractor shall allow the Department to inspect, audit or copy records at the contractor's site, without expense to the Department.
5. Contractor shall not assign any interest in this contract and shall not transfer any interest in the same (whether by assignment or novation), without written consent of the Department thereto, provided, however, that claims for money due or to become due to Contractor from the Department under this contract may be assigned to a bank, trust company or other financial institution without advanced approval. Notice of any such assignment or transfer shall be promptly furnished to the Department and the Division of Administration, Office of Contractual Review.
6. Contractor hereby agrees that the responsibility for payment of taxes from the funds received under this contract shall be Contractor's. The contractor assumes responsibility for its personnel providing services hereunder and shall make all deductions for withholding taxes, and contributions for unemployment compensation funds.
7. Contractor shall obtain and maintain during the contract term all necessary insurance including automobile insurance, workers' compensation insurance, and general liability insurance. The required insurances shall protect the Contractor, the Department of Health and Hospitals, and the State of Louisiana from all claims related to Contractor's performance of this contract. Certificates of insurance shall be filed with the Department for approval. Said policies shall not be canceled, permitted to expire, or be changed without thirty (30) days advance written notice to the Department. Commercial General Liability Insurance shall provide protection during the performance of work covered by the contract from claims or damages for personal injury, including accidental death, as well as claims for property damages, with combined single limits prescribed by the Department.
8. ~~In cases where travel and related expenses are required to be identified separate from the fee for services, such costs shall be in accordance with State Travel Regulations. The contract contains a maximum compensation which shall be inclusive of all charges including fees and travel expenses.~~
9. No funds provided herein shall be used to urge any elector to vote for or against any candidate or proposition on an election ballot nor shall such funds be used to lobby for or against any proposition or matter having the effect of law being considered by the legislature or any local governing authority. This provision shall not prevent the normal dissemination of factual information relative to a proposition or any election ballot or a proposition or matter having the effect of law being considered by the legislature or any local governing authority. Contracts with individuals shall be exempt from this provision.
10. ~~Should contractor become an employee of the classified or unclassified service of the State of Louisiana during the effective period of the contract, Contractor must notify his/her appointing authority of any existing contract with State of Louisiana and notify the contracting office of any additional state employment. This is applicable only to contracts with individuals.~~

11. All non-third party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third party software and source code, records, reports, documents, or other material related to this contract and/or obtained or prepared by Contractor in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. See Attachment G.

12. Except as otherwise permitted in this Contract or RFP, Contractor shall not enter into any subcontract for work or services contemplated under this contract without obtaining prior written approval of the Department. Any subcontracts approved by the Department shall be subject to conditions and provisions as the Department may deem necessary; provided, however, that notwithstanding the foregoing, unless otherwise provided in this contract, such prior written approval shall not be required for the purchase by the contractor of supplies and services which are incidental but necessary for the performance of the work required under this contract. No subcontract shall relieve the Contractor of the responsibility for the performance of contractual obligations described herein. This section applies only to subcontracts, statements of work, memoranda of understanding, agreements, or any portions thereof, which affect Contractor's operations in Louisiana under this contract. Any subcontract, statement of work, memorandum of understanding, agreement, or portion thereof, entered into by Contractor's parent and/or affiliate relating to the operations or administration of that entity, or any of that entity's affiliates or subsidiaries outside Louisiana is not subject to the requirements of this section.

13. No person and no entity providing services pursuant to this contract on behalf of contractor or any subcontractor is prohibited from providing such services by the provisions of R.S. 42:1113 as amended in the 2008 Regular Session of the Louisiana Legislature.

14. No claim for services furnished or requested for reimbursement by Contractor, not provided for in this contract, shall be allowed by the Department. In the event the Department determines that certain costs which have been reimbursed to Contractor pursuant to this or previous contracts are not allowable, upon 30 days advance notice to the contractor, the Department shall have the right to set off and withhold said amounts from any amount due the Contractor under this contract for costs that are allowable.

15. This contract is subject to and conditioned upon the availability and appropriation of Federal and/or State funds; and no liability or obligation for payment will develop between the parties until the contract has been approved by required authorities of the Department; and, if contract exceeds \$20,000, the Director of the Office of Contractual Review, Division of Administration in accordance with La. R.S. 39:1502.

16. The continuation of this contract is contingent upon the appropriation of funds from the legislature to fulfill the requirements of the contract. If the Legislature fails to appropriate sufficient monies to provide for the continuation of the contract, or if such appropriation is reduced by the veto of the Governor or by any means provided in the appropriations act to prevent the total appropriation for the year from exceeding revenues for that year, or for any other lawful purpose, and the effect of such reduction is to provide insufficient monies for the continuation of the contract, the contract shall terminate on the date of the beginning of the first fiscal year for which funds are not appropriated.

17. Pursuant to Section 25.1 of the RFP, 305PUR-DHHRFP-BH-MCO-2014-MVA, any alteration, variation, modification, or waiver of provisions of this contract shall be valid only when approved by both parties and reduced to writing, as an amendment duly signed, and approved by both parties and required authorities of the Department; and, if contract exceeds \$20,000, approved by the Director of the Office of Contractual Review, Division of Administration. Budget revisions approved by both parties in cost reimbursement contracts do not require an amendment if the revision only involves the realignment of monies between originally approved cost categories.

18. Any contract disputes will be interpreted under applicable Louisiana laws and regulations in Louisiana administrative tribunals or district courts as appropriate.

19. Contractor will warrant all materials, products and/or services produced hereunder will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party. In the event of any such claim by any third party against DHH, the Department shall promptly notify Contractor in writing and Contractor shall defend such claim in DHH's name, but at Contractor's expense and shall indemnify and hold harmless DHH against any loss, expense or liability arising out of such claim, whether or not such claim is successful. This provision is not applicable to contracts with physicians, psychiatrists, psychologists or other allied health providers solely for medical services.

20. Any equipment purchased under this contract remains the property of the Contractor for the period of this contract and future continuing contracts for the provision of the same services. Contractor must submit vendor invoice with reimbursement request. For the purpose of this contract, equipment is defined as any tangible, durable property having a useful life of at least (1) year and acquisition cost of \$1000.00 or more. The contractor has the responsibility to submit to the Contract Monitor an inventory list of DHH equipment items when acquired under the contract and any additions to the listing as they occur. Contractor will submit an updated, complete inventory list on a quarterly basis to the Contract Monitor. Contractor agrees that upon termination of contracted services, the equipment purchased under this contract reverts to the Department. Contractor agrees to deliver any such equipment to the Department within 30 days of termination of services.

21. Contractor agrees to protect, indemnify and hold harmless the State of Louisiana, DHH, from all claims for damages, costs, expenses and attorney fees arising in contract or tort from this contract or from any acts or omissions of Contractor's agents, employees, officers or clients other parties acting on behalf of Contractor, including premises liability and including any claim based on any theory of strict liability. This provision does not apply to actions or omissions for which LA R.S. 40:1299.39 provides malpractice coverage to the contractor, nor claims related to treatment and performance of evaluations of persons when such persons cause harm to third parties (R.S. 13:5108.1(E)). Further it does not apply to premises liability when the services are being performed on premises owned and operated by DHH.


22. Any provision of this contract is severable if that provision is in violation of the laws of the State of Louisiana or the United States, or becomes inoperative due to changes in State and Federal law, or applicable State or Federal regulations.

23. Contractor agrees that the current contract supersedes all previous contracts, negotiations, and all other communications between the parties with respect to the subject matter of the current contract.

THIS CONTRACT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. IN WITNESS THEREOF, THIS CONTRACT IS SIGNED ON THE DATE INDICATED BELOW.

Louisiana Healthcare Connections, Inc.

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS


SIGNATURE

James E. Schlottman
NAME

CEO/Plan President
TITLE



SIGNATURE

J. Ruth Kennedy
NAME

Secretary, Department of Health and Hospital or Designee
TITLE

1/14/15
DATE

Medical Vendor Administration


SIGNATURE

J. Ruth Kennedy
NAME

Medicaid Director
TITLE


SIGNATURE

J. Ruth Kennedy
NAME

Medicaid Director
TITLE

1/14/15
DATE

APPROVED
Office of the Governor
Office of Contractual Review

JAN 30 2015

DIRECTOR

HIPAA Business Associate Addendum

This HIPAA Business Associate Addendum is hereby made a part of this contract in its entirety as Attachment A to the contract.

1. The Louisiana Department of Health and Hospitals ("DHH") is a Covered Entity, as that term is defined herein, because it functions as a health plan and as a health care provider that transmits health information in electronic form.
2. Contractor is a Business Associate of DHH, as that term is defined herein, because contractor either: (a) creates, receives, maintains, or transmits PHI for or on behalf of DHH; or (b) provides legal, actuarial, DHH involving the disclosure of PHI.
3. Definitions: As used in this addendum –
 - A. The term "HIPAA Rules" refers to the federal regulations known as the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules, found at 45 C.F.R. Parts 160 and 164, which were originally promulgated by the U. S. Department of Health and Human Services (DHHS) pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") of 1996 and were subsequently amended pursuant to the Health Information Technology for Economic and Clinical Health ("HITECH") Act of the American Recovery and Reinvestment Act of 2009.
 - B. The terms "Business Associate", "Covered Entity", "disclosure", "electronic protected health information" ("electronic PHI"), "health care provider", "health information", "health plan", "protected health information" ("PHI"), "subcontractor", and "use" have the same meaning as set forth in 45 C.F.R. § 160.103.
 - C. The term "security incident" has the same meaning as set forth in 45 C.F.R. § 164.304.
 - D. The terms "breach" and "unsecured protected health information" ("unsecured PHI") have the same meaning as set forth in 45 C.F.R. § 164.402.
4. Contractor and its agents, employees and subcontractors shall comply with all applicable requirements of the HIPAA Rules and shall maintain the confidentiality of all PHI obtained by them pursuant to this contract and addendum as required by the HIPAA Rules and by this contract and addendum.
5. Contractor shall use or disclose PHI solely: (a) for meeting its obligations or as permitted or required under the contract; or (b) as required by law, rule or regulation (including the HIPAA Rules) or as otherwise required or permitted by this contract and addendum.
6. Contractor shall implement and utilize reasonably appropriate safeguards to prevent any use or disclosure of PHI not required or permitted by this contract and addendum, including administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of DHH.
7. In accordance with 45 C.F.R. § 164.502(e)(1)(ii) and (if applicable) § 164.308(b)(2), contractor shall ensure that any agents, employees, subcontractors or others that create, receive, maintain, or transmit PHI on behalf of contractor agree to the same restrictions, conditions and requirements that apply to contractor with respect to such information, and it shall ensure that they implement reasonable and appropriate safeguards to protect such information. Contractor shall take all reasonable steps to ensure that its agents', employees' or subcontractors' actions or omissions do not cause contractor to violate this contract and addendum.
8. Unless prohibited by law or a court, tribunal, or administrative agency of competent jurisdiction, contractor shall, within fifteen (15) calendar days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and addendum, report such disclosure in writing to the person(s) named in section 14 (Terms of Payment), page 1 of the CF-1. Disclosures which must be reported by contractor include, but are not limited to, any security incident, any breach of unsecured PHI (unless contractor demonstrates that there is a low probability that the unsecured PHI has been compromised, based on a risk assessment compliant with 45 CFR § 164.402), and any "breach of the security system" as defined in the Louisiana Database Security Breach Notification Law, La.R.S. 51:3071 et seq. At the option of DHH, any harm or damage resulting from any use or disclosure which violates this contract and addendum shall be mitigated, to the extent practicable, either: (a) by contractor at its own expense; or (b) by DHH, in which case contractor shall reimburse DHH for all reasonable expenses that DHH is required to incur in undertaking such mitigation activities.
9. To the extent that contractor is to carry out one or more of DHH's obligations under 45 C.F.R. Part 164, Subpart E, contractor shall comply with the requirements of Subpart E that apply to DHH in the performance of such obligation(s).
10. Contractor shall make available such information in its possession which is required for DHH to provide an accounting of disclosures in accordance with 45 CFR § 164.528. In the event that a request for accounting is made directly to contractor, contractor shall forward such request to DHH within fifteen (15) calendar days of such receipt. Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. Contractor shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR § 164.528 for at least six (6) years after the date of the last such disclosure.
11. Unless prohibited by law or a court, tribunal, or administrative agency of competent jurisdiction, contractor shall make PHI available to DHH upon request in accordance with 45 CFR § 164.524.
12. Unless prohibited by law or a court, tribunal, or administrative agency of competent jurisdiction, contractor shall make PHI available to DHH upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR § 164.526.
13. Unless prohibited by law or a court, tribunal, or administrative agency of competent jurisdiction, contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by contractor on behalf of DHH available to the Secretary of the U. S. DHHS for purposes of determining DHH's compliance with the HIPAA Rules.
14. Contractor shall indemnify and hold DHH harmless from and against any and all liabilities, claims for damages, costs, expenses and reasonable attorneys' fees resulting from any violation or exclusion of damages provision by its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract. DHH shall indemnify and hold contractor harmless from and against any and all liabilities, claims for damages, costs, expenses and reasonable attorneys' fees resulting from any violation of this addendum by DHH, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract.
15. The parties agree that the legal relationship between DHH and contractor is strictly an independent contractor relationship. Nothing in this contract and addendum shall be deemed to create a joint venture, agency, partnership, or employer-employee relationship between DHH and contractor.

16. Notwithstanding any other provision of the contract, DHH shall have the right to terminate the contract immediately if DHH reasonably determines that contractor has violated any provision of the HIPAA Rules or any material term of this addendum and contractor fails to cure such violation within 30 days after receipt of written notice from DHH identifying such violation.
17. Unless prohibited by law or a court, tribunal, or administrative agency of competent jurisdiction, at the termination of the contract, or upon request of DHH, whichever occurs first, contractor shall return or destroy (at the option of DHH) all PHI received or created by contractor that contractor still maintains in any form and retain no copies of such information; to the extent that such return or destruction of any of the information is not feasible, contractor shall extend the confidentiality protections of the contract to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.

Statement of Work

Goal/Purpose

Contractor will function as a risk-bearing managed care organization (MCO) that provides core benefits and services to eligible Louisiana Medicaid enrollees as defined in the contract, Louisiana Medicaid State Plan, administrative rules and Medicaid Policy and Procedure manuals.

Deliverables

The Contractor shall provide all deliverables required in the Request for Proposals issued July 28, 2014, RFP305PUR-DHHRFP-BH-MCO-2014-MVA, which includes all Appendices, Addenda, and responses to written comments.

Performance Measures

The contractor will provide to DHH, or maintain on file, all items that document the completion of deliverables outlined in the contract, including but not limited to:

- 1) Staffing Requirements
 - Develop and maintain written policies, procedures and job descriptions for each functional area.
 - Provide upon request a satisfactory criminal background check or an attestation that a satisfactory criminal background check has been completed as required by law.
 - Provide a list of marketing training dates at least fourteen calendar days prior to the date of training.
- 2) Medical Loss Ratio
 - Provide an annual Medical Loss Ratio (MLR) report following the end of the MLR reporting year, which shall be a calendar year.
- 3) Expanded Services/Benefits
 - The MCO shall provide a description of the expanded services/benefits to be offered by the MCO for approval. Additions, deletions or modifications to expanded services/benefits made during the contract period must be submitted to DHH, for approval.
- 4) Pharmacy Services
 - Submit pharmacy claims information at frequency established by DHH.
 - Submit reporting specific to the pharmacy program, including, but not limited to:
 - Pharmacy help desk performance
 - Prior authorization performance
 - Prior Authorization request turnaround time
 - Number of claims submitted as a 72-hour emergency supply
 - Denials (name of drug, number of requests, number of denials)
 - Pharmacy network access
 - Grievance and appeals
 - Medication therapy management initiatives
- 5) Provider Network
 - Develop and maintain a provider network development and management plan that must be submitted to DHH at least annually.
 - Maintain written agreements that document the existence of a provider network that is sufficient to provide adequate access to all required services.
 - Submit quarterly GeoAccess reports documenting the geographic availability of network providers including PCPs, hospitals, pharmacies, and each specialty type listed in Appendix TT. The attestation included with this report shall provide narrative identifying any gaps in coverage and the corrective measures that will address them.

- Provide written provider credentialing and re-credentialing policies that are compliant with NCQA Health Plan Accreditation standards and all applicable state laws within 30 days of the signing of the contract.
 - Develop and implement network development and management policies.
 - Maintain a Provider Directory.
 - Maintain and issue a provider handbook within thirty days of the date the contract is signed.
 - Conduct provider satisfaction surveys annually.
- 6) Provider Complaint System
- Develop and implement a provider dispute and appeal process for sanctions, suspensions, and terminations imposed by the MCO against network provider/contractor(s). This process must be submitted for review and approval thirty (30) days from the date the Contract is signed and at the time of any change.
 - Provide the names, phone numbers and e-mail addresses of executives with the authority to require corrective actions to DHH within one week of contract approval, and within 2 business days of any changes.
- 7) Utilization Management
- Develop and maintain policies and procedures with defined structures and processes for a Utilization Management program that incorporates Utilization Review and Service Authorization.
- 8) Quality Assessment and Performance Improvement (QAPI) Plans
- Form a QAPI Committee.
 - Develop a QAPI Work Plan and submit it to DHH thirty (30) days after the effective date of the contract, and annually thereafter.
 - Submit QAPI reports annually.
- 9) Clinical and Administrative Performance Measures
- Report to DHH on administrative measures contained in Appendix J of the RFP on a quarterly basis.
 - Report to DHH on clinical measures contained in Appendix J of the RFP on an annual basis 12 months after services begin.
 - Report to DHH all clinical measures monthly based on HEDIS specifications, ignoring all continuous eligibility requirements for HEDIS in this monthly reporting.
 - Publically report on HEDIS 2016 to NCQA.
- 10) Performance Improvement Projects (PIPs)
- Submit a description of each PIP to DHH for approval within three months of the execution of the contract and at the beginning of each contract year thereafter.
 - Perform a minimum of two DHH-approved PIPs in each contract year, including the required three-year PIP and the one-year PIP associated with the contract year
 - Submit project data analysis to DHH monthly.
 - Report to DHH on PIP outcomes on an annual basis.
- 11) Member and Provider Call Centers
- Establish and maintain a member call center.
 - Develop and submit to DHH for approval a script to be used during the welcome call.
 - Develop telephone help line policies and procedures that address staffing, personnel, hours of operation, access and response standards, monitoring of calls via recording or other means, and compliance with standards and emergencies including but not limited to hurricane-related evacuations. The MCO shall submit these telephone help line policies and procedures, including performance standards, to DHH for written approval prior to implementation of any policies.
 - Develop call center quality criteria and protocols to measure and monitor the accuracy of responses and phone etiquette and submit to DHH for review and approval annually.
 - Establish and maintain a provider call center.

- Submit draft training materials for telephone agents.
- Develop a contingency plan for hiring call center staff to address overflow calls and emails.
- Submit telephone and internet activity reports monthly.

12) Member Services

- Develop and maintain a member handbook that adheres to federal requirements in required formats.
- Maintain grievance and appeals logs and submit to DHH monthly.
- Conduct Consumer Assessment of Healthcare Providers and Subsystems (CAHPS) surveys annually.
- Develop and implement a Member Advisory Council Plan.

13) Enrollment

- Maintain a record of total PCP linkages of Medicaid members and provide this information quarterly to DHH.

14) Marketing and Member Education Materials

- Submit a plan detailing marketing and member education activities within 30 days of contract signature.
- Develop and maintain a welcome newsletter that adheres to federal requirements.
- Submit to DHH for approval all member materials.
- Maintain copies of all member materials including obsolete versions.
- Maintain documentation that reading level software was utilized, including indicator used and reading level of the item.

15) Enrollment Website

- Submit website screenshots to DHH for approval.
- Maintain documentation that reading level software was utilized, including indicator used and reading level of the item.
- Maintain provider directories.

16) Fraud, Waste, and Abuse Compliance

- Submit plan to DHH within 30 days from the date the contract is signed and annually thereafter.
- Submit fraud and abuse activity report quarterly with an annual summary of activity.
- Attest monthly that a search of websites referenced in Section 15.3.3 of the RFP has been completed.

17) Systems

- Maintain records documenting the exchange all required files with the Medicaid fiscal intermediary.
- Submit encounter data to DHH or its contractor as required.
- Submit refresh plan for review and approval annually.
- Develop, prepare, print, maintain, produce, and distribute to DHH distinct Systems design and management manuals, user manuals and quick reference Guides, and any updates.
- Develop a contingency plan to protect the availability, integrity, and security of data during unexpected failures or disasters, (either natural or man-made) to continue essential application or system functions during or immediately following failures or disasters.
- Enroll at least 75% of all contracted hospitals with an emergency department into the Louisiana Health Information Exchange by December 31, 2015.

18) Claims & Encounters

- Submit weekly encounters to Medicaid fiscal intermediary. Encounters must be submitted within 25 days of payment.
- Submit encounter data on the 25th calendar day of the month to the Medicaid fiscal intermediary.
- Submit claims payment accuracy report monthly.
- Submit claims processing interest payments on weekly encounter file.

- Submit denied claims report weekly.
- Submit weekly transaction records on all prior authorization requests.
- Develop an internal claims dispute process for those claims or group of claims that have been denied or underpaid. The process must be submitted to DHH for approval within thirty (30) days of the date the Contract is signed by the MCO.

19) Financial Reporting

- Submit audited financial statements annually.
- Submit unaudited financial statements quarterly.

20) TPL Reporting

- Report members with third party coverage to DHH on a weekly basis.
- Submit TPL collections on an annual basis.

21) Emergency Management Plan

- Submit annually.

Monitoring

Contract monitoring will be at the direction of the Medicaid Deputy Director for managed care or their designee.

Mary Johnson

Department of Health and Hospitals
Bureau of Health Services Financing
Bayou Health Program
628 North 4th St.

Baton Rouge, LA 70821

Phone: (225) 342-1304

Email: mary.johnson@la.gov

Monitoring activities include:

- 1) Thorough review and analysis of required work plans and monthly, quarterly and annual reports, as well as review and monitoring of corrective action plans if required of the contractor by DHH;
- 2) Minimum of weekly status calls between Contractor and DHH Contract Monitor and/or designated Medicaid staff;
- 3) Face-to-face meetings between Contractor and DHH Contract Monitor and/or designated Medicaid staff as warranted;
- 4) Solicitation of feedback on Contractor's performance from the Medicaid fiscal intermediary;
- 5) Annual evaluation through an independent external quality review contractor;
- 6) Real-time monitoring of member services hotline calls;
- 7) Investigation of all complaints regarding the Contractor;
- 8) Monitoring grievances and appeals to determine appropriate resolution;
- 9) Periodic navigation of contractor website to determine performance;
- 10) Spot checking to determine that provider listings on contractor website accurately reflects information provided by the providers;
- 11) Unannounced and scheduled visits to contractor's Louisiana administrative office; and
- 12) "Secret shopper" calls to Member Services and Provider Services call centers.

Payment: Fixed Rate

See Attachment C for details.

Terms of Payment

Maximum Contract Amount:

The maximum contract amount for each contract year is the product of projected enrollment in the MCO and the projected Per Member Per Month capitation rate. For calculation purposes, the projected Per Member Per Month capitation rate is the statewide composite prior to risk adjustment.

Contract Year	Projected Member Months	Projected Per Member Per Month Capitation Rate	Maximum Contract Amount
Contract year 1 - February 1, 2015 to January 31, 2016	2,007,023	\$302.90	\$607,927,267
Contract year 2 - February 1, 2016 to January 31, 2017	2,156,211	\$310.90	\$670,366,000
Contract year 3 - February 1, 2017 to January 31, 2018	2,161,943	\$317.51	\$686,438,522
3-Year Total			\$1,964,731,789

DHH reserves the right to adjust Per Member Per Month capitation rates in the following instances:

1. Changes to core benefits and services included in the capitation rates;
2. Changes to Medicaid population groups eligible to enroll in an MCO;
3. Legislative appropriations and budgetary constraints; or
4. Changes in federal requirements.

Terms of Payment:

1. DHH shall make monthly risk-adjusted capitation rate payments for each member enrolled into the MCO. Capitation rates are developed in accordance with 42 CFR 438.6 and are actuarially sound.
2. MCO agrees to accept payment in full and shall not seek additional payment from a member for any unpaid costs, including costs incurred during the retroactive period of eligibility.
3. DHH reserves the right to defer remittance of the monthly capitation rate payment for June until the first Medicaid Management Information System (MMIS) payment cycle in July to comply with state fiscal policies and procedures.
4. The monthly risk-adjusted capitation rate payment shall be based on the total number of Medicaid eligibles assigned to the MCO as of the last working day of the previous month and paid in the weekly payment cycle nearest the 15th calendar day of the month.
5. In addition to the monthly capitated rate, DHH shall provide MCOs a one-time supplemental lump sum payment for each obstetrical delivery. This kick payment is intended to cover the cost of prenatal care, the delivery event, and post-partum care and normal newborn hospital costs.
6. If the MCO is identified by the Internal Revenue Service (IRS) as a covered entity and thereby subject to an assessed fee ("Annual Fee") whose final calculation includes an applicable portion of the MCO's net premiums written from DHH's Medicaid/CHIP lines of business, DHH shall make an annual payment to the MCO in each calendar year payment is due to the IRS (the "Fee Year"). This annual payment will be calculated by

DHH (and its contracted actuary) as an adjustment to each MCO's capitation rates for the full amount of the Annual Fee allocable to Louisiana Medicaid/CHIP with respect to premiums paid to the MCO for the preceding calendar year (the "Data Year.") The adjustment will be to the capitation rates in effect during the Data Year.

Effective Date of Enrollment

MCO enrollment for members in a given month will be effective at 12:01AM on the first calendar day of the month of Medicaid eligibility not to exceed 12 months of retroactive eligibility.

Withhold of Capitation Rate

As outlined in detail in Section 5.3 of the RFP, a withhold of a portion of the monthly capitation rate payment shall be applied to provide an incentive for MCO compliance with the requirements of this contract. The withhold amount will be equivalent to two percent (2%) of the monthly capitation rate payment for all MCO enrollees, exclusive of maternity kick payments.



Jaredd Simons, ASA, MAAA
Senior Associate Actuary

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Ms. Mary Johnson
Bayou Health Program Director
Louisiana Department of Health and Hospitals
Bureau of Health Services Financing
628 North 4th Street
Baton Rouge, LA 70821

August 29, 2014

Subject: Louisiana Bayou Health Program – Full Risk-Bearing Managed Care Organization
Rate Development and Actuarial Certification for the Period February 1, 2015 through January
31, 2016

Dear Ms. Johnson:

The Louisiana Department of Health and Hospitals (DHH) has contracted with Mercer Government Human Services Consulting (Mercer) to develop actuarially sound capitation rate ranges for the State of Louisiana's Bayou Health program for the period of February 1, 2015 through January 31, 2016.

The Bayou Health program began February 1, 2012, and operated under two separate managed care paradigms for the first three years of the program. The Bayou Health Prepaid program operated under an at-risk capitated arrangement, and the Shared Savings program was an enhanced Primary Care Case Management (ePCCM) program. Effective February 1, 2015, Bayou Health will begin operating as an at-risk capitated program only.

This letter presents an overview of the methodology used in Mercer's managed care rate development for the purpose of satisfying the requirements of the Centers for Medicare & Medicaid Services (CMS). This rate development process used Medicaid fee-for-service (FFS) medical and pharmacy claims, Bayou Health Shared Savings claims experience, and Bayou Health Prepaid encounter data. It resulted in the development of a range of actuarially sound rates for each rate cell.

Medicaid benefit plan premium rates are "actuarially sound" if, for business in the state for which the certification is being prepared and for the period covered by the certification, projected premiums, including expected reinsurance and governmental stop-loss cash flows, governmental risk adjustment cash flows, and investment income, provide for all reasonable, appropriate and attainable costs, including health benefits, health benefit settlement expenses,



marketing and administrative expenses, any government mandated assessments, fees, and taxes, and the cost of capital. Note: Please see pages 8-9 of the August 2005, Actuarial Certification of Rates for Medicaid Managed Care Programs, from the American Academy of Actuaries. http://www.actuary.org/pdf/pracnotes/health_medicaid_05.pdf.

Rate Methodology Overview

Capitation rate ranges for the Bayou Health program were developed in accordance with rate-setting guidelines established by CMS. For rate range development for the Bayou Health managed care organizations (MCOs), Mercer used calendar year 2013 (CY13) Medicaid FFS medical and pharmacy claims, Bayou Health Shared Savings claims experience, and Bayou Health Prepaid encounter data. Restrictions were applied to the enrollment and claims data so that it was appropriate for the populations and benefit package defined in the contract.

Mercer reviewed the data provided by DHH and the Prepaid and Shared Savings plans for consistency and reasonableness and determined that the data are appropriate for the purpose of setting capitation rates for the MCO program. The data certification shown in Appendix G has been provided by DHH, and its purpose is to certify the accuracy, completeness, and consistency of the base data.

Adjustments were made to the selected base data to match the covered populations and Bayou Health benefit packages for rating year 2015 (RY15). Additional adjustments were then applied to the base data to incorporate:

- Prospective and historic (retrospective) program changes not reflected (or not fully reflected) in the base data.
- Provision for incurred-but-not-reported (IBNR) claims.
- Financial adjustments to encounter data for underreporting.
- Trend factors to forecast the expenditures and utilization to the contract period.
- Changes in benefits covered by managed care.
- Addition of new populations to the Bayou Health program.
- Opportunities for managed care efficiencies.
- Administration and underwriting profit/risk/contingency loading.

In addition to these adjustments, DHH takes two additional steps in the matching of payment to risk:

- Application of maternity supplemental (kick) payments.
- Application of risk-adjusted regional rates.



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The resulting rate ranges for each individual rate cell were net of Graduate Medical Education (GME) payments to teaching hospitals provided in the Louisiana Medicaid State Plan. Mercer removed GME amounts in the FFS and Shared Savings data to be consistent with DHH's intention to continue paying GME amounts directly to the teaching hospitals. Encounter data does not include GME payments and therefore no adjustment is required.

Bayou Health Populations Covered Populations

In general, the Bayou Health program includes individuals classified as Supplemental Security Income (SSI), Family and Children, Breast and Cervical Cancer, and LaCHIP Affordable Plan (LAP) as mandatory or voluntary opt-out populations. Voluntary opt-in populations include Home- and Community-Based Services (HCBS) Waiver participants and Chisholm Class Members (CCM).

Chisholm Class Members

Effective February 1, 2015, members of Louisiana's Chisholm class will be permitted to participate in Bayou Health on a voluntary opt-in basis. Previously, membership in the Chisholm class would make a recipient ineligible for Bayou Health.

Chisholm refers to a class action lawsuit (*Chisholm v. Hood*) filed in 1997. Chisholm class members are defined as all current and future recipients of Medicaid in the State of Louisiana, under age 21, who are now or will in the future be placed on the Office of Citizens with Developmental Disabilities' Request for Services Registry.

LaHIPP Population

Effective February 1, 2015, Bayou Health will include individuals covered by the Louisiana's Health Insurance Premium Payment (LaHIPP) Program. This program pays for some or all of the health insurance premiums for an employee and their family if they have insurance available through their job and someone in the family is enrolled in Medicaid. The program also covers out of pocket expenses incurred by the enrollee (Medicaid is the secondary payer). Premiums will continue to be paid by DHH, but out of pocket expenses incurred by the enrollee will be the responsibility of the MCO. LaHIPP is not a category of eligibility. Enrollees in this program are eligible under the other categories of aid (COA) and their experience are included in the applicable COA and Rate Cell combination for purposes of developing the capitation rate range.

Excluded Populations

The following individuals are excluded from participation in the Bayou Health program:





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- Medicare-Medicaid Dual Eligible Beneficiaries
- Qualified Medicare Beneficiaries (QMB) (only where State only pays Medicare premiums)
- Specified Low-income Medicare Beneficiaries (SLMB) (where State only pays Medicare premiums)
- Medically Needy Spend-Down Individuals
- Individuals residing in Long-term Care Facilities (Nursing Home, Intermediate Care Facility/Developmentally Disabled (ICF/DD))
- Individuals enrolled in the Program for All-inclusive Care for the Elderly (PACE)
- Individuals only eligible for Family Planning services
- Individuals enrolled in the Greater New Orleans Community Health Connection (GNOCHC) Demonstration waiver

Appendix B encompasses a comprehensive list of Bayou Health's covered and excluded populations.

Rate Category Groupings

Rates will vary by the major categories of eligibility. Furthermore, where appropriate, the rates within a particular category of eligibility are subdivided into different age bands to reflect differences in risk due to age. In addition, due to the high cost associated with pregnancies, DHH will pay a maternity kickpayment to the MCOs for each delivery that takes place. Table 1 shows a list of the different rate cells for each eligibility category including the maternity kickpayments.

Table 1: Rate Category Groupings

COA Description	Rate Cell Description
SSI	Newborns, 0-2 Months of Age
	Newborns, 3-11 Months of Age
	Child, 1-18 Years of Age
Family and Children	Adult, 19+ Years of Age
	Newborns, 0-2 Months of Age
	Newborns, 3-11 Months of Age
Breast and Cervical Cancer (BCC)	Child, 1-18 Years of Age
	Adult, 19+ Years of Age
	BCC, All Ages



LAP	LAP, All Ages
HCBS	Child, 0-18 Years of Age Adult, 19+ Years of Age
CCM	CCM, All Ages
Maternity Kickpayment	Maternity Kickpayment
Early Elective Delivery Kickpayment	EED Kickpayment

Region Groupings

For rating purposes, Louisiana has been split into four different regions. Table 2 lists the associated parishes for each of the four regions.

Table 2: Region Groupings

Region Description	Associated Parishes (Counties)
Gulf	Assumption, Jefferson , Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St. Mary, and Terrebonne
Capital	Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, St. Tammany, Tangipahoa, Washington, West Baton Rouge, and West Feliciana
South Central	Acadia, Allen, Avoyelles, Beauregard, Calcasieu, Cameron, Catahoula, Concordia, Evangeline, Grant, Iberia, Jefferson Davis, Lafayette, Lasalle, Rapides, St. Landry, St. Martin, Vermilion, Vernon, and Winn
North	Bienville, Bossier, Caddo, Caldwell, Claiborne, DeSoto, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Red River, Richland, Sabine, Tensas, Union, Webster, and West Carroll

Bayou Health Services Covered Services

Appendix C lists the services that the Bayou Health MCOs must provide. The MCOs also have the ability to develop creative and innovative solutions to care for their members (i.e., provide other cost-effective alternative services) as long as the contractually-required Medicaid services are covered. Costs of alternative services are expected to be funded through savings on the contractually-required services for which these services are a cost-effective substitute.



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New Services

Effective February 1, 2015, DHH has decided to incorporate services covered historically by FFS in the Bayou Health program. The following services were previously excluded from the Bayou Health program and now are included:

- Hospice services
- Personal care services for ages 0-20

Additionally, non-emergency medical transportation (NEMT) will be the responsibility of the Bayou Health MCO, even if the service the recipient is being transported to is not a Bayou Health-covered service. Previously, NEMT to non-covered services would have been FFS.

Behavioral Health Mixed Services Protocol

In the Request for Proposals (RFP) issued by the State for the Bayou Health program to be effective February 1, 2015, Behavioral Health services are divided into two levels: basic and specialized. Basic Behavioral Health services will be the responsibility of Bayou Health MCOs. Basic services include:

- General hospital inpatient services, including acute detoxification
- General hospital emergency room (ER) services, including acute detoxification
- Federally Qualified Health Center (FQHC)/Rural Health Center (RHC) encounters that do not include any service by a specialized behavioral health professional
- Professional services, excluding services provided by specialized behavioral health professionals
- Prescribed drugs prescribed by any professional that is not a specialized behavioral health professional

Specialized behavioral health services will be identified primarily based on provider type. Any service provided by behavioral health specialists, as well as behavioral health facilities are considered specialized behavioral health.

Excluded Services

Bayou Health MCOs are not responsible for providing acute care services and other Medicaid services not identified in Appendix C, including the following services:

- Applied Behavioral Analysis



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- Dental services with the exception of Early and Periodic Screening & Diagnostic Treatment (EPSDT) varnishes provided in a primary care setting
- ICF/DD services
- Personal Care services for those ages 21 and older
- Nursing Facility services
- School-based Individualized Education Plan services provided by a school district and billed through the intermediate school district, or school-based services funded with certified public expenditures including school nurses
- HCBS Waiver services
- Specialized Behavioral Health,
- Targeted Case Management services
- Services provided through DHH's Early-Steps Program

Data Adjustments

IBNR Claims

Completion factors were developed to incorporate consideration for any outstanding claims liability.

To establish the completion factors for the Shared Savings/Legacy Medicaid FFS data, claims were grouped into three COA and seven main completion service categories. All remaining service categories were grouped into the other service category. Completion category mapping is provided in Appendix C. Note that the BCC and CCM populations utilized SSI completion factors and the LAP population utilized Family and Children completion factors, as these populations are expected to exhibit similar completion patterns. Appendix D-1 summarizes the completion factors adjustment that was applied to the Shared Savings/Legacy Medicaid FFS data.

Encounter claim completion factors, developed separately for each Prepaid plan, were compared to completion factors provided by the Prepaid plan actuaries and summarized by completion category of service. Appendix D-2 summarizes the completion factors adjustment that was applied to the Prepaid encounter data.

Under-reporting

Under-reporting adjustments were developed by comparing encounter data from the Medicaid management information system (MMIS) to financial information provided by the Prepaid plans. This adjustment was computed and applied on a plan basis resulting in an overall adjustment of 3.7%. Note this adjustment does not apply to the Shared Savings claims nor Legacy Medicaid/FFS data.



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Third-Party Liabilities

All claims are reported net of third party liability, therefore no adjustment is required.

Fraud and Abuse Recoveries

DHH provided data related to fraud and abuse recoveries on the Shared Savings and Legacy FFS. The total adjustment applied was -0.1%. Prepaid plans included fraud and abuse recoveries in their financial reports. These recoveries were included in the development of the underreporting adjustment.

Co-payments

Copays are only applicable to prescription drugs. Pharmacy claims are reported net of any co-payments so no additional adjustment is necessary.

DSH Payments

DSH payments are made outside of the MMIS system and have not been included in the capitation rates.

Fee Schedule Adjustments Fee Changes

These capitation rates reflect changes in made by DHH to the fee schedules used in the FFS program. The first of these changes, effective February 1, 2013, was a 1% cut in fees paid to non-rural, non-state hospitals. This 1% cut also applied to physician services, except for procedure codes affected by Section 1202 of the Affordable Care Act, when performed by a physician eligible for the enhanced payment rate. Fee changes also include estimation of cost settlements and reflect the most up to date cost settlement percentages for each facility. For most non-rural facilities, the cost settlement percentage is 66.46% however some facilities are settled at different amounts. Rural facilities are cost settled at 110%.

Hospital Privatization

During 2013 nine state hospitals privatized. As a result of this privatization, they no longer are paid for services based on the state hospital fee schedule, but rather on the non-state, non-rural fee schedule. Similarly, reimbursement for cost-based services for these hospitals is now based on the 66.46% cost settlement percentage for non-state, non-rural hospitals, rather than the 90% cost-settlement percentage applicable to state hospitals. Two additional state hospitals are closing. The utilization in these facilities was assumed to be absorbed by other facilities in the regions and claims were adjusted accordingly.



Tables 3 summarizes the overall fee schedule adjustment by COA that was applied to the Prepaid encounter and Shared Savings/FFS claims data.

Table 3: Fee Schedule Adjustment

Prepaid Fee Schedule Adjustment	
COA Description	Rate Impact
SSI	0.8%
Family & Children	0.6%
BCC	-1.6%
LAP	1.3%
HCBS	0.0%
CCM	0.0%
Maternity Kickpayment	1.7%
EED Kickpayment	1.7%
Total	0.7%

Shared Savings/FFS Fee Schedule Adjustment	
COA Description	Rate Impact
SSI	-1.8%
Family & Children	-1.6%
BCC	-5.9%
LAP	-0.7%
HCBS	-0.1%
CCM	-1.1%
Maternity Kickpayment	-0.6%
EED Kickpayment	-0.6%
Total	-1.6%

ACA PCP

Under Section 1202 of the Affordable Care Act (ACA), state Medicaid programs were required to increase payments to primary care providers (PCPs) in 2013 and 2014. This requirement expires on December 31, 2014. As a result, 2013 Bayou Health encounter and FFS claims were adjusted to reflect the decrease in PCP payment rates between 2013 and 2015. The reduction, applied at the COA level is based on adjusting the provider fee schedule from the enhanced ACA rate to the Medicaid rate set by DHH. Prepaid encounter data was adjusted based on submissions by the plans, and following discussions with them to identify the necessary adjustments to their experience. Table 4 summarizes the overall adjustment by COA that was applied to the Prepaid encounter and Shared Savings/FFS claims data.



Table 4: ACA PCP Adjustment

Prepaid Encounter ACA PCP Carve-Out	Rate Impact
COA Description	
SSI	-1.3%
Family & Children	-3.9%
BCC	-0.7%
LAP	-4.4%
HCBS	0.0%
CCM	0.0%
Maternity Kickpayment	0.0%
EED Kickpayment	0.0%
Total	-2.5%

Shared Savings/FFS ACA PCP Carve-Out	Rate Impact
COA Description	
SSI	-1.5%
Family & Children	-4.7%
BCC	-0.7%
LAP	-5.2%
HCBS	-0.7%
CCM	-0.9%
Maternity Kickpayment	0.0%
EED Kickpayment	0.0%
Total	-3.1%

Program Changes

Act 312

Effective January 1, 2014, Act 312 requires that when medications are restricted for use by an MCO by a step therapy or fail first protocol, the prescribing physician shall be provided with and have access to a clear and convenient process to expeditiously request an override of such restriction from the MCO. The MCO is required to grant the override under certain conditions. Mercer reviewed this new requirement and estimated the impact of this change to be an increase of approximately 3% of pharmacy costs.



Early Elective Deliveries (EED)

Beginning February 2015, facility and delivering physician costs for early elective deliveries will not be covered under the Bayou Health program. These deliveries will trigger a reduced kickpayment to the MCO. Mercer identified the average facility and delivering physician costs included in the maternity kick payment by region and removed those costs to create the EED Kickpayment. Table 5 shows the adjustments and resulting EED Kickpayments.

Table 5: Early Elective Delivery Rate Reduction

Early Elective Delivery Rate Reduction			
Region Description	Reduction (%)	Reduction - Low	Reduction - High
Gulf	-34.3	\$ (3,706.64)	\$ (3,862.49)
Capital	-43.3	\$ (2,831.28)	\$ (2,950.33)
South Central	-41.2	\$ (2,918.12)	\$ (3,040.81)
North	-38.0	\$ (3,170.62)	\$ (3,303.94)
Total	-38.9	\$ (3,169.67)	\$ (3,302.95)

Retro-active Eligibility Adjustment

Beginning in February 2015 members granted retroactive eligibility will be capitated retroactively, based on their eligibility for Bayou Health, for up to 12 months prior to enrollment in a MCO. The MCO selected by these members will then receive the appropriate number of capitation months, and will be liable for all claims incurred during this retroactive eligibility period. In order to account for the inability of MCOs to manage these retro-active eligibility adjustment factor has been applied to the capitation rates. Mercer did not apply any savings adjustments to the retro-active period claims in the development of these factors. Table 6 summarizes the overall adjustment by rate cell for retro-active eligibility.



Table 6: Retro-Active Eligibility Adjustment

Retro-Active Eligibility Adjustment		
COA Description	Rate Cell Description	Adjustment (%)
SSI	0-2 Months	0.0
SSI	3-11 Months	0.0
SSI	Child 1-18	0.0
SSI	Adult 19+	0.5
Family & Children	0-2 Months	0.0
Family & Children	3-11 Months	0.0
Family & Children	Child 1-18	0.0
Family & Children	Adult 19+	1.7
BCC	BCC, All Ages	7.5
LAP	LAP, All Ages	0.0
HCBS	Child 0-18	0.0
HCBS	Adult 19+	0.0
CCM	CCM, All Ages	0.0
Maternity Kickpayment	Maternity Kickpayment	0.0
EED Kickpayment	EED Kickpayment	0.0
Total		0.7

Rating Adjustments

Trend

Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period of time. A trend factor is necessary to estimate the cost of providing health care services in a future period. Mercer studied historical cost and utilization data for each of the three data sources incorporated in the capitation rates: Prepaid encounters, Shared Savings, and FFS. Trends were selected based on Louisiana experience, as well as national trend information. Trends by population are shown in Appendix E.

Managed Care Adjustments

For those populations and services that had previously been excluded from Bayou Health, Mercer adjusted the capitation rates to reflect areas for managed care efficiency. Managed Care is able to generate savings by:



- Encouraging the use of preventive services so that acute conditions are not exacerbated to the point that requires a visit to the ER or hospitalization.
- Using alternatives to the ER for conditions that are non-emergent in nature.
- Increasing access and providing member education.
- Minimizing duplication of services.
- Hospital discharge planning to ensure a smooth transition from facility-based care to community resources and minimize readmissions.

Managed care savings factors were applied to the HCBS and Chisholm class COA. Additionally, durable medical equipment (DME) and NEMT costs for Shared Savings enrollees were adjusted as part of this rate setting, as these services were excluded from Bayou Health Shared Savings. Appendix F summarizes the managed care savings adjustments that were applied to the Shared Savings/Legacy Medicaid FFS data.

Shared Savings Rx claims

Under the Bayou Health Shared Savings program, plans had limited ability to manage prescription drug costs. In order to use the Shared Savings experience to set capitated rates, adjustments were needed to account for generic dispense rate (GDR) differences between the Prepaid and Shared Savings experience. For the Prepaid program, GDR was approximately 84%, compared to approximately 77% for Shared Savings and FFS. Mercer assumed the change in GDR would be zero the first month the rates are in effect, increasing evenly over the next 3 months until an 84% GDR is achieved in May 2015. This results in prescription drug savings of 11% to 13%.

Outliers

As part of the State Plan, inpatient hospitals receive an additional payment for high cost stays for children under six, called outliers. These payments are for inpatient stays with a total cost to the hospital in excess of \$150,000, where the cost is determined based on the hospital's Neonatal Intensive Care Unit (NICU) or Pediatric Intensive Care Unit (PICU)-specific cost-to-charge ratio (CCR). DHH makes payments to a maximum of \$10 million, annually. As payment of outlier liability is the responsibility of Bayou Health MCOs, this additional \$10 million was built into the rates based on the distribution by rate cell observed in State Fiscal Year (SFY)11 and SFY12. Outliers added an average cost of \$0.93 per member per month (PMPM) to the base data used in rate setting.

Graduate Medical Education

DHH will be making payments for GME outside of the capitation rates. Therefore, Mercer made adjustments to exclude GME payments from the capitation.



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Data Smoothing

For certain rate cells, there were not enough member months (MMs) within each region to produce a statistically credible rate. For these rate cells, Mercer calculated a statewide capitation rate. Affected rate cells include:

- SSI newborns 0-1 years of age
- BCC, All Ages
- LAP, All Ages
- HCBS, All Ages
- CCM, All Ages

Voluntary Opt-in Adjustments

It is unclear at this time if there will be a material difference in the risk profile of the Opt-in population from the historical FFS population. Therefore, Mercer made no adjustments for selection risk in the development of the HCBS and CCM rates.

Non-Medical Expense Load

The actuarially sound capitation rate ranges developed include a provision for MCO administration and other non-medical expenses. Mercer reviewed historical Prepaid plan expense data and relied on its professional experience in working with numerous State Medicaid programs to develop the administrative load. The load for each rate cell was determined using a fixed and variable cost model. Under this model, a fixed administrative expense is attributed to each member month, which reflects program requirements, such as state-mandated staffing. Added to this is a variable administrative amount, based on claims volume. For pharmacy, 2% of claims cost was targeted, while 6.1% was targeted for medical. Maternity kickpayment rate cells have only the variable medical administrative load. The total administrative cost is estimated to be between \$21.33 and \$22.86 PMP/M

Additionally, provision has been made in these rates for a 2% risk margin, as well as Louisiana's 2.25% premium tax.

Risk Adjustment

Risk adjustment will be applied to the rates in Attachment A to reflect differences in health status of the members served in each MCO using the Adjusted Clinical Groups (ACG) model. The risk adjustment process does not increase nor decrease the overall cost of the program, but can change the distribution across the various Bayou Health MCOs according to the relative risk of their enrolled members. Actuarially sound risk adjustment protocols have been developed so as to be appropriate to rates that have been developed by underlying age and gender calls.



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Federal Health Insurer Fee

Section 9010 of the ACA established a health insurance provider fee (HIPF), which applies to certain for-profit/tax-paying health insurers. For-profit Medicaid health plans are not exempt from the HIPF, which will become a cost of doing business that is appropriate to recognize in actuarially sound capitation rates.

At the time of this certification, many aspects of the calculation and application of this fee are not yet determined and/or finalized. These fees will be calculated and become payable sometime during the third quarter of 2016. As these fees are not yet defined by insurer and by market place, no adjustment has been made in the rate range development for the Bayou Health program. An adjustment and revised certification will be considered when the fee amount and impacted entities applicable to this rate period are announced in 2016.

Certification of Final Rate Ranges

In preparing the rate ranges shown in Attachment A, Mercer has used and relied upon enrollment, FFS claims, encounter data, reimbursement level, benefit design, and other information supplied by DHH and its fiscal agent. DHH, its fiscal agent, and the Prepaid plans are responsible for the validity and completeness of the data supplied. We have reviewed the data and information for internal consistency and reasonableness, but we did not audit them. In our opinion they are appropriate for the intended purposes. If the data and information are incomplete or inaccurate, the values shown in this report may need to be revised accordingly.

Mercer certifies that the rates in Attachment A were developed in accordance with generally accepted actuarial practices and principles and are appropriate for the Medicaid covered populations and services under the managed care contract. Rate estimates provided are based upon the information available at a point in time and are subject to unforeseen and random events. Therefore, any projection must be interpreted as having a likely range of variability from the estimate. The undersigned actuaries are members of the American Academy of Actuaries and meet its qualification standards to certify to the actuarial soundness of Medicaid managed care capitation rates.

Rates and ranges developed by Mercer are actuarial projections of future contingent events. Actual Bayou Health MCO costs will differ from these projections. Mercer has developed these rates on behalf of DHH to demonstrate compliance with the CMS requirements under 42 CFR 438.6(c), and in accordance with applicable law and regulations. Use of these rate ranges for any purpose beyond that stated may not be appropriate.



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Bayou Health MCOs are advised that the use of these rate ranges may not be appropriate for their particular circumstance and Mercer disclaims any responsibility for the use of these rate ranges by Bayou Health MCOs for any purpose. Mercer recommends that any Bayou Health MCO considering contracting with the DHH should analyze its own projected medical expense, administrative expense, and any other premium needs for comparison to these rate ranges before deciding whether to contract with the DHH.

This certification letter assumes the reader is familiar with the Bayou Health Program, Medicaid eligibility rules, and actuarial rate-setting techniques. It is intended for DHH and CMS, and should not be relied upon by third parties. Other readers should seek the advice of actuaries or other qualified professionals competent in the area of actuarial rate projections to understand the technical nature of these results.

If you have any questions on any of the information provided, please feel free to call me at +1 404 442 3358.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jared Simons'.

Jared Simons, ASA, MAAA
Senior Associate Actuary



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Appendix A: Bayou Health Capitation Rate Range

Region Description	COA Description	Rate Cell Description	CY13 MMs or Deliveries	Lower Bound PMPM or Cost per Delivery	Upper Bound PMPM or Cost per Delivery
Gulf	SSI	0-2 Months	291	\$21,714.18	\$23,187.74
Gulf	SSI	3-11 Months	1,790	\$4,268.75	\$4,554.33
Gulf	SSI	Child 1-18	122,394	\$315.40	\$338.01
Gulf	SSI	Adult 19+	276,704	\$744.61	\$794.63
Gulf	Family & Children	0-2 Months	43,180	\$1,247.14	\$1,333.03
Gulf	Family & Children	3-11 Months	104,549	\$209.39	\$225.60
Gulf	Family & Children	Child 1-18	2,053,265	\$100.88	\$108.38
Gulf	Family & Children	Adult 19+	374,005	\$243.76	\$260.34
Gulf	BCC	BCC, All Ages	3,702	\$1,558.12	\$1,682.05
Gulf	LAP	LAP, All Ages	9,457	\$130.97	\$140.95
Gulf	HCBS	Child 0-18	6,826	\$1,436.85	\$1,562.34
Gulf	HCBS	Adult 19+	21,296	\$471.84	\$514.04
Gulf	CCM	CCM, All Ages	15,710	\$766.57	\$841.00
Gulf	Maternity Kickpayment	Maternity Kickpayment	10,993	\$5,645.11	\$5,882.47
Gulf	EED Kickpayment	EED Kickpayment	N/A	\$1,938.47	\$2,019.98
Capital	SSI	0-2 Months	168	\$21,714.18	\$23,187.74
Capital	SSI	3-11 Months	1,491	\$4,268.75	\$4,554.33
Capital	SSI	Child 1-18	89,519	\$360.07	\$375.54
Capital	SSI	Adult 19+	210,439	\$628.40	\$684.04
Capital	Family & Children	0-2 Months	38,789	\$1,269.87	\$1,358.14
Capital	Family & Children	3-11 Months	94,611	\$234.54	\$252.93
Capital	Family & Children	Child 1-18	1,863,396	\$108.21	\$116.37
Capital	Family & Children	Adult 19+	268,984	\$284.36	\$303.48
Capital	BCC	BCC, All Ages	3,946	\$1,558.12	\$1,682.05



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Capital	LAP	LAP, All Ages	10,487	\$130.97	\$140.95
Capital	HCBS	Child 0-18	7,164	\$1,436.85	\$1,562.34
Capital	HCBS	Adult 19+	21,638	\$471.84	\$514.04
Capital	CCM	CCM, All Ages	15,831	\$766.57	\$841.00
Capital	Maternity Kickpayment	Maternity Kickpayment	9,776	\$4,993.41	\$5,203.37
Capital	EED Kickpayment	EED Kickpayment	N/A	\$2,162.13	\$2,253.04
South Central	SSI	0-2 Months	217	\$21,714.18	\$23,187.74
South Central	SSI	3-11 Months	1,692	\$4,268.75	\$4,554.33
South Central	SSI	Child 1-18	91,728	\$366.85	\$392.21
South Central	SSI	Adult 19+	247,354	\$753.10	\$803.99
South Central	Family & Children	0-2 Months	43,502	\$1,362.72	\$1,457.24
South Central	Family & Children	3-11 Months	104,512	\$238.42	\$256.64
South Central	Family & Children	Child 1-18	2,038,315	\$116.59	\$125.16
South Central	Family & Children	Adult 19+	285,454	\$271.50	\$289.77
South Central	BCC	BCC, All Ages	2,893	\$1,558.12	\$1,682.05
South Central	LAP	LAP, All Ages	12,222	\$130.97	\$140.95
South Central	HCBS	Child 0-18	6,665	\$1,436.85	\$1,562.34
South Central	HCBS	Adult 19+	23,110	\$471.84	\$514.04
South Central	CCM	CCM, All Ages	16,556	\$766.57	\$841.00
South Central	Maternity Kickpayment	Maternity Kickpayment	10,509	\$4,964.46	\$5,173.20
South Central	EED Kickpayment	EED Kickpayment	N/A	\$2,046.35	\$2,132.39
North	SSI	0-2 Months	239	\$21,714.18	\$23,187.74
North	SSI	3-11 Months	1,678	\$4,268.75	\$4,554.33
North	SSI	Child 1-18	100,260	\$318.45	\$340.17
North	SSI	Adult 19+	212,259	\$706.03	\$754.16
North	Family & Children	0-2 Months	32,253	\$1,387.94	\$1,484.93
North	Family & Children	3-11 Months	80,214	\$226.40	\$243.68
North	Family & Children	Child 1-18	1,587,962	\$102.79	\$110.29
North	Family & Children	Adult 19+	213,631	\$253.70	\$271.21
North	BCC	BCC, All Ages	2,395	\$1,558.12	\$1,682.05
North	LAP	LAP, All Ages	6,545	\$130.97	\$140.95



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North	HCBS	Child 0-18	4,164	\$1,436.85	\$1,562.34
North	HCBS	Adult 19+	17,320	\$471.84	\$514.04
North	CCM	CCM, All Ages	16,472	\$766.57	\$841.00
North	Maternity Kickpayment	Maternity Kickpayment	8,136	\$5,110.00	\$5,324.86
North	EED Kickpayment	EED Kickpayment	N/A	\$1,939.38	\$2,020.92



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Appendix B: Bayou Health Eligibility Designation

COA/Eligibility Category Name	Mandatory		Voluntary		Excluded
	Opt-In	Opt-Out	Opt-In	Opt-Out	
SSI (Aged, Blind and Disabled)					
Acute Care Hospitals (LOS > 30 days)					
BPL (Walker vs. Bayer)					
Disability Medicaid					
Disabled Adult Child					
Disabled Widow/Widower (DW/WW)					
Early Widow/Widowers					
Family Opportunity Program*					
Former SSI*					
Medicaid Buy-In Working Disabled (Medicaid Purchase Plan)					
PICKLE					
Provisional Medicaid					
Section 4913 Children					
SGA Disabled WW/IDS					
SSI (Supplemental Security Income)*					
SSI Conversion					
Tuberculosis (TB)					
SSI (OCS Foster Care, IV-E OCS/OYD and OCS/OYD (XIX))					
Foster Care IV-E - Suspended SSI					
SSI (Supplemental Security Income)					
TANF (Families and Children, LIFC)					
CHAMP Child					
CHAMP Pregnant Woman (to 133% of FPG)					
CHAMP Pregnant Woman Expansion (to 185%					



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COA/Eligibility Category Name	Mandatory		Voluntary		Excluded	
			Opt-In	Opt-Out		
FPIG)						
Deemed Eligible						
ELE - Food Stamps (Express Lane Eligibility-Food Stamps)						
Grant Review						
LaCHIP Phase 1						
LaCHIP Phase 2						
LaCHIP Phase 3						
LaCHIP Phase IV: Non-Citizen Pregnant Women Expansion						
LIFC - Unemployed Parent / CHAMP						
LIFC Basic						
PAP - Prohibited AFDC Provisions						
Pregnant women with income greater than 118% of FPL and less than or equal to 133% of FPL						
Regular MNP (Medically Needy Program)						
Transitional Medicaid						
FCC (Families and Children)						
Former Foster Care children						
Youth Aging Out of Foster Care (Chaffee Option)						
FCC (OCS Foster Care, IV-E OCS/OYD and OCS/OYD (XIX))						
CHAMP Child						
CHAMP Pregnant Woman (to 133% of FPIG)						
IV-E Foster Care						
LaCHIP Phase 1						
OYD - V Category Child						
Regular Foster Care Child						



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COA/Eligibility Category Name	Mandatory		Voluntary		Excluded
	Opt-In	Opt-Out	Opt-In	Opt-Out	
YAP (Young Adult Program)				●	
YAPIOYD					●
BCC (Families and Children)					
Breast and/or Cervical Cancer			●		
LAP (Families and Children)					
LaCHIP Affordable Plan		●			
HCBS Waiver					
ADHC (Adult Day Health Services Waiver)			●		
Children's Waiver - Louisiana Children's Choice			●		
Community Choice Waiver			●		
New Opportunities Waiver - SSI			●		
New Opportunities Waiver Fund			●		
New Opportunities Waiver, non-SSI			●		
Residential Options Waiver - non-SSI			●		
Residential Options Waiver - SSI			●		
SSI Children's Waiver - Louisiana Children's Choice			●		
SSI Community Choice Waiver			●		
SSI New Opportunities Waiver Fund			●		
SSI/ADHC			●		
Supports Waiver			●		
Supports Waiver SSI			●		
CCM					
Chisholm Class Members**			●		
LaHIPP					
Louisiana's Health Insurance Premium Payment Program***		●	●	●	●



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COA/Eligibility Category Name	Mandatory	Voluntary Opt-in	Voluntary Opt-Out	Excluded
Excluded				
CHAMP Presumptive Eligibility				●
CSOC				●
DD Waiver				●
Denied SSI Prior Period				●
Disabled Adults authorized for special hurricane Katrina assistance				●
EDA Waiver				●
Family Planning, New eligibility / Non LaMOM				●
Family Planning, Previous LAMOMs eligibility				●
Family Planning/Take Charge Transition				●
Forced Benefits				●
GNOCHC Adult Parent				●
GNOCHC Childless Adult				●
HPE B/CC				●
HPE Children under age 19				●
HPE Family Planning				●
HPE Former Foster Care				●
HPE LaCHIP				●
HPE LaCHIP Unborn				●
HPE Parent/Caretaker Relative				●
HPE Pregnant Woman				●
LBHP - Adult 1915(i)				●
LTC (Long-Term Care)				●
LTC Co-Insurance				●
LTC MNP/T transfer of Resources				●



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COA/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
LTC Payment Denial/Late Admission Packet				●
LTC Spend-Down MNP				●
LTC Spend-Down MNP (Income > Facility Fee)				●
OCS Child Under Age 18 (State Funded)				●
OYD (Office of Youth Development)				●
PACE SSI				●
PACE SSI-related				●
PCA Waiver				●
Private ICF/DD				●
Private ICF/DD Spenddown Medically Needy Program				●
Private ICF/DD Spenddown Medically Needy Program/Income Over Facility Fee				●
Public ICF/DD				●
Public ICF/DD Spenddown Medically Needy Program				●
QI-1 (Qualified Individual - 1)				●
QI-2 (Qualified Individual - 2) (Program terminated 12/31/2002)				●
QMB (Qualified Medicare Beneficiary)				●
SLMB (Specified Low-Income Medicare Beneficiary)				●
Spend-Down Medically Needy Program				●
Spenddown Denial of Payment/Late Packet				●
SSI Conversion / Refugee Cash Assistance (RCA) / LIFC Basic				●
SSI DD Waiver				●
SSI Payment Denial/Late Admission				●
SSI PCA Waiver				●



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COA/Eligibility Category Name	Mandatory	Voluntary Opt-In	Voluntary Opt-Out	Excluded
SSI Transfer of Resource(s)/LTC				☑
SSI/EDA Waiver				☑
SSI/LTC				☑
SSI/Private ICF/DD				☑
SSI/Public ICF/DD				☑
State Retirees				☑
Terminated SSI Prior Period				☑
Transfer of Resource(s)/LTC				☑

* Children under 19 years of age who are automatically enrolled into Bayou Health, but may voluntarily disenroll.
** Individuals under the age of 21 otherwise eligible for Medicaid who are listed on the OCDD's Request for Services Registry who are Chisholm Class Members.
*** LaHIPP is not a category of eligibility. Eligibility designation for LaHIPP enrollees will vary according to the qualifying category of eligibility.



Appendix C: Bayou Health Covered Services

Medicaid Category of Service	Units of Measurement	Completion Category of Service
Inpatient Hospital	Days	Inpatient
Outpatient Hospital	Claims	Outpatient
Primary Care Physician	Visits	Physician
Specialty Care Physician	Visits	Physician
FQHC/RHC	Visits	Physician
EPSDT	Visits	Physician
Certified Nurse Practitioners/Clinical Nurse	Claims	Physician
Lab/Radiology	Units	Other
Home Health	Visits	Other
Emergency Transportation	Units	Transportation
NEMT	Units	Transportation
Rehabilitation Services (occupational therapy (OT), physical therapy (PT), speech therapy (ST))	Visits	Other
DME	Units	Other
Clinic	Claims	Physician
Family Planning	Visits	Physician
Other	Units	Other
Prescribed Drugs	Scripts	Prescribed Drugs
ER	Visits	Outpatient
Basic Behavioral Health	Claims	Physician
Hospice*	Admits	Inpatient
Personal Care Services (Age 0-20)*	Units	Physician

* Services that were previously excluded from the Bayou Health program and now are included.



Appendix D-1: Shared Savings/FFS IBNR Adjustment

Category of Service Description	COA Description							
	SSI (%)	Family & Children (%)	BCC (%)	LAP (%)	HCBS (%)	CCM (%)	Maternity Kickpayment (%)	
Inpatient Hospital	4.6	6.1	4.6	6.1	2.6	4.6	N/A	
Outpatient Hospital	2.9	2.6	2.9	2.6	2.4	2.9	N/A	
Primary Care Physician	3.8	2.4	3.8	2.4	3.9	3.8	N/A	
Specialty Care Physician	3.8	2.4	3.8	2.4	3.9	3.8	N/A	
FQHC/RHC	3.8	2.4	3.8	2.4	3.9	3.8	N/A	
EPSDT	3.8	2.5	0.0	2.4	3.9	3.8	N/A	
Certified Nurse Practitioners/Clinical Nurse Lab/Radiology	3.8	2.4	3.8	2.4	3.9	3.8	N/A	
Home Health	3.3	3.0	3.3	3.0	1.5	3.3	N/A	
Emergency Transportation	3.3	3.0	3.3	3.0	1.5	3.3	N/A	
NEMT	2.4	3.8	2.4	3.8	1.3	2.4	N/A	
Rehabilitation Services (OT, PT, ST)	2.4	3.8	2.4	3.8	1.3	2.4	N/A	
DME	3.3	3.0	0.0	3.0	1.5	3.3	N/A	
Clinic	3.3	3.0	3.3	3.0	1.5	3.3	N/A	
Family Planning	3.8	2.5	3.8	2.4	3.9	3.8	N/A	
Other	3.8	2.4	3.8	2.4	3.9	3.8	N/A	
Prescribed Drugs	3.3	3.0	3.3	3.0	1.5	3.3	N/A	
Emergency Room	0.0	0.0	0.0	0.0	0.0	0.0	N/A	
Basic Behavioral Health	2.9	2.6	2.9	2.6	2.4	2.9	N/A	
Hospice	3.8	2.5	3.8	2.4	3.9	3.8	N/A	
Personal Care Services	4.6	6.1	4.6	0.0	2.6	4.6	N/A	
Total	3.8	2.6	0.0	0.0	3.9	3.8	N/A	
	2.2	2.3	2.4	1.7	1.6	2.6	4.0	



Appendix D-2: Prepaid IBNR Adjustment

Category of Service Description	COA Description									
	SSI (%)	Family & Children (%)	BCC (%)	LAP (%)	HCBS (%)	CCM (%)	Maternity Kickpayment (%)			
Inpatient Hospital	2.0	6.9	1.7	9.7	N/A	N/A	N/A			
Outpatient Hospital	2.4	3.0	2.6	2.6	N/A	N/A	N/A			
Primary Care Physician	2.8	3.0	2.8	3.0	N/A	N/A	N/A			
Specialty Care Physician	2.8	3.0	2.8	3.0	N/A	N/A	N/A			
FQHC/RHC	2.9	3.0	2.9	3.0	N/A	N/A	N/A			
EPSDT	2.9	3.0	2.4	3.0	N/A	N/A	N/A			
Certified Nurse Practitioners/Clinical Nurse Lab/Radiology	2.8	3.0	2.8	3.1	N/A	N/A	N/A			
Home Health	1.1	0.0	1.3	0.0	N/A	N/A	N/A			
Emergency Transportation	1.1	0.0	1.3	0.0	N/A	N/A	N/A			
NEMT	3.1	2.3	3.1	2.3	N/A	N/A	N/A			
Rehabilitation Services (OT, PT, ST)	1.3	1.5	1.6	2.4	N/A	N/A	N/A			
DME	1.1	0.0	0.5	0.0	N/A	N/A	N/A			
Clinic	1.0	0.0	1.1	0.0	N/A	N/A	N/A			
Family Planning	2.5	3.1	2.7	2.9	N/A	N/A	N/A			
Other	2.8	3.0	2.8	2.8	N/A	N/A	N/A			
Prescribed Drugs	1.3	0.0	1.5	0.0	N/A	N/A	N/A			
Emergency Room	0.0	0.0	0.0	0.0	N/A	N/A	N/A			
Basic Behavioral Health	2.3	2.9	2.4	2.6	N/A	N/A	N/A			
Hospice	2.9	3.0	2.8	3.0	N/A	N/A	N/A			
Personal Care Services	4.6	6.1	4.6	0.0	N/A	N/A	N/A			
Total	3.8	2.4	0.0	0.0	N/A	N/A	N/A			
	1.4	2.9	1.9	2.2	N/A	N/A	N/A			2.1



Appendix E: Trend

Category of Service Description	SSI/BCC		Family & Children/LAP		HCBS/CCM	
	Low PMPM (%)	High PMPM (%)	Low PMPM (%)	High PMPM (%)	Low PMPM (%)	High PMPM (%)
Inpatient Hospital	0.0	3.0	0.0	3.0	1.0	3.0
Outpatient Hospital	2.0	7.1	3.0	8.2	3.5	8.7
Primary Care Physician	2.0	7.1	2.0	7.1	2.0	6.1
Specialty Care Physician	2.0	7.1	2.0	7.1	2.0	6.1
FQHC/RHC	3.0	7.1	3.0	7.1	3.0	7.1
EPSDT	2.0	7.1	2.0	7.1	2.0	6.1
Certified Nurse Practitioners/Clinical Nurse	2.0	7.1	2.0	7.1	2.0	6.1
Lab/Radiology	2.0	4.0	2.0	4.0	2.0	4.0
Home Health	2.0	4.0	2.0	4.0	2.0	4.0
Emergency Transportation	2.0	4.0	2.0	4.0	1.0	4.0
NEMT	2.0	4.0	2.0	4.0	1.0	4.0
Rehabilitation Services (OT, PT, ST)	2.0	4.0	2.0	4.0	2.0	4.0
DME	2.0	4.0	2.0	4.0	2.0	4.0
Clinic	2.0	7.1	2.0	7.1	2.0	6.1
Family Planning	2.0	7.1	2.0	7.1	2.0	6.1
Other	2.0	4.0	2.0	4.0	2.0	4.0
Prescribed Drugs	5.4	7.2	5.4	7.2	2.0	3.0
Emergency Room	1.0	4.0	1.0	3.0	3.5	8.7
Basic Behavioral Health	2.0	7.1	2.0	7.1	2.0	6.1
Hospice	2.0	4.0	2.0	4.0	2.0	4.0
Personal Care Services	2.0	4.0	2.0	4.0	2.0	6.1
Total	2.7	5.7	2.6	5.7	2.0	4.6



Appendix F: Managed Care Savings

Category of Service Description	HCBS Waiver/CCM*			Shared Savings**	
	Low PMPM (%)	High PMPM (%)	Low PMPM (%)	High PMPM (%)	
Inpatient Hospital	-11.6	-5.5	0.0	0.0	
Outpatient Hospital	-9.1	-4.7	0.0	0.0	
Primary Care Physician	7.6	12.4	0.0	0.0	
Specialty Care Physician	-12.5	-8.2	0.0	0.0	
FQHC/RHC	0.0	4.5	0.0	0.0	
EPSDT	5.0	7.0	0.0	0.0	
Certified Nurse Practitioners/Clinical Nurse	7.6	12.4	0.0	0.0	
Lab/Radiology	-10.0	-3.1	0.0	0.0	
Home Health	0.0	2.0	0.0	0.0	
Emergency Transportation	-5.0	-0.6	0.0	0.0	
NEMT	0.0	4.5	0.0	7.1	
Rehabilitation Services (OT, PT, ST)	-5.0	-0.6	0.0	0.0	
DME	-10.0	-5.6	-20.0	-13.3	
Clinic	-10.0	-5.6	0.0	0.0	
Family Planning	0.0	4.5	0.0	0.0	
Other	0.0	4.5	0.0	0.0	
Prescribed Drugs	-10.4	-10.4	0.0	0.0	
Emergency Room	-8.1	-3.7	0.0	0.0	
Basic Behavioral Health	0.0	2.0	0.0	0.0	
Hospice	0.0	0.0	0.0	0.0	
Personal Care Services	-10.0	-5.0	-10.0	-5.0	
Total	-8.3	-4.8	-5.2	-4.1	

*Previously unmanaged populations utilizing Legacy Medicaid/FFS claims.

**Covered services previously not covered under the Shared Savings program.

***Current services for Prepaid, Shared Savings, and LaHIPP populations are managed and Managed Care savings are not applied.



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Appendix G: Data Reliance Attestation



Bobby Jindal
 GOVERNOR

Kathy H. Kiebert
 SUPERVISOR

State of Louisiana

Department of Health and Hospitals
 Bureau of Health Services Financing

VIA ELECTRONIC MAIL ONLY

August 27, 2014

Mr. Jaredé Simons, ASA, MA,AA
 Scriber Associate
 Mercer Government Human Services
 3560 Lenox Road, Suite 2400
 Atlanta, GA 30326

Subject: Capitation Rate Range Certification for the Bayou Health Prepaid Program –
 Implementation Year (February 1, 2015 – January 31, 2016)

Dear Jaredé:

I, Jen Steele, Medicaid Deputy Director and Chief Financial Officer, for the State of Louisiana's Department of Health and Hospitals (DHH), hereby affirm that the data prepared and submitted to Mercer Government Human Services Consulting (Mercer) for the purpose of certifying the February 1, 2015 – January 31, 2016 prepaid rates were prepared under my direction, and to the best of my knowledge and belief, are accurate, complete, and consistent with the data used to develop the capitation rates. This data includes calendar year (CY) 2013 fee-for-service (FFS) data files, MCO submitted encounter data, and supplemental information on payments made outside of Louisiana's Medicaid Management Information Systems (MMIS).

Mercer relied on DHH and its fiscal agent for the collection and processing of the FFS data, encounter data, and other information used in setting these capitation rates. Mercer did not audit the data, but did assess the data for reasonableness as documented in the rate certification letter.

Jen Steele
 Signature

8/27/14
 Date

Electronic Mailbox: 688 North 4th Street, P.O. Box 94930 • Baton Rouge, Louisiana 70819-9493
 Phone: 81.225.7310.9346 • Fax: 81.225.7310.9397 • www.louisiana.gov/healthandhumanresources
 All Equal Opportunity Postings



Incentive-Based Performance Measures
Targets for Improvement

Identifier	Measure	Measure Description	Target Population	Condition	Target for Improvement
PTB \$\$	Initiation of Injectable Progesterone Therapy in Women with Previous Pre-Term Births	The percentage of women 15-45 years of age with evidence of a previous pre-term singleton birth event (<37 weeks completed gestation) who received one or more Progesterone injections between the 16th and 21st week of gestation.	Children's and Maternal Health	Perinatal and Reproductive Health	20.00
NQF #0471 (CSEC) \$\$	Cesarean Rate for Low-Risk First Birth Women	The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).	Children's and Maternal Health	Perinatal and Reproductive Health	26.47
(AWC) \$\$	Adolescent Well Care Visit	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement Year	Children's Health	Utilization	40.69
NQF # 0108 \$\$	Follow-up Care for Children Prescribed ADHD Medication	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Children's Health	Behavioral Health	Initiation 42.07 C&M 48.49
NQF #2082 (HIV) \$\$	HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200	Chronic Disease	HIV	54.34
NQF #0272 (PQI 1) \$\$	Diabetes Short Term Complications Rate	Number of discharges for diabetes short term complications per 100,000 Medicaid enrollees age 18 and older.	Chronic Disease	Diabetes	17.15
NQF # 1517 (PPC) \$\$	Postpartum Care (PPC Submeasure)	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	Maternal Health	Perinatal and Reproductive Health	63.12
(AMB) \$\$	Ambulatory Care	Utilization of ambulatory care. Outpatient and ED Visits per 1000 member months	Population Health	Utilization	ED Visits 68.37

**Bayou Health Enrollment-- MCO Assignment Methodology
2015-2018 Contract Period**

All existing Bayou Health members as of November 1, 2014 will be given the option to select the plan of their choice during open enrollment (November 13, 2014 – January 20, 2015). If a member does not actively select a health plan, DHH will seek to preserve the continuity of care for the member by maintaining existing patient/provider relationships, as well as the continuation of care coordination provided by the incumbent health plans as detailed below.

A. Members in Incumbent CCN-P Plan

1. Member may make a proactive choice to select the plan of their choice.
2. If the member does not make a proactive choice, they will remain in their current plan.

B. Members in Incumbent CCN-S Plan

1. Member may make a proactive choice to select the plan of their choice.
2. If the member does not make a proactive choice:
 - a. Members of the Community Health Solutions CCN-S Plan will be assigned to the Louisiana Healthcare Connections (LHC) MCO plan if their current PCP is in network with LHC.
 - b. Members of the United Healthcare (UHC) CCN-S Plan will be assigned to the United Healthcare MCO if their current PCP is in network with the UHC MCO.
 - c. If a CCN-S member's PCP is not in network with one of the successors identified above, the member will be assigned randomly to an MCO in which the PCP participates.
 - d. If the PCP is not contracted with any MCOs, they will be randomly assigned to one of the five MCOs in accordance with the procedure described in paragraph E below.

C. New Members Enrolled in Louisiana Medicaid Between 12/30 /14 and 1/29 /15

1. New members will be given the opportunity to proactively select a plan of their choice during the application process.
2. If the new member does not make a proactive choice:
 - a. If a family member has an existing MCO relationship, the new member will be assigned to that MCO.
 - b. If there is no family member relationship but the member has had a Medicaid PCP visit in the past 6 months, the member will be assigned randomly to an MCO in which the PCP participates.
 - c. If the member has neither an existing MCO relationship nor recent PCP visit, the member will be assigned to the new MCO entrant.

D. New Members Enrolled in Louisiana Medicaid On or After 1/30/2015 Through 1/29/2016

1. New members will be given the opportunity to proactively select a plan of their choice during the application process.
2. If the new member does not make a proactive choice:
 - a. If a family member has an existing MCO relationship, the new member will be assigned to that MCO.
 - b. If there is no family member relationship but the member has had a Medicaid PCP visit in the past 6 months, the member will be assigned randomly to an MCO in which the PCP participates.
 - c. If the member has neither an existing MCO relationship nor recent PCP visit, the member will be randomly assigned to one of the five MCOs in accordance with the procedure described in paragraph E below.

E. Random Assignment Procedure

When members are randomly assigned on or after 1/21/2015 through 1/29/2016, the new MCO entrant will receive 2 members for each 1 member that each of the other four MCOs receives. (Two out every six new members). All random assignments on or after 1/30/2016 will be distributed without preference to the new MCO entrant.

- F. DHH reserves the right to end the preference for the new MCO entrant (see paragraphs C.2.c and E above) if its enrollment exceeds 80,000 members.

Auto-assignments on any basis other than family member in MCO will not be made to an MCO whose membership share is at or above 40% of the total membership.

During the 2014-2015 open enrollment, all members will be given through April 29, 2015 to change plans without cause.

Additional Terms and Conditions

The following changes shall be made to the RFP language as incorporated into the contract. Corrections are struck through and additions are underlined.

Document/Location	Existing language	Revised Language
CF-1 Page 1, Line 12	Add new language	The contract may be terminated by the contractor only if DHH fails, without reason as determined by DHH, to remit appropriate PMPM payment within 120 days of the date the payment was due.
CF-1 Page 3, Paragraph 11	Replace existing language	Third party software and source code, records, reports, documents and other material delivered or transmitted to Contractor by State shall remain the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract. All non-third party software and source code related to this contract and/or obtained or prepared by Contractor exclusively in connection with the performance of the services contracted for herein shall become the property of State, and shall be returned by Contractor to State, at Contractor's expense, at termination or expiration of this contract, except for any materials, information, processes, programs, and payments that are owned by, are licensed to, or are proprietary to, Contractor, including any modifications or enhancement thereto, which shall remain the property of Contractor. All records, reports, and documents related to this Contract shall be provided to DHH upon request.
RFP Section 2.6.1.3	2.6.1.3 The initial amount of the bond shall be equal to fifty (50) million dollars. The initial bond must be submitted to DHH with the original signed contract.	2.6.1.3 The initial amount of the bond shall be equal to fifty (50) million dollars. The initial bond must be submitted to DHH with the original <u>signed</u> contract within <u>10</u> days of contract approval by the Office of Contractual Review.
RFP Section 5.15	Addition of new section	<p><u>5.15. Health Insurance Provider Fee (HIPF) Reimbursement</u></p> <p><u>If the MCO is identified by the Internal Revenue Service (IRS) as a covered entity and thereby subject to an assessed fee ("Annual Fee") whose final calculation includes an applicable portion of the MCO's net premiums written from DHH's Medicaid/CHIP lines of business, DHH shall, upon the MCO satisfying completion of the requirements below, make an annual payment to the MCO in each calendar year payment is due to the IRS (the "Fee Year"). This annual payment</u></p>

will be calculated by DHH (and its contracted actuary) as an adjustment to each MCO's capitation rates for the full amount of the Annual Fee allocable to Louisiana Medicaid/CHIP with respect to premiums paid to the MCO for the preceding calendar year (the "Data Year.") The adjustment will be to the capitation rates in effect during the Data Year.

5.15.1. The MCO shall, at a minimum, be responsible for adhering to the following criteria and reporting requirements:

5.15.1.1. Provide DHH with a copy of the final Form 8963 submitted to the IRS by the deadline to be identified by DHH each year. The MCO shall provide DHH with any adjusted Form 8963 filings to the IRS within 5 business days of any amended filing.

5.15.1.2. Provide DHH Louisiana-specific Medicaid and CHIP-specific premiums included in the premiums reported on Form 8963 (including any adjusted filings) by the deadline to be identified by DHH each year (for the initial Form 8963 filing) of the Fee Year and within 5 business days of any amended filing.

5.15.1.3. If the MCO's Louisiana-specific Medicaid/CHIP premium revenue is not delineated on its Form 8963, provide with its Form 8963 a supplemental delineation of Louisiana-specific Medicaid/CHIP premium revenue that was listed on the MCO's Form 8963 and a methodological description of how its Louisiana-specific Medicaid/CHIP premium revenue (payments to the MCO pursuant to this Contract) was determined. The MCO will indicate for DHH the portion of the Louisiana-specific Medicaid/CHIP premiums that were excluded from the Form 8963 premiums by the MCO as Medicaid long-term care, if applicable, beginning with Data Year 2014.

5.15.1.3.1. The MCO shall also submit a certification regarding the supplemental delineation consistent with 42 CFR 438.604 and 42 CFR 438.606.

5.15.1.3.2. If a portion of the Louisiana-specific Medicaid/CHIP premiums were excluded from the Form 8963 premiums by the MCO as Medicaid long-term care, the MCO shall submit the calculations and methodology for the amount excluded.

5.15.1.4. Provide DHH with the preliminary calculation of the Annual Fee as determined by the IRS by the deadline to be identified by DHH each year.

5.15.1.5. Provide DHH with the final calculation of the Annual Fee as determined by the IRS by the deadline to be identified by DHH each year.

5.15.1.6. Provide DHH with the corporate income tax rates -- federal and state (if applicable) -- by the deadlines to be identified by DHH each year, and include a certification regarding the corporate income tax rates consistent with 42 CFR 438.604 and 42 CFR 438.606

5.15.2. For covered entities subject to the HIPF, DHH will perform the following steps to evaluate and calculate the HIPF percentage based on the Contractor's notification of final fee calculation (i.e., HIPF liability) and all premiums for the Contractor subject to Section 9010, as reported on the Contractor's Form 8963, and agreed reasonable by DHH.

5.15.2.1. Review each submitted document and notify the Contractor of any questions.

5.15.2.2. DHH will check the reasonableness of the MCO's Louisiana-specific Medicaid/CHIP premium revenue included on the MCO's Form 8963/supplemental delineation. This reasonableness check will include, but may not be limited to comparing the MCO's reported Louisiana-specific Medicaid/CHIP premium revenue to DHH's capitation payment records.

5.15.2.3. DHH and its actuary will calculate revised Data Year capitation rates and rate ranges to account for the Louisiana portion (specific to this contract) of the Contractor's HIPF obligation per the IRS HIPF final fee calculation notice (as noted in 5.17.1.5. above). To calculate the capitation payment adjustment, the DHH will:

5.15.2.3.1. Calculate the HIPF obligation as a percentage of the total data year premiums subject to the HIPF (this total will include all of the first \$25 million and 50% of the next \$25 million of premium deducted by the IRS). This is the "HIPF%", which is unique to each MCO that is subject to the HIPF.

5.15.2.3.2. Calculate Figure A, Figure A is the total premium revenue for

coverage in the Data Year from item 5.17.1.2. above. The Figure A amount has no provision for the HIPF obligation.

5.15.2.3.3. Calculate Figure B. Figure B is the portion of Figure A that is for services subject to the HIPF. Capitation revenue for services that are excludable under Section 9010 of the Patient Protection and Affordable Care Act of 2010, such as long-term care services, will not be included in Figure B. The Figure B amount has no provision for the HIPF obligation.

5.15.2.3.4. Calculate Figure C. Figure C is the calculation of total revenue that incorporates provision for the HIPF and applicable taxes. DHH will use the following formula to calculate Figure C. If the Contractor has not provided satisfactory documentation of federal income tax obligations under section 5.17.1.5., then the Average Federal Income Tax Rate (AvgFIT%) in the formula will be zero. If the Contractor has not provided satisfactory documentation of corporate net income tax obligations under section 5.17.1.6. or if state income taxes are not applicable, then the Average State Income Tax Rate (AvgSIT%) in the formula will be zero. The Louisiana Department of Insurance has determined that state premium tax is not applicable to the HIPF payment; as such, no consideration for premium tax will be made. If in the future, however, the applicability of premium tax to the HIPF payments changes, the formula will be modified accordingly.

Figure B

$$\frac{1 - (\text{HIPF}\% / (1 - \text{AvgSIT}\% - \text{AvgFIT}\% \times (1 - \text{AvgSIT}\%)))}{1}$$

5.15.2.3.5. Calculate Figure D. DHH will calculate Figure D by subtracting Figure B from Figure C. This is the final HIPF adjustment amount that will serve as the basis for DHH payment to the impacted contractors.

5.15.2.3.6. DHH will compare Figure D with Figure B to calculate the percentage adjustment to the Data Year capitation rates and rate ranges for submission to CMS for approval.

5.15.3.DHH (and its contract actuary) will compute the change in capitation revenue that is due to the higher capitation rates by multiplying the

		<p><u>adjusted capitation rates by the known member months to determine the total supplemental HIPF payment amount for the MCO.</u></p> <p><u>5.15.4. In accordance with a schedule to be provided by DHH each contract year, DHH will make a payment to the MCO that is based on the final Annual Fee amount provided by the IRS and calculated by DHH (and its contracted actuary) as an adjustment to the capitation rates in effect during the Data Year. This payment will only be made to the Contactor if DHH determines that that the reporting requirements under this section have been satisfied.</u></p> <p><u>5.15.5. The MCO shall advise DHH if payment of the final fee payment is less than the amount invoiced by the IRS.</u></p> <p><u>5.15.6. The MCO shall reimburse DHH for any amount applicable to Louisiana Medicaid/CHIP premiums that are not paid towards the fee and/or are reimbursed back to the MCO, at any time and for any reason, by the IRS.</u></p> <p><u>5.15.7. DHH reserves the right to update the calculation and method of payment for the Annual Fee based upon any new or revised requirements established by CMS in regards to this fee.</u></p> <p><u>5.15.8. Payment by DHH is intended to put the MCO in the same position as the MCO would have been in had the MCO's health insurance providers fee tax rate (the final Annual Fee as a portion of the covered entity's premiums filed on Form 9963) and corporate tax rates been known in advance and used in the determination of the Data Year capitation rates.</u></p> <p><u>The obligation outlined in this section shall survive the termination of the contract.</u></p> <p><u>5.3.2. The capitation rate payment withhold amount will be equivalent to two percent (2%) of the monthly capitation rate payment for all MCO enrollees, exclusive of maternity kick payments and the Full Medicaid Payment (FMP) component of the monthly capitation rate payment.</u></p>
<p>RFP Section 5.3.2</p>	<p>5.3.2. The capitation rate payment withhold amount will be equivalent to two percent (2%) of the monthly capitation rate payment for all MCO enrollees, exclusive of maternity kick payments</p>	<p><u>5.3.2. The capitation rate payment withhold amount will be equivalent to two percent (2%) of the monthly capitation rate payment for all MCO enrollees, exclusive of maternity kick payments and the Full Medicaid Payment (FMP) component of the monthly capitation rate payment.</u></p>
<p>RFP Section 6.1.4</p>	<p>6.1.4 The MCO shall provide core benefits and services to Medicaid members. The core benefits and services that shall be provided to members are:</p>	<p><u>6.1.4 The MCO shall provide core benefits and services to Medicaid members. The core benefits and services that shall be provided to members are:</u></p>

	<ul style="list-style-type: none"> • ... • Pharmacy Services (Outpatient prescription medicines dispensed except those prescribed by a specialized behavioral health provider). • ... 	<ul style="list-style-type: none"> • ... • Pharmacy Services (Outpatient prescription medicines dispensed except these prescribed by a specialized behavioral health provider). • ...
<p>RFP Section 6.2</p>	<p>6.2. Eye Care and Vision Services</p> <p>The MCO shall provide coverage of vision services that are performed by a licensed ophthalmologist or optometrist, conform to accepted methods of screening, diagnosis and treatment of eye ailments or visual impairments/conditions for members. Medicaid covered eye wear services provided by opticians are available to enrollees who are under the age of 21. The MCO shall not require a referral for in-network providers.</p>	<p>6.2. Eye Care and Vision Services</p> <p>The MCO shall provide coverage of vision services that are performed by a licensed ophthalmologist or optometrist, conform to accepted methods of screening, diagnosis and treatment of eye ailments or visual impairments/conditions for members. Medicaid covered eye wear services provided by opticians are available to enrollees who are under the age of 21. The MCO shall not require a referral for in-network providers. <u>The MCO's requirements for provision and authorization of services within the scope of licensure for optometrists cannot be more stringent than those requirements for participating ophthalmologists.</u></p>
<p>RFP Section 7.15.1.8.</p>	<p>7.15.1.8. The MCO may negotiate the ingredient cost reimbursement in its contracts with providers. However, the MCO shall pay a per-prescription dispensing fee, as defined in this contract, at a rate no less than \$2.50. Ingredient costs of medications must be updated at least weekly.</p>	<p>7.15.1.8. The MCO may negotiate the ingredient cost reimbursement in its contracts with providers. However, the MCO shall:</p> <ul style="list-style-type: none"> • Pay a per-prescription dispensing fee, as defined in this contract, at a rate no less than \$2.50; • <u>Add any state imposed provider fees for pharmacy services, on top of the minimum dispensing fee required by DHH;</u> • <u>Update ingredient costs of medications at least weekly;</u> • <u>Make drug pricing list available to pharmacies for review; and</u> • <u>Afford individual pharmacies a chance to appeal inadequate reimbursement.</u>
<p>RFP Section 8.4.2</p>	<p>8.4.2 The MCO UM Program policies and procedures shall include service authorization policies and procedures consistent with 42 CFR §438.210 and state laws and regulations for initial and continuing authorization of services that include, but are not limited to, the following:</p> <p>...</p>	<p>8.4.2 The MCO UM Program policies and procedures shall include service authorization policies and procedures consistent with 42 CFR §438.210, state laws, regulations and the court ordered requirements of <u>Chisholm v. Kliebert</u> and <u>Wells v. Kliebert</u> for initial and continuing authorization of services that include, but are not limited to, the following:</p> <p>...</p>
<p>RFP Section 9.8.6.</p>	<p>9.8.6.1 The MCO shall deny payment to providers for deliveries occurring before 39 weeks without a medical indication</p>	<p>9.8.6.1 The MCO shall deny payment to providers for deliveries occurring before 39 weeks without a medical indication.</p>

	<p>noted in LEERS in accordance with Louisiana Medicaid Program policy.</p>	<p>noted in LEERS in accordance with Louisiana Medicaid Program policy. MCO will use LEERS data as directed by the state to process claims for all deliveries occurring before 39 weeks.</p>
<p>RFP Section 11.1.1</p>	<p>11.1.1. In order to minimize member disruptions, the initial contract enrollment period and annual open enrollment will be aligned with the contract start date. In subsequent years, the annual open enrollment will be in conducted in accordance with Section 11.7.</p>	<p>11.1.1. In order to minimize member disruptions, the initial contract enrollment period and annual open enrollment will be aligned with the contract start date. In subsequent years, the annual open enrollment will be in conducted in accordance with Section 11-7<u>11.8</u>.</p>
<p>RFP Section 11.3.1</p>	<p>11.3.1. DHH will auto-assign potential enrollees who do not request enrollment in a specified MCO at the time of financial application for Medicaid or through the help of the enrollment broker, or who cannot be enrolled into the requested MCO for reasons including, but not limited to, the MCO having reached its capacity limit or as a result of DHH-initiated sanctions. As specified in Section 11.7, members who fail to select a new MCO during their annual open enrollment period will remain enrolled with their existing MCO. These members will not be subject to the automatic assignment process.</p>	<p>11.3.1. DHH will auto-assign potential enrollees who do not request enrollment in a specified MCO at the time of financial application for Medicaid or through the help of the enrollment broker, or who cannot be enrolled into the requested MCO for reasons including, but not limited to, the MCO having reached its enrollment capacity limit or as a result of DHH-initiated sanctions. As specified in Section 11-7<u>11.8</u>, members who fail to select a new MCO during their annual open enrollment period will remain enrolled with their existing MCO. These members will not be subject to the automatic assignment process.</p>
<p>RFP Section 11.10.2</p>	<p>11.10.2 Effective Date of Enrollment</p> <p>The effective date of initial enrollment in an MCO shall be the date provided on the outbound ANSI ASC X12 834 Benefit Enrollment & Maintenance electronic transaction initiated by the Enrollment Broker. In general, a member's effective date of enrollment in an MCO will be the member's effective date of eligibility for Medicaid.</p> <p>Because individuals can be retroactively eligible for Medicaid, and the effective date of initial enrollment in an MCO is the effective date of eligibility, the effective date of enrollment may occur prior to the MCO being notified of the person's enrollment. Therefore, enrollment of individuals in the MCO may occur without prior notice to the MCO or enrollee.</p> <p>The MCO shall not be liable for the cost of any covered services prior to the effective date of enrollment/eligibility, but shall be responsible for the costs of covered services obtained on or after 12:01 am on the effective date of enrollment/eligibility.</p>	<p>11.10.2 Effective Date of Enrollment</p> <p>The effective date of initial enrollment in an MCO shall be the date provided on the outbound ANSI ASC X12 834 Benefit Enrollment & Maintenance electronic transaction initiated by the Enrollment Broker. In general, a member's effective date of enrollment in an MCO will be the member's effective date of eligibility for Medicaid.</p> <p>Because individuals can be retroactively eligible for Medicaid, and the effective date of initial enrollment in an MCO is the effective date of eligibility, the effective date of enrollment may occur prior to the MCO being notified of the person's enrollment. Therefore, enrollment of individuals in the MCO may occur without prior notice to the MCO or enrollee.</p> <p>The MCO shall not be liable for the cost of any covered services prior to the effective date of enrollment/eligibility, but shall be responsible for the costs of covered services obtained on or after 12:01 am on the effective date of enrollment/eligibility.</p>

DHH shall make monthly capitation payments to the MCO from the effective date of an enrollee's date of MCO enrollment/eligibility. If the effective date of enrollment/eligibility precedes the start date of operations, providers shall submit claims directly to the Medicaid Fiscal Intermediary for payment.

Except for applicable Medicaid cost sharing, the MCO shall ensure that members are held harmless for the cost of covered services provided as of the effective date of enrollment with the MCO.

~~DHH shall make monthly capitation payments to the MCO from the effective date of an enrollee's date of MCO enrollment/eligibility. If the effective date of enrollment/eligibility precedes the start date of operations, providers shall submit claims directly to the Medicaid Fiscal Intermediary for payment.~~

~~Except for applicable Medicaid cost sharing, the MCO shall ensure that members are held harmless for the cost of covered services provided as of the effective date of enrollment with the MCO.~~

The effective date of initial enrollment in an MCO shall be the date provided on the outbound ANSI ASC X12 834 Benefit Enrollment & Maintenance electronic transaction initiated by the Enrollment Broker.

A member's effective date of enrollment in an MCO will be the member's effective date of eligibility for Medicaid, subject to the following limitation.

Individuals may be retroactively eligible for Medicaid. Individuals retroactively eligible for Medicaid may be retroactively enrolled in an MCO. However, retroactive enrollment in an MCO is limited to 12 months.

In cases of retroactive eligibility, the effective date of MCO enrollment may occur prior to either the individual or the MCO being notified of the person's MCO enrollment.

The MCO shall not be liable for the cost of any covered services prior to the effective date of MCO enrollment, but shall be responsible for the costs of covered services obtained on or after 12:01 am on the effective date of MCO enrollment.

DHH shall make monthly capitation payments to the MCO from the effective date of an enrollee's MCO enrollment. Claims for dates of service prior to the effective date of MCO enrollment shall be submitted by providers directly to the Medicaid Fiscal Intermediary for payment.

Except for applicable Medicaid cost sharing, the MCO shall ensure that members are held harmless for the cost

		of covered services provided as of the effective date of enrollment with the MCO.
RFP Section 14.2.3	14.2.3. The QAPI Committee shall develop and implement a written QAPI plan which incorporates the strategic direction provided by the governing body. The QAPI plan shall be submitted to DHH within thirty (30) days from the date the Contract with DHH is signed by the MCO and annually thereafter, and prior to implementation of revisions.	14.2.3. The QAPI Committee shall develop and implement a written QAPI plan which incorporates the strategic direction provided by the governing body. The QAPI plan shall be submitted to DHH within thirty (30) days from the date the Contract with DHH is signed by the MCO <u>thirty (30) days after the effective date of the contract and annually thereafter, and prior to implementation of revisions.</u>
RFP Section 15.7.2	15.7.2. The MCO has the exclusive right of review and recovery for 356 days from the original date of service of a claim to initiate a "complex" review of such claim to determine a potential overpayment and/or underpayment, by delivering notice to the provider in writing of initiation of such a review. A "complex" review is one for which the MCO's review of medical, financial and/or other records, including those on-site where necessary to determine the existence of an improper payment.	15.7.2. The MCO has the exclusive right of review and recovery for 356 <u>365</u> days from the original date of service of a claim to initiate a "complex" review of such claim to determine a potential overpayment and/or underpayment, by delivering notice to the provider in writing of initiation of such a review. A "complex" review is one for which the MCO's review of medical, financial and/or other records, including those on-site where necessary to determine the existence of an improper payment.
RFP Section 17.2.2	17.2.2 Rejected Claims 17.2.2.1 The MCO may reject claims because of missing or incomplete information. The original claim must be returned to the provider accompanied by a reject letter. 17.2.2.2 A rejected claim should not appear on the Remittance Advice (RA) because it will not have entered the claims processing system. 17.2.2.3 The rejection letter shall indicate why the claim is being returned, including all defects or reasons known at the time the determination is made. As required by La. R.S. 46:460.71, the letter shall contain at a minimum the following information: <ul style="list-style-type: none"> • The patient or member name; • The MCO claim number; • The date of each service; • The patient account number assigned by the provider; • CPT codes for each 	17.2.2 Rejected Claims 17.2.2.1 The MCO may reject claims because of missing or incomplete information. The original claim must be returned to the provider accompanied by a reject letter. 17.2.2.2 A rejected claim should not appear on the Remittance Advice (RA) because it will not have entered the claims processing system. 17.2.2.3 The rejection letter shall indicate why the claim is being returned, including all defects or reasons known at the time the determination is made. As required by La. R.S. 46:460.71, the letter shall contain at a minimum <u>the following</u> information: <ul style="list-style-type: none"> • The patient or member name; • The MCO claim number; • The date of each service; • The patient account number assigned by the provider; • <u>Total billed charges;</u>

	<p>procedure, including the amount allowed and any modifiers and units;</p> <ul style="list-style-type: none"> The amount due from the member that includes but is not limited to copayments and coinsurance or deductibles; Identification of the MCO on whose behalf the payment would be made; and If the MCO is a secondary payer, then the MCO shall also send acknowledgement of payment as a secondary payer, the primary payer's COB information, and the third-party liability carrier code. 	<ul style="list-style-type: none"> CPT codes for each procedure, including the amount allowed and any modifiers and units; The amount due from the member that includes but is not limited to copayments and coinsurance or deductibles; Identification of the MCO on whose behalf the payment would be made, <u>i.e., the MCO's name; and</u> If the MCO is a secondary payer, then the MCO shall also send acknowledgement of payment as a secondary payer, the primary payer's COB information, and the third-party liability carrier code. <u>The date the letter was generated; and</u> <u>Defects or reasons for rejection.</u>
<p>RFP Section 17.11.2.1</p>	<p>17.11.2.1.1. The MCO shall, at its own expense, be required to submit to an annual independent Statement on Standards for Attestation Engagements (SSAE) No. 16 Service Organization Control (SOC) Type II audit of its internal and other financial and performance systems by an external company to ensure financial and operational viability and to ensure contract compliance.</p>	<p>17.11.2.1.1. The MCO shall, at its own expense, be required to submit to an annual independent Statement on Standards for Attestation Engagements (SSAE) No. 16 Service Organization Control (SOC) Type II audit of its internal controls and other financial and performance systems by an external company to ensure financial and operational viability and to ensure contract compliance. <u>The audit period must be 12 consecutive months with no breaks between subsequent audit periods.</u></p>
<p>RFP Section 18.12 (Addition of new section)</p>		<p><u>18.12 Court Ordered Reporting</u></p> <p><u>The MCO shall comply with all court-ordered reporting requirements currently including but not limited to the Wells v. Kliebert and Chisholm v. Kliebert cases in the manner determined by DHH.</u></p>
<p>RFP Section 19.5</p>	<p>19.5. DHH will assess the performance of the selected MCOs prior to and after the begin date for operations. DHH will complete readiness reviews of MCOs prior to implementation. This includes evaluation of all MCOs' program components including IT, administrative services and medical management. Each readiness review will be performed on site at the MCO's Louisiana administrative offices. Refer to Appendix JJ, Transition Period Requirements.</p>	<p>19.5. DHH will assess the performance of the selected MCOs prior to and after the begin date for operations. DHH will complete readiness reviews of MCOs prior to implementation. This includes evaluation of all MCOs' program components including IT, administrative services and medical management. Each readiness review for entities that did not contract with DHH as a prepaid entity will be performed on site at the MCO's Louisiana administrative offices. Refer to</p>

		<p>Appendix JJ, Transition Period Requirements. Readiness reviews for entities that were previously contracted with DHH to serve as prepaid entities will be conducted via desk audit.</p>
RFP Section 19.7	<p>19.7. DHH will conduct on-site readiness reviews prior to member enrollment under this contract and as an ongoing activity during the Contract period. The MCO's on-site review will include a desk audit and on-site focus component. The site review will focus on specific areas of MCO performance. These focus areas may include, but are not limited to the following . . .</p>	<p>19.7. DHH will conduct on-site readiness reviews for entities that did not contract with DHH previously as prepaid entities prior to member enrollment under this contract and as an ongoing activity during the Contract period. The MCO's on-site review will include a desk audit and on-site focus component. The site review will focus on specific areas of MCO performance. These focus areas may include, but are not limited to the following . . .</p>
RFP Section 25.1	<p>Numbering correction.</p>	<p>This section should be numbered 25.3, and all sections thereafter have been updated accordingly.</p>
RFP Section 25.7	<p>25.7. Subject to Section 25.30 of the RFP, the MCO and DHH agree that in the event of a disagreement regarding, arising out of, or related to, Contract language interpretation, DHH's interpretation of the Contract language in dispute shall control and govern."</p>	<p>25.7. Subject to Section 25.30 25.29 of the RFP, the MCO and DHH agree that in the event of a disagreement regarding, arising out of, or related to, Contract language interpretation, DHH's interpretation of the Contract language in dispute shall control and govern."</p>
RFP Glossary	<p>Add a new term</p>	<p><u>Basic Behavioral Health Services - Mental health and substance abuse services which are provided to enrollees with emotional, psychological, substance abuse, psychiatric symptoms and/or disorders that are provided in the enrollee's PCP office by the enrollee's PCP as part of primary care service activities.</u></p>
RFP Glossary	<p><u>Behavioral Health Services (BHS) – Mental health and substance abuse services, which are provided to enrollees with emotional, psychological, substance abuse, psychiatric symptoms and/or disorders. Basic behavioral health services are provided in the enrollee's PCP office by the enrollee's PCP as part of primary care service activities as well as those services provided in an FQHC. Specialized mental health services shall include, but not be limited to, services specifically defined in state plan and provided by a psychiatrist, psychologist, and/or mental health rehabilitation provider to those enrollees with a primary diagnosis of a behavioral disorder.</u></p>	<p><u>Specialized Behavioral Health Services (BHS) – Mental health and substance abuse services, which are provided to enrollees with emotional, psychological, substance abuse, psychiatric symptoms and/or disorders. Basic behavioral health services are provided in the enrollee's PCP office by the enrollee's PCP as part of primary care service activities as well as those services provided in an FQHC. Specialized Mental health services and substance abuse services that shall include, but is are not be limited to, services specifically defined in the state plan and provided by a psychiatrist, psychologist, and/or mental health rehabilitation provider. to these enrollees with a primary diagnosis of a behavioral disorder</u></p>

Standard Provisions

Entire Agreement Clause

This contract, together with the RFP and addenda issued thereto by the Department, the proposal submitted by the Contractor in response to the Department's RFP, and any exhibits specifically incorporated herein by reference, constitute the entire agreement between the parties with respect to the subject matter.

Order of Precedence

In the event of any inconsistent or incompatible provisions, this signed agreement (excluding the RFP and Contractor's proposal) shall take precedence, followed by the provisions of the RFP, and then by the terms of the Contractor's proposal.

**RECORD OF ACTION
BY UNANIMOUS CONSENT
IN LIEU OF SPECIAL MEETING
OF THE BOARD OF DIRECTORS OF
LOUISIANA HEALTHCARE CONNECTIONS, INC.**

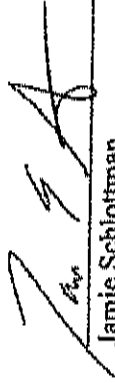
The undersigned, being all the directors of Louisiana Healthcare Connections, Inc. (the "Company"), a Louisiana corporation, do hereby consent to the adoption of the following resolution by unanimous written consent, all in accordance with Section 81(C)(9) of the Louisiana Business Corporation Law:

It was moved and seconded that the following resolution be adopted:

BE IT RESOLVED, that the Board of Directors of the Company do hereby authorize Jamie Schlotzman, CEO and Plan President, or any other named officer of the Company to negotiate at any time within 5 years from this date and on terms and conditions that he may deem advisable, a contract or contracts with the Louisiana Department of Health and Hospitals, and to execute said documents on behalf of the Company, and further we do hereby give him the power and authority to do all things necessary to implement, maintain, amend or renew said documents.

This instrument shall be filed by the Secretary of the Corporation with the minutes of the meetings of the Board of Directors.

Dated December 30, 2014



Jamie Schlotzman

Christopher Bowers

Jesse N. Hunter

Brent D. Layton

William N. Scheffel

Keith H. Williamson

**RECORD OF ACTION
BY UNANIMOUS CONSENT
IN LIEU OF SPECIAL MEETING
OF THE BOARD OF DIRECTORS OF
LOUISIANA HEALTHCARE CONNECTIONS, INC.**

The undersigned, being all the directors of Louisiana Healthcare Connections, Inc. (the "Company"), a Louisiana corporation, do hereby consent to the adoption of the following resolution by unanimous written consent, all in accordance with Section 811(9) of the Louisiana Business Corporation Law:

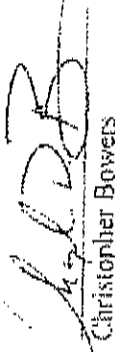
It was moved and seconded that the following resolution be adopted:

BE IT RESOLVED, that the Board of Directors of the Company do hereby authorize Jamie Schlotman, CEO and Plan President, or any other named officer of the Company to negotiate at any time within 5 years from this date and on terms and conditions that he may deem advisable, a contract or contracts with the Louisiana Department of Health and Hospitals, and to execute said documents on behalf of the Company, and further we do hereby give him the power and authority to do all things necessary to implement, maintain, amend or renew said documents.

This instrument shall be filed by the Secretary of the Corporation with the minutes of the meetings of the Board of Directors.

Dated December 30, 2014

Jamie Schlotman


Christopher Bowers

Jesse N. Hunter

Brent D. Layton

William N. Scheffel

Keith H. Williamson

CERTIFICATE OF AUTHORITY

I, Keith H. Williamson, hereby certify that I am Secretary of Louisiana Health Care Connections, Inc., a Louisiana corporation organized and existing under the laws of the State of Louisiana (the "Corporation").

I further certify that Jamie Schlotzman, President of the Corporation, is authorized to sign on behalf of the Corporation any and all agreements and execute any and all contracts, documents and instruments necessary to bind the Corporation.

I further certify that the authority given to the individual named above shall remain in full force and effect until this Certificate of Authority is amended by the Corporation.

IN WITNESS WHEREOF, I have subscribed my name as Secretary of the Corporation on this 30th day of December, 2014.

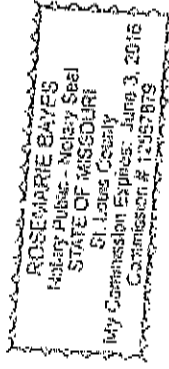


Keith H. Williamson, Secretary

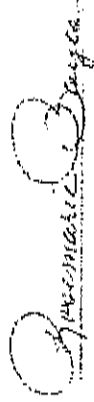
State of Missouri

County of St. Louis

On this 30th day of December, 2014, before me, Rosemarie Bayes, the undersigned, Notary Public, personally appeared Keith H. Williamson, personally known to me, to be the person whose name is subscribed to within the instrument, and acknowledged to me that he executed the same for the purposes therein stated.



(Seal)



Signature of Notary Public



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

Exhibit 2

January 9, 2015

Ms. Pamela Bartfay Rice, Esq.
Interim Director, Professional Contracts
DOA-Office of State Procurement
P.O. Box 94095
Baton Rouge, Louisiana 70804-9095

RE: Request for Multi-Year Contract

Dear Ms. Rice:

The Department of Health and Hospitals' Bureau of Health Services Financing seeks to enter into a three-year contract with Louisiana Healthcare Connections, Inc. (hereinafter referred to as "LHC") to function as one of the Bayou Health managed care organizations. LHC was selected pursuant to the request for proposal issued July 28, 2014 (RFP # 305PUR-DHFRP-BH-MCO-2014-MVA). The department understands that payment for subsequent fiscal years shall be subject to the availability of funds.

We appreciate your assistance in this matter and we hope that you will give this contract your favorable consideration and approval.

Should you need further information, please contact Stacy Guidry via telephone at (337) 857-6115 or via e-mail at stacy.guidry@la.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary T.C. Johnson".

Mary T.C. Johnson
Medicaid Deputy Director



8585 Archives Avenue.
Suite 310
Baton Rouge, LA 70809
East Baton Rouge
Parish

825 Kaliste Saloom
Road
Lafayette, LA 70508

2000 Covington Centre
Covington, LA 70433

4640 S Carrollton
Ave
New Orleans, LA
70119

LOUISIANA HEALTHCARE CONNECTIONS MANAGEMENT TEAM BUSINESS CONTINUITY PLAN

2014 - 2015

Published December 2014

In case of an emergency dial 9911 on your desk phone or 911 on your cell phone.

Evacuate the building using the evacuation plan charts provided in the Appendix.

To report an Incident, Contact the Corporate Service Desk at:

1-866-675-8852

Local Response Team Virtual Command Center Conference Line #:

1-866-541-4332; Passcode: 9434320, Leader Code: 5960336

Call your Employee Hot Line Number for Status Updates:

1-855-865-9472

When this team is activated by the Crisis Management Team, turn immediately to

'READ THIS BEFORE EXECUTING YOUR PLAN'

to review tasks and take appropriate action.

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Plan Introduction

Purpose

This Business Continuity Plan (BCP) supports the overall Recovery Plan of Centene Corporation, its Health Plans and subsidiaries. This plan documents processes, recovery tasks, strategies, personnel and other resources that could be used by the Management Team, separately or in conjunction with other continuity plans, to respond to any short or long term business interruption.

Objectives

The Business Continuity Plan has been developed to meet these specific objectives:

1. Provide an organized and consolidated approach to managing response and recovery activities following any unplanned incident or systems interruption, thereby avoiding confusion and reducing exposure to error.
2. Provide prompt and appropriate response to any unplanned incident, thereby reducing the impacts resulting from short term business interruptions, and the time during which business cannot be conducted.
3. Provide an overview of "who, what, when, where, and how" business operations could be recovered. The detail of "how" is contained within the business process and recovery tasks sections of this plan.

Scope

The scope of the Business Continuity Program includes corporate-wide business processes, automated technology and support areas of Centene Corporation, its Health Plans and subsidiaries. Key Business Continuity Plans or components of the program will be activated when any business unit is involved in an emergency or disaster that causes an extensive disruption of normal operations, depending on the circumstances of the event.

The scope of this Business Continuity Plan includes the processes, recovery tasks, strategies, personnel and other resources required for the recovery of this business team in a disaster situation.

Assumptions

1. Employees are unable to enter their work location for an undetermined amount of time and will have no access to anything within it.
2. All employees in this plan have survived the incident.
3. All employees in this plan are fit for duty.
4. The alternate site(s) listed in this plan are available for occupancy.
5. All critical resources (e.g. applications, telecom, equipment, vital records, etc.) needed for utilization within 48 hours of a disaster declaration are operational.
6. PHI (protected health information) and critical business functions/data is stored on corporate file shares.
7. Local servers backed up by either corporate or local IT (information technology) staff will be restored, but they are considered non-critical.
8. Additional key contact information and vendor contact and vital records information may be documented in the individual department plans.

Plan Introduction

Strategies Used

Corporate Headquarters / Health Plan or Specialty Company Office

The Crisis Management Team in coordination with the Local Response Teams determine which pre-planned strategies will be used to react to the specific incident, based on incident circumstances.

The Crisis Management Team will assemble in the Crisis Management Center and / or virtually via the Crisis Management Team Bridge Line. The location of the Crisis Management Center will be selected at the time of the incident from the predetermined locations.

Customized recovery strategies (alternate work locations) have been developed for each site, including the use of other company owned facilities, working from home or other locations via Citrix. The recovery strategies for this particular plan are outlined in this plan.

Health plan and select Specialty Company systems are housed at Centene's Corporate Data Center in St. Louis, Missouri. These systems will be available regardless of prevailing conditions at the impacted office location, providing availability throughout an emergency response.

IT Strategy

In the event that an incident affects the critical automated systems for a period expected to exceed 48 hours for Corporate IT services, CENTENE will activate the Corporate Disaster Recovery Plan. The Recovery Time Objective for system restoration is 36 to 48 hours after disaster declaration. The Recovery Point Objective for data restoration is one workday (24 hours). This is to minimize data lost from the automated systems.

St. Louis Data Center:

Hot site: In the event a disaster affects the critical automated systems, Centene will recover the affected systems at their alternate Data Center.

Data Network: Establish connectivity from the recovery site to Centene facilities Health Plan / Specialty Company Offices using on-demand data communication lines that have been established between the hot site and Centene facilities.

Specialty Company Data Center:

Hot site: In the event that a disaster affects the critical systems hosted at one of Centene's Specialty Companies, the affected location will recover their systems utilizing Centene's primary datacenter as a failover location.

Telecom and Voice Network Disaster Recovery:

CENTENE St. Louis: Critical toll-free phone lines will be redirected to phone number(s) that will be determined at the time of the event. Voicemail and Call Recording have not been designated as critical applications at this time and may be unavailable for the duration of the outage. Other features such as Call Management

Plan Introduction

System Call Reporting and Voice Recognition systems may not be available to Health Plan and Specialty Company offices depending on their connectivity (Virtual Call Center or non-Virtual Call Center) to the Centene network.

Health Plan / Specialty Company Offices: For facilities that lose critical inbound toll-free voice services, the enhanced call routing designs will automatically reroute calls to predetermined backup routes. Non-critical toll-free numbers will be rerouted manually as necessary. The local phone carrier will be requested to redirect critical direct dial phones to alternate phone numbers on a case-by-case basis per business unit request. Corporate office will redirect other critical phone lines to the alternate facility as determined at time of emergency. The redirection number may be staffed or may utilize a message system based on the requirements of the location being covered. Call management system data will continue to be collected after the incoming calls have been rerouted.

Activation Criteria

If we are notified by the Corporate Service Desk or we are forced to evacuate the primary sites and it is anticipated that we cannot re-enter the site within 24 hours, then a disaster is to be declared for the critical processes in this plan.

Activation Procedure

1. Incident Occurrence
2. Initial Notification
 - a) Contact the Corporate Service Desk: 1-866-675-8852
 - b) Service Desk Activates the Notification Plan Using NotifFind
 - The First Response Team
 - The Crisis Management Team
 - Team Leaders
3. Preliminary Activities
 - a) Evacuate Employees
 - b) Initiate Recovery Documentation
 - c) Maintain Recovery Related Record Keeping
 - d) Perform Preliminary Assessment
 - e) Establish Crisis Management Center
 - f) Establish contact with internal departments for recovery effort
 - g) Establish contact with Corporate Support Teams
 - h) Establish contact with Key Vendors/Customers
4. Assemble Management Team
 - a) Initial Assessment Meeting
 - b) Initial Briefing of Crisis Management Team
 - c) Determine if Centene and Other Stakeholders should be placed on alert
5. Damage Assessment
 - a) Determine Damage Assessment Team Members
 - b) Conduct Damage Assessment Inspection
6. Brief Management Team
 - a) Present Results of Damage Assessment
7. Can recovery be accomplished at the Home Site?
8. If the answer to the above question is "no" or "not sure", a disaster should be declared

Plan Introduction

9. Disaster Declaration
10. Activate Recovery Teams
11. Provide ongoing support to the Recovery Teams
12. Assign staff to Salvage and Restoration Team
 - a) Oversee Planning for Salvage and Restoration of the home site
 - b) Oversee planning for, and the move back, to the home site
13. Plan Return Procedures

Maintenance

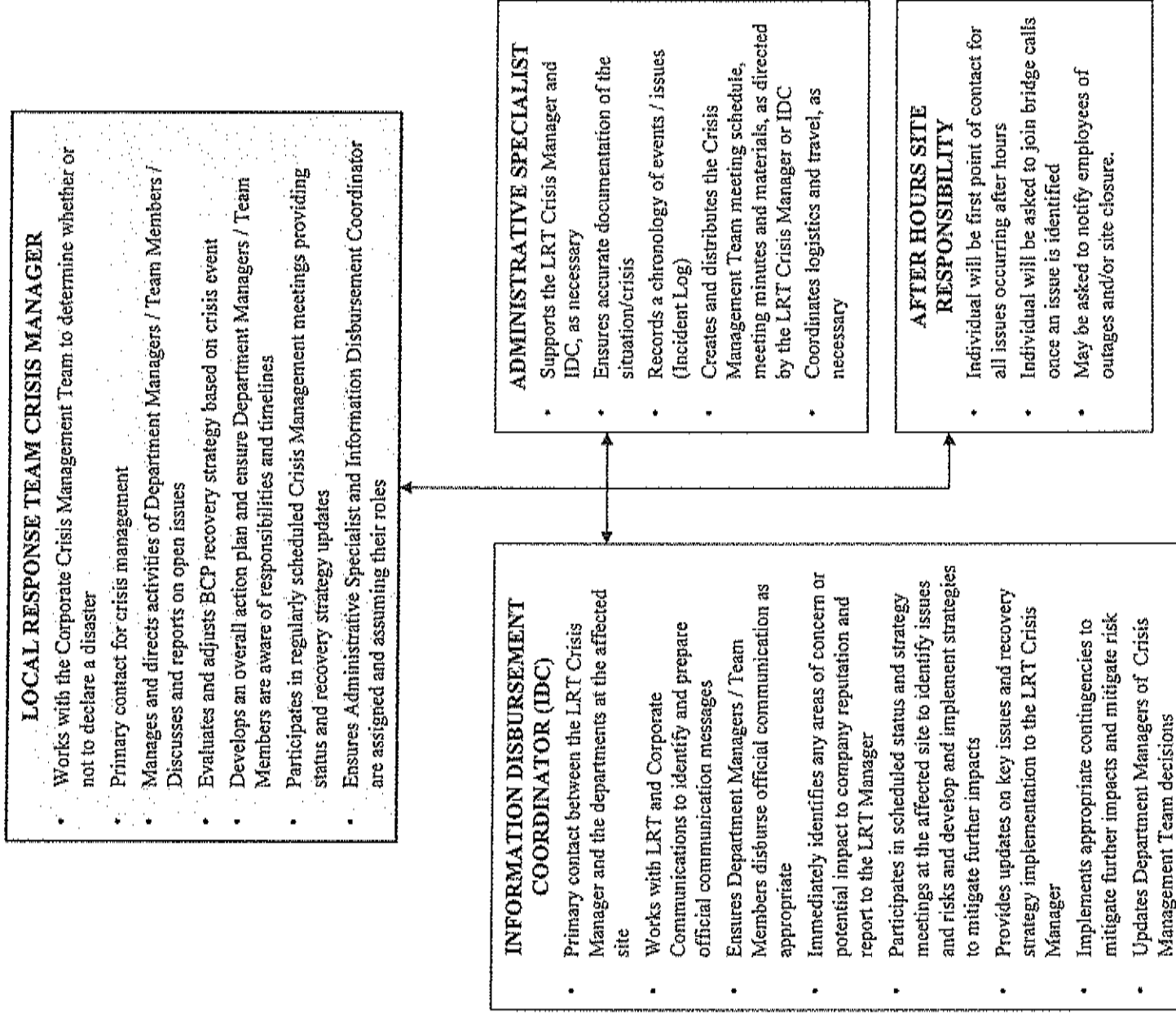
1. This plan should be updated every time a major change to our business model(s) occurs.
2. This plan should be reviewed and updated at least annually by performing the following:
 - a. Review the employee Call Tree. Ensure that terminated employees and contact details are removed / updated.
 - b. Review and update Business Processes and/or recovery tasks performed by this team. Ensure that new processes are added where necessary, retired processes are removed and tasks are sufficiently documented for an effective recovery.
 - c. Review recovery strategies to ensure they adequately address the business requirements (e.g.: number of seats required at an alternate facility, number of people working from home, etc.).
 - d. Review and update changes to Key Contact and Vendor Lists.
 - e. Review and update changes to Vital Records.
 - f. Review and update changes to attached documentation (procedures, contact lists or other).
3. Ensure that daily operating activities are fully supported by the team's Business Continuity capabilities on an ongoing basis.
4. Ensure each member of this team considers recovery preparedness a part of their normal duties.
5. Ensure that backup and offsite rotation activities for team vital records are being performed.
6. Ensure each member of this team is aware of their perpetual responsibility for disaster recovery preparedness.
7. Ensure employee awareness and training within his/her area of responsibility.
8. Ensure that all members of the team maintain a current copy of the Business Continuity Plan at home and at the office.
9. Participate in the overall Business Continuity Program as required.

Exercising

1. Exercises of call trees and team contact lists should occur at least annually. Conduct a team "Notification" exercise, and document results.
2. A tabletop exercise should be executed each time a significant change to the plan occurs or at least annually.
3. Conduct an audit of all recovery resources, including vital record backups, identified as being stored offsite.

LOCAL RESPONSE TEAM (LRT) ROLES AND RESPONSIBILITIES

The Corporate Crisis Manager and Local Response Team Crisis Manager determine whether or not to declare a crisis. The Local Response Team may call upon department managers / team members depending on the incident. In an emergency situation, the Local Response Team will appoint appropriate staff who are best equipped to handle the given situation.



Team Contact List

Report Description:

This report shows how people are organized to execute their plan (positions on Teams) and who's assigned to fill each position. The report also provides specific contact information.

Local Crisis Response Team

1. Local Response Team Crisis Manager - Primary

James Schlottman

Position: Plan President & CEO Home Tel: (985) 624-9588
Department: Presidents Home Cell: (504) 400-8593
Site Name: LA Healthcare Connections Wk Email: jschlottman@centene.com Alt Tel:

1a. Local Response Team Crisis Manager - 1st Alt

Kendra Case

Position: COO Home Tel: (337) 507-3353
Department: Medical Affairs Home Cell: (337) 254-1375
Site Name: LA Healthcare Connections Wk Email: kcase@centene.com Alt Tel:

1b. Local Response Team Crisis Manager - 2nd Alt

Steven Kerr

Position: VP, Finance Home Tel: (423) 886-5199
Department: Health Plan Accounting Home Cell: (423) 402-7605
Site Name: LA Healthcare Connections Wk Email: skerr@centene.com Alt Tel:

2. Information Disbursement Coordinator - Primary

Alesia Wilkins-Braxton

Position: VP, Compliance Home Tel: (225) 755-1383
Department: Compliance Home Cell: (225) 933-7230
Site Name: LA Healthcare Connections Wk Email: albraxton@centene.com Alt Tel:

2a. Information Disbursement Coordinator - 1st Alt

Christopher Broussard

Position: Dir, Marketing & Communications Home Tel: (225) 247-8784
Department: Marketing Home Cell:
Site Name: LA Healthcare Connections Wk Email: chbroussard@centene.com Alt Tel:

2b. Information Disbursement Coordinator - 2nd Alt

2c. Information Disbursement Coordinator - 3rd Alt

Team Contact List

Local Crisis Response Team

2c. Information Disbursement Coordinator - 3rd Alt

3. Administrative Specialist - Primary

Kimberly Heil

Position: Exec.Asst
Department: Operations Administration
Site Name: LA Healthcare Connections

Work Tel:	800-225-2573x69476	Home Tel:	
Work Cell:		Home Cell:	(225) 288-0600
Wk Email:	kheil@centene.com	Alt Tel:	

3a. Administrative Specialist - 1st Alt

Lorraine Bossier

Position: Proj Mgr II
Department: Medical Affairs
Site Name: LA Healthcare Connections

Work Tel:	800-225-2573x69550	Home Tel:	(225) 751-6932
Work Cell:		Home Cell:	(225) 938-4196
Wk Email:	lbossier@centene.com	Alt Tel:	(225) 201-8550

3b. Administrative Specialist - 2nd Alt

4. After Hours Site Responsibility - Primary

John Dixon

Position: Mgr, Facilities
Department: Operations Administration
Site Name: Work From Home

Work Tel:		Home Tel:	(504) 908-4550
Work Cell:	(225) 773-4795	Home Cell:	
Wk Email:	jodixon@centene.com	Alt Tel:	2259298322x69322

4a. After Hours Site Responsibility - Alternate

Inez Jordan

Position: Sup. Office Serv
Department: Operations Administration
Site Name: LA Healthcare Connections

Work Tel:	800-225-2573x69431	Home Tel:	(225) 716-0673
Work Cell:	(225) 226-5608	Home Cell:	
Wk Email:	injordan@centene.com	Alt Tel:	

4b. After Hours Site Responsibility - Second Alternate

Call List - Notification

**LA, Baton Rouge - Louisiana Healthcare Connections -
Management Team BCP**

Centene Corporation
Business Continuity Plan

12/30/2014

Report Description:

This is the notification hierarchy or call tree that will be executed once the plan is activated showing calling responsibilities and contact information. Additional call list-notification information may be included in the appendix.

Confidential/HR/CC-Management Team

First Name	Last Name	Business Unit	Work Cell	Home Phone	Cell Phone	Work Phone
Schillman, James (Emp)	Plan President & CEO	LA Healthcare Connections	(225) 381-1713	(985) 624-9589	(504) 460-8503	800-225-2573x69477
Case, Kendra (Emp)	COO	LA Healthcare Connections	(225) 326-2203	(507) 597-3353	(937) 254-1375	800-225-2573x69479
Herr, Steven (Emp)	VP, Finance	LA Healthcare Connections	(225) 326-9843	(423) 886-5189	(423) 482-7605	800-225-2573x69480
Cassidy, Arna (Emp)	Dir, Government Relations	LA Healthcare Connections	(225) 335-3747	(703) 282-9905		800-225-2573x69505
Wilkins-Bradson, Abela (Emp)	VP, Compliance	LA Healthcare Connections	(225) 317-5574	(225) 755-1383	(225) 933-7230	800-225-2573x69482
Hick, Kimberly (Emp)	Exec Asst	LA Healthcare Connections			(225) 288-0500	800-225-2573x69476
Thomas, David (Emp)	Chief Med Dir	LA Healthcare Connections	(225) 337-8226		(225) 282-8826	
Bowers, Christopher (Emp)	SVP, Health Plans	Corporate - Clayton - 7700	(512) 556-5246	(314) 995-2424		800-225-2573x25313
Gordon, Stewart (Emp)	Chief Med Officer	LA Healthcare Connections	(225) 335-7058	(225) 201-8401		800-225-2573x69475
First Name	Last Name	Business Unit	Work Cell	Home Phone	Cell Phone	Work Phone
Case, Kendra (Emp)	COO	LA Healthcare Connections	(225) 326-2203	(337) 507-3353	(337) 254-1375	800-225-2573x69479
Stadler, Ryan (Emp)	VP, Operations	LA Healthcare Connections	(314) 704-6246	(901) 647-0513		800-225-2573x69102
Gullory, Randy (Emp)	VP, Network Dev & Contracting	LA Healthcare Connections	(504) 695-4755		(214) 448-7418	800-225-2573x69478
Sagena, Frances (Emp)	VP, Med Mgmt	LA Healthcare Connections	(225) 426-1688	(225) 637-2759	(1225) 718-0377	930-225-2573x69471
Broussard, Rachel (Emp)	DR, Pharmacy	LA Healthcare Connections		(225) 474-6854		800-225-2573x69468
Linawiler, Lori (Emp)	Sr Dir, Quality Improvement	LA Healthcare Connections	(225) 357-2646	(225) 218-3658	(225) 218-3598	800-225-2573x69484
First Name	Last Name	Business Unit	Work Cell	Home Phone	Cell Phone	Work Phone
Wilkins-Bradson, Abela (Emp)	VP, Compliance	LA Healthcare Connections	(225) 317-5574	(225) 755-1383	(225) 933-7230	800-225-2573x69482
Stewart, Torrey (Emp)	Mgr, Compliance & Reporting	LA Healthcare Connections	(225) 516-5747	(865) 725-1912	(504) 427-4498	800-225-2573x69837
Clemons, Thomas (Emp)	Dir, External Relations	LA Healthcare Connections	(225) 316-8025	(225) 272-6885	(225) 975-6922	800-225-2573x69510
Thompson, Castonya (Emp)	Business Systems Analyst (Core Systems)	Corporate - Clayton - 7700		(314) 684-8040	(314) 724-7490	800-225-2573x26357
First Name	Last Name	Business Unit	Work Cell	Home Phone	Cell Phone	Work Phone
Thomas, David (Emp)	Chief Med Dir	LA Healthcare Connections	(225) 337-8226		(225) 202-8026	

Call List - Notification

LA, Baton Rouge - Louisiana Healthcare Connections -
Management Team BCP

Centene Corporation
Business Continuity Plan

12/30/2014

Troyez-Martin, Janifer (Emp) Med Dir		LA Healthcare Connections		Home Phone	Cell Phone	Work Phone
		(504) 373-6445	(202) 286-1808	800-225-2573x69356		
Title		Work Cell	Home Phone	Cell Phone	Work Phone	
Saunders, Ryan (Emp)	VP, Operallars	(814) 704-8248	(901) 647-0513		800-225-2573x695162	
LeBlanc, Carolyn (Emp)	Dir, Customer Service		(225) 939-4500	(225) 848-2200	800-225-2573x69522	
Souza, Margaree (Emp)	Sr. Dir, Provider Network	(225) 394-1387	(469) 222-8058	(469) 222-8058	800-225-2573x69565	
Dixon, John (Emp)	Mgr, Facilities	(225) 773-4795	(504) 908-4650			
Rivers, Jan (Emp)	Dir, Human Resources		(985) 325-3054	(985) 325-3054	800-225-2573x695141	
Title		Work Cell	Home Phone	Cell Phone	Work Phone	
Gudbery, Randy (Emp)	VP, Network Dev & Contracting	(504) 655-4753		(214) 446-7418	800-225-2573x69478	
Evans, Shelia (Emp)	Mgr, Provider Network	(225) 348-4987		(225) 450-6385	800-225-2573x69367	
Politz, Russell (Emp)	Mgr, Contracting & Network Dev	(225) 394-6533	(225) 745-6795	(225) 364-6503	800-225-2573x69538	
Brewell, Kevin (Emp)	Sr. Dir, Contracting & Network Dev	(225) 335-9523		(225) 455-0651	800-225-2573x695197	
Title		Work Cell	Home Phone	Cell Phone	Work Phone	
Sagone, Frances (Emp)	VP, Med Mgmt	(225) 436-1638	(225) 637-2799	(1225) 718-0077	800-225-2573x69471	
Mairal, Jeffrey (Emp)	Sr. Dir, Med Mgmt	(225) 335-9826	(515) 895-3456		800-225-2573x69555	
Davidson, Ashley (Emp)	Sr. Trainer-Auditor (Clinical)	(225) 397-4247		(225) 608-9781	800-225-2573x69594	
Title		Work Cell	Home Phone	Cell Phone	Work Phone	
Unowiler, Lori (Emp)	Sr. Dir, Quality Improvement	(225) 397-2049	(225) 216-3698	(225) 218-3698	800-225-2573x68484	
Lewis, Daborah (Emp)	Mgr, Quality Improvement	(225) 345-4821		(225) 931-9902	800-225-2573x69575	
Balden, Julia (Emp)	Mgr, New Product & Program Operations	(225) 892-9284	(225) 444-5529	(713) 314-6343	800-225-2573x69593	
Burton, Kiebar (Emp)	Mgr, Quality Improvement Analysis	(225) 317-1638	(225) 294-4529	(504) 330-3307	800-225-2573x69521	
Godsmith, Ariane (Emp)	Mgr, Accreditation	(225) 678-4583	(225) 764-4798	(225) 978-9480	800-225-2573x69578	
Title		Work Cell	Home Phone	Cell Phone	Work Phone	
Stewart, Tony (Emp)	Mgr, Compliance & Reporting	(225) 316-5747	(985) 725-1912	(504) 427-4438	800-225-2573x69537	
Foster, Nicholas (Emp)	Compliance Spec	(225) 317-5428		(225) 608-2090	800-225-2573x69427	
Morland, Sara (Emp)	Compliance Spec	(225) 397-5284	(937) 540-0615		800-225-2573x69410	
Title		Work Cell	Home Phone	Cell Phone	Work Phone	
LeBlanc, Carolyn (Emp)	Dir, Customer Service		(225) 939-4600	(225) 848-2200	800-225-2573x69523	

Call List - Notification

**LA, Baton Rouge - Louisiana Healthcare Connections -
Management Team BCP**

Centene Corporation
Business Continuity Plan

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Miguelso, Amanda (Emp)	Sup, Customer Service	LA Healthcare Connections	(225) 822-3046	(225) 978-0161	800-225-2573x69364
Larocquele, Joshua (Emp)	Sup, Customer Service	LA Healthcare Connections		(225) 603-1425	800-225-2573x69530
Bern Buller, Mia (Emp)	Sup, Customer Service	LA Healthcare Connections		(225) 978-5261	800-225-2573x69528
Crampion, Robert (Emp)	Dr, Call Center Operators	Regional Service Center	(314) 346-8704	(404) 436-7326	800-225-2573x62951
	Title	Business Unit	Work Cell	Home Phone	Cell Phone
Dixon, John (Emp)	Mgr, Facilities	Work Front-Home	(225) 773-4795	(504) 908-4650	
Merrimadi, Derek (Emp)	Information Systems Liaison	LA Healthcare Connections	(225) 335-2176	(225) 201-8450	800-225-2573x69453
Jordan, Ivez (Emp)	Sup, Office Serv	LA Healthcare Connections	(225) 226-5608	(225) 716-0673	800-225-2573x69431

Call List - Notification

**LA, Baton Rouge - Louisiana Healthcare Connections -
Management Team BCP**

Centene Corporation
Business Continuity Plan

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Internal Contacts for Management Team

Name	Business Unit	Work Cell	Home Phone	Cell Phone	Work Phone
LeBlanc, Carolyn (Emp)	LA Healthcare Connections		(225) 539-4650	(225) 646-3200	800-225-2573x68923
Claington, Robert (Emp)	Regional Service Center	(514) 346-8764		(404) 436-7326	800-225-2573x82051
Phillips, Myron (Emp)	Regional Service Center	(404) 326-1501	(404) 918-3193		800-225-2573x82029
Thompkins, Byron (Emp)	Regional Service Center			(678) 200-8024	800-225-2573x82018

Alternate Sites for Plan

12/30/2014

Report Description:

In the event of an emergency which does not allow you to enter your building office space, employees will initially be asked to work from home using Citrix on the internet at <https://remote.centene.com>. You may also access your email account at <https://owa.centene.com/>. If you have a problem accessing Citrix from your computer, contact the Corporate Service Desk at 1-866-675-8852 and they will assist you. This report lists the alternate sites that could be used for recovery of this plan. Sites are organized alphabetically by state then city. Reference additional detail for further instruction.

Country: USA

State/Province: LA

Site Name: HCC - Assembly Location - Baton Rouge - LA - Blue Zone

Location ID: LOC0003611

Address 1: 8585 Archives Avenue - Parking Lot

City: Baton Rouge

State/Province: LA

ZIP/Postal Code: 70803

Additional Details: In an event that the building needs to be evacuated, those in the Blue zone will gather on the right side of the front parking lot by the light pole closest to the Archive Building. See Appendix for 'Louisiana - Baton Rouge Evacuation Plan'.

Site Name: HCC - Assembly Location - Baton Rouge - LA - Yellow Zone

Location ID: LOC0003610

Address 1: 8585 Archives Avenue - 1st Floor Parking Garage

City: Baton Rouge

State/Province: LA

ZIP/Postal Code: 70809

Additional Details: In an event that the building needs to be evacuated, those in the Green and Yellow Zone will gather in the parking lot on the right side of the parking garage. See Appendix for 'Louisiana - Baton Rouge Evacuation Plan'.

Site Name: HCC - Assembly Location - Covington - LA

Location ID: LOC0003652

Address 1: 2000 Covington Centre

City: Covington

State/Province: LA

Additional Details: In an event that the building needs to be evacuated see Appendix for 'Louisiana - Covington Evacuation Plan'.

Site Name: HCC - Assembly Location - Lafayette - LA

Location ID: LOC0003573

Address 1: 825 Kastle Salsom Road

City: Lafayette

State/Province: LA

Additional Details: In an event that the building needs to be evacuated:

Group A will exit using the stairwell to the designated parking lot adjacent to the Southwest side of the Brandywine building. Group Captains will remain in contact via 'walkie-talkies' and confirm the head counts/all clear.

Group B and Group C will exit using their respective stairwells and will meet in the parking lot adjacent to the Northeast side of the Brandywine building. Group Captains will remain in contact via 'walkie-talkies' and confirm head counts/all clear.

See Appendix for 'Louisiana - Lafayette Evacuation Plan'.

Alternate Sites for Plan

12/30/2014

Country: USA

State/Province: LA

Site Name: HCC - Assembly Location (New Orleans) - New Orleans, LA

Location ID: LOC00008653
 Address 1: 4840 S Carrollton Ave
 City: New Orleans
 State/Province: LA
 Additional Details: In an event that the building needs to be evacuated see Appendix for 'Louisiana - New Orleans Evacuation Plan'.

Site Name: HCC - Command Center - Baton Rouge, LA

Location ID: LOC0000510
 Address 1: Renaissance Baton Rouge Hotel
 Address 2: 7800 Bluebonnet Boulevard
 City: Baton Rouge
 State/Province: LA
 Command Center:
 ZIP/Postal Code: 70810

Site Name: HCC - Work Area Recovery Options - Baton Rouge, LA - Agility Recovery Solutions

Location ID: LOC00003612
 State/Province: LA
 Work Area Recovery:
 Additional Details: At time of event Agility Recovery can provide up to 94 seats of either a mobile br brick and mortar recovery to be determined at time of event.

Site Name: HCC - Work Area Recovery Options - Baton Rouge, LA - Mobile MS

Location ID: LOC00003613
 Address 1: 11 E Capital St
 Address 2: Suite 4312
 City: Jackson, MS 39201
 State/Province: LA
 Main Phone Number: 866-475-3129
 Work Area Recovery:

Site Name: HCC - Work Area Recovery Options - Baton Rouge, LA - PSHP - Smyrna

Location ID: LOC00003614
 Address 1: Peach State Health Plan
 Address 2: 3200 Highland Parkway, Ste 200 and 300
 City: Smyrna, GA 30082
 State/Province: LA
 Work Area Recovery:

Site Name: HCC - Work Area Recovery Options - Baton Rouge, LA - Regional Service Centers

Location ID: LOC00004530
 State/Province: LA
 Work Area Recovery:
 Additional Details: See 'Recovery Assignments' in Appendix.

Alternate Sites for Plan

12/30/2014

Country: USA

State/Province: LA

Site Name/Office/Work Area Recovery Center - 2100 South IH 35 - SFP - ALMA

Location ID: LOC0003615

Address 1: 2100 South IH 35

Address 2: Regency Building

City: Austin, TX 78704

State/Province: LA

Work Area Recovery

Site Name/Office/Work Area Recovery Center - 2100 South IH 35 - SFP - ALMA

Location ID: LOC0003616

State/Province: LA

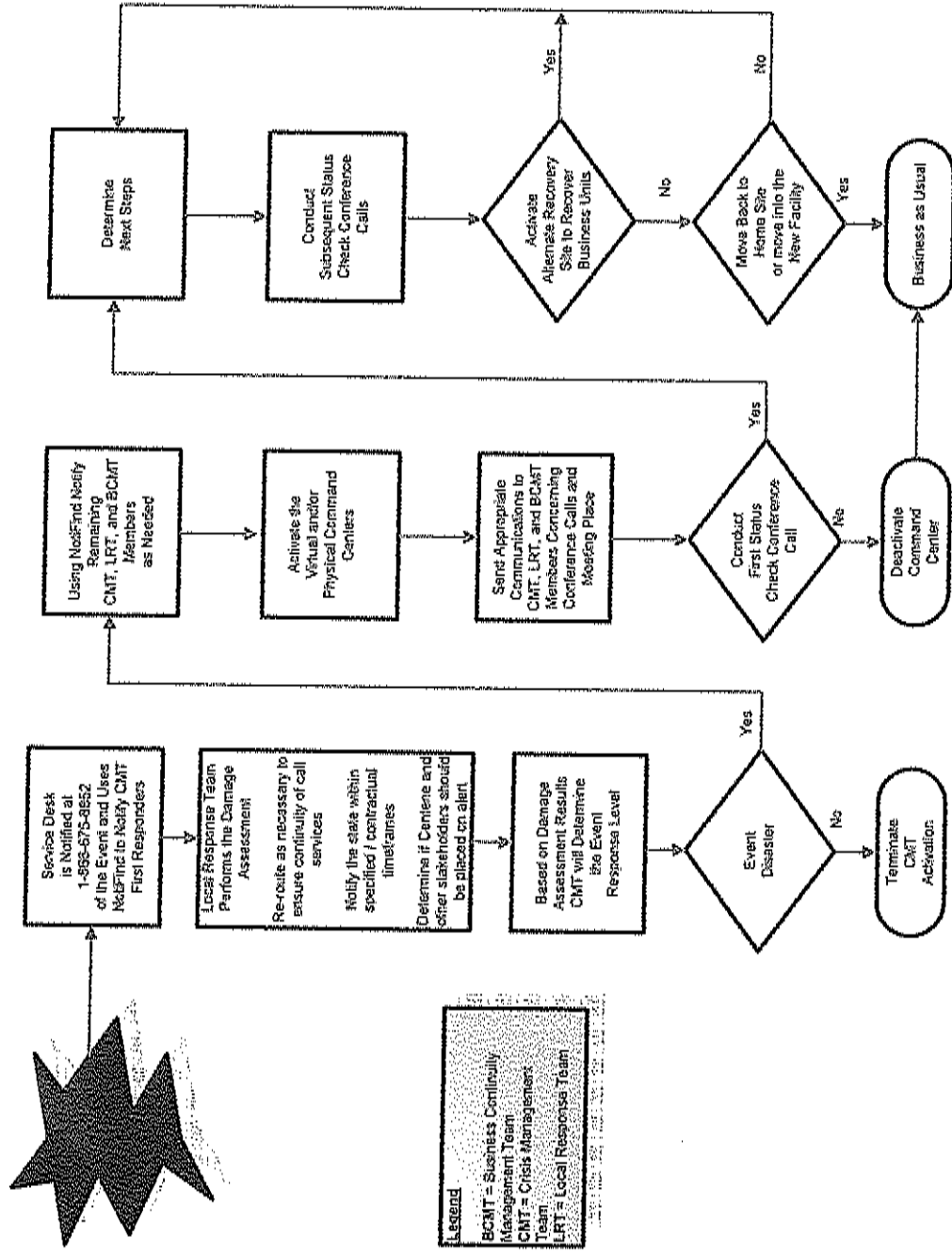
Work Area Recovery

Additional Details

See 'Recovery Assignments' in Appendix for information regarding staff that can work from

Home.

Crisis Management Team Notification and Activation Process Flow



RECOVERY CHECKLIST

Report Description:

This section provides the list of the actions that ALL plans should perform BEFORE executing any tasks within their plan. This section identifies any Centene Corporate directives that are in place during a disaster situation. The tasks in this section should be read in conjunction with the Business Process Recovery Tasks or Plan Specific Task Report

Contact the Corporate Service Desk at 1-866-675-8852

If a Crisis Event (flood, fire, etc.) warrants immediate assistance then press 6. Your call will be transferred to the IT Operations Center who will start a crisis call immediately. This option should ONLY be used in the event of an emergency/crisis event!

You are reading this because you have been notified that there is a potential (or real) disaster situation OR you have been evacuated from your building.

In a disaster situation, the first priority is the safety of human life. Once certain that everyone in your area is accounted for, you as a member of the Local Response Team, must contact the Corporate Crisis Management Team to determine if your Business Continuity Plan will need to be executed.

1 Building Evacuation or Shelter in Place

IF AN EMERGENCY EVACUATION OCCURS:

Personal life and safety is the priority. Follow instructions / directions posted in the building or given by the fire warden(s) in your building and if not a shelter in place, meet at your designated meeting location. During evacuation and if possible (do NOT jeopardize your personal safety):

- a) Account for all personnel in your area
- b) Report any missing personnel, guests or vendors and their last known location to the Crisis Management Team.

If you are contacted by Family members of missing personnel inform the Crisis Management Team or Human Resources immediately so they may assist the Family.

2 Media Communications

DO NOT COMMUNICATE WITH THE MEDIA.

Refer any and all requests for comment or information about the disaster to the Crisis Management Team.

Assigned To:
Completed:

Assigned To:
Completed:

RECOVERY CHECKLIST

3 Disaster Declaration

A decision to declare a disaster will be made by the Crisis Management Team in coordination with your Local Response Team. Your plan's recovery teams will execute their plan after that decision has been made.

In the event that cell phones or other communications devices are not operational send a message through email or your designated communication device (work or personal cell) to ServiceDesk@Centene.com

NOTE:

The term Command Center refers to a center (virtual or physical) where all emergency communications and response procedures are initiated, authorized and coordinated. The appropriate staffing and resources are determined by the Crisis Manager. The Command Center will be responsible for extended damage assessment and mitigation strategies.

Assigned To:

Completed:

4 Initial Impact Timeframe

It is essential that an initial estimate be made of how long operations will be interrupted. You should assume that the disaster will last longer than 48 hours if there is:

- a) Fire / smoke damage
- b) Water damage
- c) No access to the building due to damage or toxic contamination
- d) Structural damage to the building
- e) Damage to the power source, telecom network or computer system(s)

Assigned To:

Completed:

5 Prepare for Plan Execution

Review your plan to ensure you are aware of any gaps / risks in the plan. It is also recommended that all continuity strategies and assumptions in your plan be reviewed to ensure that you are aware of any items that may delay or impact a successful recovery execution.

The following events could potentially trigger recovery efforts with full or partial execution of your plan; some of these events could also require you to make on-the-fly adjustments to your plan:

- a) Staff quarantine due to Pandemic
- b) Snow or Ice Storm
- c) Fire
- d) Loss of power to the building
- e) Loss of heating or cooling
- f) General transportation strike or disruption
- g) Loss of data center
- h) Loss of telecommunications network, PBX or LAN
- i) Labor disruption or strike
- j) Police evacuation
- k) Email virus attack
- l) Major system or application outage

Assigned To:

Completed:

RECOVERY CHECKLIST

6 Employee Communications

If you become aware of a situation and are unsure whether or not to report to work, you should contact your direct supervisor / manager for direction. If unable to reach anyone from your Management, general updates during emergencies will be posted to the Employee Information Hotline. In addition, the corporate website is an alternate communications channel.

Assigned To:
Completed:

7 Information from Crisis Management Team

Expect to become informed of some or all of the following once the Crisis Management Team has conducted its initial damage assessment process:

- a) Time the incident occurred
- b) Expected duration of outage or anticipated recovery timeframe
- c) Protocols / lines of communication to be followed
- d) Methods of communication and phone numbers to use if normal channels are down
- e) Status of IT systems and disaster recovery preparations
- f) Status of affected locations and services / processes
- g) Temporary arrangements for incoming mail / courier services
- h) Procedures for reporting any variances from normal / plan tasks / procedures
- i) HR services, counseling, payroll, family assistance, etc.

Assigned To:
Completed:

8 Contacting Team / Department Personnel

Once briefed on the incident, use information from your Team Contact or Call List reports in your plan to contact personnel required for the situation. If it is necessary to contact personnel at home, use the following instructions so as not to alarm members of their Family.

If contact is made, say "May I speak with (personnel name)?" If the individual comes to the telephone, provide them with the following information:

- a) Brief description of the incident type and location
- b) Location of assembly point and time to meet (location or conference bridge)
- c) Reinforce that they are not to make public statements about the incident
- d) Reinforce that they are not to make calls to other employees

If the individual is not available, ask "Where may I reach (personnel name)?" Get a phone number where the individual can be reached.

DO NOT DISCUSS THE INCIDENT WITH ANYONE ELSE WHO ANSWERS THE PHONE!

If there is no answer, try alternate numbers for the individual and periodically attempt to contact them.

REMEMBER -- REFER ALL INQUIRIES FROM NEWS MEDIA OR INTERESTED PARTIES TO THE CRISIS MANAGEMENT TEAM.

9 Recovery Reporting

Team Leaders (or their alternates if not available) will be required to submit regular status updates to the Local Response Team and the Crisis Management Team regarding the progress / major problems encountered during the plan's recovery process.

Assigned To:
Completed:

RECOVERY CHECKLIST

10 Employee Well Being

Without doubt, the organization's #1 asset is its employees. Therefore Business Continuity plan managers and Management must constantly monitor issues concerning employee performance during a disaster / recovery process. Items to focus on:

- a) Work schedules and conditions
- b) Morale
- c) Stress
- d) Health and Welfare (including Family / spouse considerations)
- e) Recognize special contributions / efforts
- f) Other

Assigned To:
Completed:

11 Incident Related Expenses

In order for the organization to file claims against business interruption or other insurance provisions, all expenditures related to response and extended recovery operations will need to be identified and recorded, including any time / overtime for those employees directly involved in the response / recovery effort.

The Crisis Management Team will provide you with a specific cost center number to be used for all emergency expenditure reconciliation. All approvals to deviate from Centene Corporation policies and procedures will come from the Crisis Management Team.

Employees are urged to keep a record of all incident related personal expenses (with receipts).

Assigned To:
Completed:

12 Security Concerns

Security of all buildings and assets during a time of disrupted operations is mission critical. Many may sense that the organization is at its most vulnerable during this period. It behooves Management to become acutely aware of potential exposures and institute additional security precautions during the response and recovery period.

Assigned To:
Completed:

13 After Hours Considerations

You should consider whether some personnel can be mobilized in an after hours capacity in order to reduce any impact on the availability of physical and remote access (e.g.: VPN) resources.

It is important to note that personnel who are requested to "stand down" may be used in other capacities other than their normal operating role during a recovery.

Assigned To:
Completed:

14 Action Plan

Organize a team meeting and develop a recovery ACTION PLAN.

Consider the time of impact (e.g.: point in processing cycles) and determine the order of priority processing. Pay particular attention to month, quarter and year end commitments.

Consider the status of work-in-progress and any data lost and whether re-input or work is required once system connectivity is restored. If there is an opportunity to access the building what work / files should be salvaged?

Assigned To:
Completed:

RECOVERY CHECKLIST

15 Department Recovery – Team Lead

Incident Information

Team Leader receives information about the incident, its scope, cause (if known), initial extent of damage (if known). The following information is also communicated to assist the team:

- a. Estimated length of interruption
- b. Selected strategies to suit conditions
- c. Any changes to recovery priorities
- d. Other information important for team members

Reroute phones for immediate recovery

If phone lines are affected, team lead to determine if they have been rerouted to NurseWise or the appropriate back-up provider. If not re-routed, immediately notify the Corporate Help Desk requesting their assistance.

Notify the back-up provider of the incident and that phones have been rerouted. As appropriate, provide them with Team Lead and Member information.

Department Information Update

Team Leader reviews the incident information and advises department members of the recovery strategy. If the alternate recovery site will be activated, team leader advises the members of the following:

- a. The recovery strategy / site chosen
- b. When the recovery site will be available for occupancy
- c. Which employees are expected at the site and when
- d. How communication with standby members will be handled
- e. Receives update on work in progress from all team members, where possible

Recovery Site Readiness

When advised by the Local Response Team Crisis Manager, travel to the recovery site. Sign in / badge into the site. Review physical security procedures to be used at the site. Review and/or set up site for business operations:

- a. Telephone assignments
- b. Workspace layouts
- c. PC and other equipment assignments

Provide the names of department members that will work at the recovery site to Crisis Management. Report serious deficiencies to Crisis Management.

Travel Information

Team Leader receives instructions regarding any necessary travel to the recovery site including dates, times and other travel instructions and advises team members as necessary.

Assigned To:
Completed:

RECOVERY CHECKLIST

16 Team Arrival at Recovery Site

On arrival at the recovery facility validate the following:

- a. Access to critical systems
- b. Necessary supplies are available

Where issues exist, advise the Team Leader or other appropriate authority.

Work Capacity

Team Leader reviews work capacity, staffing and may re-align resources and schedules to meet recovery mode operations.

Reconcile Records in Process

Review computer records and documents. Make a determination of what data, if any, has been lost and reconstruct or re-enter lost data.

Validate In-Bound Call Lines

Once recovery teams are in place, have the phones re-routed from the back-up locations to the recovery facility.

Report Start of Work

Team Leader reports to Local Response Team Crisis Manager that the department is beginning to handle new work.

Key Contacts

Those employees assigned responsibility to notify key contacts and with the approval of the Business Continuity Manager (BCM) or Local Response Team Crisis Manager, obtain a copy of the official message and make all necessary notifications to key contacts. Notification should include new contact information and any changes that may be necessary to business process handling. Review and possibly use NotifFind.

Key contacts should be updated periodically with official communication from the Business Continuity Manager or Local Response Team.

Business Continuity/Local Response Team Crisis Manager Updates

Team Leader reports to BCM/Local Response Team Crisis Manager on progress and problems on a regular basis throughout the recovery. Establish an appropriate method and time for updates. Updates should include the resumption status of business processes handled by the recovery team.

Replace Vital Records & Reference Materials

On arrival at the recovery facility or as needed, replace vital records and reference materials as listed.

Assigned To:

Completed:

*Task with Subtask by Plan in Sort Order
LA, Baton Rouge - Louisiana Healthcare
Connections - Management Team BCP*

Centene Corporation
Business Continuity Plan

12/30/2014

Report Descriptions:

This report lists tasks assigned to plans in sort order with subtasks. The task will be listed even if it has no subtasks.

General Recovery Target

Order of Recovery

1	Task ID	TSK0000979
	Task Name	Establish Command Center.
	Description	Contact Management Team, decide if meeting virtually (via conference - conference line or cover of plan) or physically. If physical, advise Management Team of the location (see Alternate Locations report). Meet to discuss status of event and make decisions regarding event. Ensure Nurtur representatives are kept up-to-date (Nurtur staff in the same building will often follow suit). (See Internal Centene Contacts' Call List for Nurtur contact information). Ensure the Service Desk has been notified. Ensure Corporate Crisis Command Team is kept up-to-date.

2	Task ID	CRSMGTTASK00001
	Task Name	Ensure Company Policies continue to be enforced during the event.
	Description	Such as: <ul style="list-style-type: none"> • Building evacuation policies. • Security policies -- both building and access security, HIPAA concerns, IT access security, etc. • Finance policies - keep track of expenses incurred for insurance purposes. • Control policies and procedures. • If required, obtain approvals for any changes to standard policies.

3	Task ID	TSK0000020
	Task Name	The Local Response Team will work with the Corporate Crisis Management Team to have phones reloaded as appropriate.

4	Task ID	TSK0000883
	Task Name	Contact Department of Health and Hospitals (DH-H), as appropriate.
	Description	Contact DHH to inform them of the event and relay status information as needed. Alternate contact information is provided. Review and update mandatory reporting requirements, inform DHH of any anticipated reporting delays, and prioritize according to respective due date.

5	Task ID	TSK0000680
	Task Name	Ensure Employee Hotline is recorded (and updated) by appropriate personnel. Employee Hotline Recording instructions in the Plan Appendix.
	Description	Include instructions regarding transportation to the work area recovery location, if necessary.

6	Task ID	TSK0000950
	Task Name	Activate emergency notification and outreach to our Members and Network Providers.
	Description	Ensure Case Management staff initiates contact with members identified with special needs. Ensure the appropriate parish Office of Emergency Preparedness is aware of members with special needs requiring evacuation assistance. Ensure the Network Management team alerts network providers in non-impacted areas who have executed Memorandums of Understanding (MOUs) of the migration of both members and network providers from the impacted area to ensure continuity of service.

*Task with Subtask by Plan in Sort Order
LA, Baton Rouge - Louisiana Healthcare
Connections - Management Team BCP*

Centene Corporation
Business Continuity Plan

12/30/2014

General Recovery Target

Order of Recovery

7	Task ID	TSK0000951
	Task Name	Determine whether certain prior authorization and referral requirements will be waived.
	Description	<p>Determine impact of event on prior authorization and referral processes.</p> <p>Determine what prior authorization and referral requirements will be waived.</p> <p>Determine length and applicability of waiver.</p> <p>Activate notification to members and providers of the waiver and waiver timeframe.</p>

8	Task ID	TSK0001093
	Task Name	Ensure Pharmacy Tasks are completed as described:
	Description	<ul style="list-style-type: none"> - Authorize non-participating providers if needed - work with US Script to determine need 1. Non-participating providers could be auto-approved - Connect with Pharmacist at Corporate and/or Georgia or Mississippi plans as emergency contact for US Script for Louisiana if communications are down - Determine if communication should be sent to members and/or providers

9	Task ID	TSK0000952
	Task Name	Ensure coordination with partner local and state agencies and local and national disaster assistance agencies.
	Description	<p>Contact the Department of Children and Family Services (DCFS) to continue the coordination of care of foster care members enrolled in the plan. Accommodate any information requests from DCFS.</p> <p>Compile and disseminate information to members and providers, as necessary, regarding assistance and recovery resources provided by entities such as the Federal Emergency Management Agency and the American Red Cross.</p>

10	Task ID	TSK0000773
	Task Name	Conduct Damage Assessment (Damage Assessment Form in Plan Appendix) if appropriate.

11	Task ID	TSK0000774
	Task Name	Determine if Agility Recovery Solutions should be activated.

*Task with Subtask by Plan in Sort Order
LA, Baton Rouge - Louisiana Healthcare
Connections - Management Team BCP*

12/30/2014

General Recovery Target

Order of Recovery

12 Task ID CRSMGTTASK00002

Task Name Ensure Employee Well Being.

Description Ensure Employee Safety first and foremost. Closely monitor employee work schedules, ensuring the "well being" of employees participating in the recovery effort.

Subtasks:

Seq #	Subtask ID	Subtask Name	Description
1	MGTEAMST00001	Extended Work Hours	During emergency situations, personnel may be required to work extended hours; however, they should be strongly urged to get proper rest to minimize stress and maximize efficiency.
2	MGTEAMST00002	Build Morale	Experience indicates that morale problems frequently arise several days to weeks following a disaster. Consider the need to reward personnel for their extra efforts during the recovery operation; however, any inequities will exacerbate these problems.
3	MGTEAMST00003	Provide Counselors	Consider if it is appropriate or necessary to provide counselors for staff to discuss issues related to the event.

13 Task ID CRSMGTTASK00003

Task Name Monitor and Report Recovery Progress.

Description Monitor Team recovery progress frequently (hourly the first day, minimally daily thereafter). Collect written status reports from teams/departments daily (see Appendix for Incident Recovery Status Summary Form). Submit verbal and written status reports to senior management. Major milestones and team procedures make useful resorting milestones for tracking progress.

14 Task ID CRSMGTTASK00004

Task Name Record Keeping.

Description Maintain carefully written records throughout the recovery process - experience shows thorough and complete records are invaluable in reducing confusion during recovery and in reconciliation following material acquisition and expenses.

Subtasks:

Seq #	Subtask ID	Subtask Name	Description
1	MGTEAMST00004	Maintain Written Documentation	Maintain good written documentation of any changes or modifications to standard operating procedures. Make sure temporary changes or modifications do not carry over to normal operations following the recovery operation shutdown.
2	MGTEAMST00005	Record All Expenses	Maintain a record of all personal and plan expenses incurred during the recovery operation (receipts should be attached).
3	MGTEAMST00006	Note Changes to BC/DR Plans	Note any changes or exceptions to documented Disaster Recovery Plan so changes may be permanently captured following recovery process.

15 Task ID TSK0000365

Task Name Review employee availability and repurpose as necessary based on the event.

Description

- Quality staff, as needed, should be repurposed to focus on partnering with providers and making sure members are prioritized and directed to appropriate care.
- Other employees, as needed, should be deployed for community assistance.

*Task with Subtask by Plan in Sort Order
LA, Baton Rouge - Louisiana Healthcare
Connections - Management Team BCP*

Centene Corporation
Business Continuity Plan

12/30/2014
General Recovery Target

Order of Recovery

16	Task ID	TSK0000949
	Task Name	Refer to Emergency Management Plan RFP Response for additional detail regarding the Plan Operations during a disaster event for the following:
	Description	Member & Provider education / communication / outreach. Provision of services. Out-of-Network or Out-of-State providers. Service to members out of service area. Operational Readiness, such as Claims Processing and Payments, Member Verifications, Information Systems, Loss of Staff, and Disaster Training.

17	Task ID	TSK0000953
	Task Name	Review and validate recovery strategies.
	Description	At least annually, perform the following plan enhancement procedures: Review recovery requirements. Review recovery strategies and supporting procedures to ensure they still adequately address the business requirements.

18	Task ID	TSK0000954		
	Task Name	Recovery Preparedness.		
	Description	Ensure that daily operating activities are fully supported by the team's business continuity/disaster recovery capabilities on an ongoing basis. Each member of this team is perpetually responsible for business continuity/disaster recovery preparedness and employee training within his/her area of responsibility.		
Subtasks:				
	Seq #	Subtask ID	Subtask Name	Description
	1	SFK0000362	Maintain a Current Copy of the Business Continuity Plan	Ensure all team members maintain a current copy of their Business Continuity Plan at home and at their office.
	2	SFK0000365	Maintain Up-To-Date Business Continuity Plan	Maintain the Business Continuity Plan, including all procedures, checklists, and team rosters, in an up-to-date condition.

Key Contacts & Reps

Report Description:

This report lists Key External Contacts (and Reps) with whom the Recovery Team may need to interact with at time of disaster. External Contacts are typically government or not-for-profit organizations that provide emergency assistance, regulatory oversight, information or other support (e.g. FDA, CDC, FEMA, Hospitals, etc.). Internal Contacts may be those within the company on whom you rely for support and or services.

(If there is no information in this section, please refer to the Appendix as the business area may have provided other documentation. Please note: this section may not be applicable to the business area.)

Department of Health and Hospitals

Name	Title	Work Phone	Cell Phone	Email
Kennedy, Ruth		225-342-3032	225-241-1437	ruth.kennedy@la.gov
Johnson, Mary		225-342-3428	225-603-0631	mary.johnson@la.gov
Smith, Joette		225-342-4839		Joette.smith@la.gov

Key Vendors & Vendor Reps

Report Description:

This report lists Vendor contact details and associated representatives with who the Recovery Team may need to interact with at time of disaster. Vendors are typically for-profit organizations who will require compensation for their services / support / products (e.g. IBM, AT&T, etc.)

If there is no information in this section, please refer to the Appendix as the Business area may have provided other documentation. Please note: this section may not be applicable to the business area.

Key External Customers & Reps

Report Description:

This report lists Key External Customers (and Reps) with whom the Recovery Team may need to interact with at time of disaster. External Contacts are typically your top 20% clients.

If there is no information in this section, please refer to the Appendix as the Business area may have provided other documentation. Please note: this section may not be applicable to the business area.

Vital Records in Plan

12/30/2014

Report Description:

This report list all the characteristics of each Vital Record within the selected plan(s), organized by vital record name.

Attributes and Characteristics

Number of Core Components that use this vital record: 1

Dictionary Information

Description

Because all records are stored at Centene's Primary DataCenter located in O'Fallon, MO, and backed up via Centene's Alternate DataCenter located in Clayton, MO, they will continue to be available regardless of prevailing conditions at the affected site.

Archived

Backed Up

Plan Specific Information

General Recovery Target

Specialty Supplies Needed

Report Description:

This section includes specialty items required for this plan. For common supplies, complete the Staples Supply Form located in the Appendix. Please note: The Staples Form lists the top 100 supplies used within Centene Corporation, and they can be delivered within 24 hours.

Dictionary Information

Appendix

CENTENE
Corporation

STAPLES
Bu
Ad

Us: _____ Attention: _____
 PIN: _____
 E-Mail Address: _____ Top 100 Revised: 19 Mar 2014
 Acct#: _____ Consignee: _____
 Phone: _____ P. O.: _____
 Fax: _____ Cost Center: _____

QTY	U/M	Staples Sku	DESCRIPTION	QTY	U/M	Cust. Cat.#	DESCRIPTION
Desk Supplies							
EA	366219		GLUESTICK, 28-6Z		EA	745942	PHONE RECORD, NCR, 200ST
BG	645903		RUBBERBAND, #32, 5/16x9		DZ	163873	PAD, LEGAL, RULE, WE, 5x8 JR
BG	143297		RUBBERBAND, #64, 1/16x8		DZ	163485	PAD, STENO 6x9, GREGG, 60
RL	495221		SCOTCH TAPE, 3/4"		DZ	163665	PAD, LTR, RLD, WE, 8.5x11 3/4
EA	130674		DISPENSER, TAPE, BK		DZ	201903	PAD, LCL, WE, 8.5x11 3/4
EA	590208		PEN, CORRECTION				
EA	517852		FLUID, CORRECT, WE, 1/2 OZ				
EA	489582		STAPLER, FULL STRIP, BLACK				
PK	112276		STAPLES, STD, 5/16, 5000/BX				
EA	214962		REMOVER, STAPLE, ECON BK				
EA	505263		SCISSORS, STEEL, 8IN, 8E				
EA	458232		OPENER, LETTER, 2"X2", BK		BX	673946	Miscellaneous
EA	164632		RULER, ACRYLIC, 12IN		PK	469633	LABEL, ADD, LASER, 1x3, 306/50
DZ	105791		PAD, NOTE, YW, 1.5"X2"		BX	771972	LABEL, ADD, LASER, 2x4, 250
EA	644985		DISPENSER, POST-IT, 3x3, BK		BX	116657	LABEL, ADD, LASER, 1/2x1.75 8000
DZ	565436		PAD, POST-IT, REFILL, 3x3, YW		BX	116764	FOLDER, ML, LTR, 1/2, 1608/BX
PK	667663		TAPE, FLAGS, RD, 1X1.7		BX	480138	FOLDER, HANG, LTR, W/ TAB, 25
PK	931594		CLIP, BINDER, SMALL, 40PK		EA	679524	PUSH PIN, PLAS, 5000/BX, AST
PK	931602		CLIP, BINDER, MEDIUM, 24PK		EA	016340	CALCULATOR, 80DGT, SEMI DSK
PK	931610		CLIP, BINDER, LARGE, 12PK		EA	382955	KNIFE, UTIL, PLAST, RETRACT
BX	525923		CLIP, PAPER, JUNBO 100-BX		EA	50456	5x8 MOUSEPAD
BG	608592		RUBBERBAND, 80%, #19, 148/65		EA	394053	WRIST REST
Document Presentation Supplies							
EA	816231		BINDER, VIEW, 1-CAP, WE		BX	319972	SELF SEAL, #10 ENV, WHITE
EA	974812		BINDER, VIEW, 2-CAP, WE		PK	319923	BAT, 9V 2 PK
EA	907723		BINDER, VIEW, 3-CAP, WE		PK	411934	BAT, AA-9 PK
EA	428946		BINDER, VIEW, 4-CAP, WE		PK		BAT, AAA-8 PK
BX	487791		PROTECTOR, SH, 11X8.5, NG				
PK	512427		INDEX, 1-12, 8.5X11, 3 RING				
ST	AVE11629		INDEX, 1-15, 8.5X11, 3 RING		PK		Batteries
ST	162099		INDEX, 5-TAB, BLANK, ERASE		PK		BAT, 9V 2 PK
ST	162107		INDEX, 8-TAB, BLANK, ERASE		PK		BAT, AA-9 PK
Writing Instruments							
BX	593967		PEN, BALL, 9E, M, P/AGP, 60, BX		PK		BAT, AAA-8 PK
BX	593968		PEN, BALL, 9K, M, P/AGP, 60, BX				
DZ	496573		PEN, BK, F, STANDARD				
DZ	496575		PEN, RG, F, STANDARD				
DZ	496574		PEN, BE, F, STANDARD				
DZ	052356		PEN, GN, F, STANDARD				
DZ	125328		MARKER, BK, F, PERM				
PK	607069		MARKER, EXPO, 4CLR, CHISEL				
EA	272153		ERASER, WHITE BOARD				
PK	732834		LEAD, REFIL, 7MM, HB, 3PK				
PK	732826		LEAD, REFIL, HB, 5MM, 3PK				
DZ	514742		PENCIL, MECHANICAL, BE, 7MM				
DZ	384143		PENCIL, MECHANICAL, BK, 5MM				
DZ	SAN20M5		PENCIL, RED, WOOD #2				
BX	323610		PENCIL, WOOD, #2, LEAD 1DZ/BX				
DZ	507053		ERASER, PENCIL, GE BLOCK				
PK	412763		ASSORTED HIGHLIGHTERS, 5/PK				



Emergency Response Guide

In case of an emergency, call 911 (9911 from your office phone), then report the incident to the corporate service desk at 1-866-675-8852

Fire

If notified of a fire either via fire alarm or PA announcement:

- Proceed in an orderly fashion to the nearest exit. Do Not use elevators.
- As you exit the building, be mindful of emergency vehicles.
- After you have reached the evacuation assembly area outside the building, make sure you report your name for roll call.
- Do not leave the evacuation area until instructed to do so.
- Follow all instructions from emergency personnel.

Severe Weather

If notified of severe weather via PA announcement:

- Stay away from the windows.
- Do not use elevators.
- Move to the center of the building, such as inner hallways, stairways, restrooms, or rooms without windows.
- Remain calm and assist those who need help.
- Management will announce the "all clear" when the danger has passed.

Workplace Violence Incident

If you are notified of, or witness, a workplace violence incident:

- Remain calm and vigilant.
- Use cell to call 911, or with office phone dial 9, then 911.
- If possible, remain in your office or go to a room and barricade and/or block the door.
- If danger is imminent, and it is safe for you to do so, evacuate the building.
- Above all, follow instructions of emergency personnel and/or your Management.

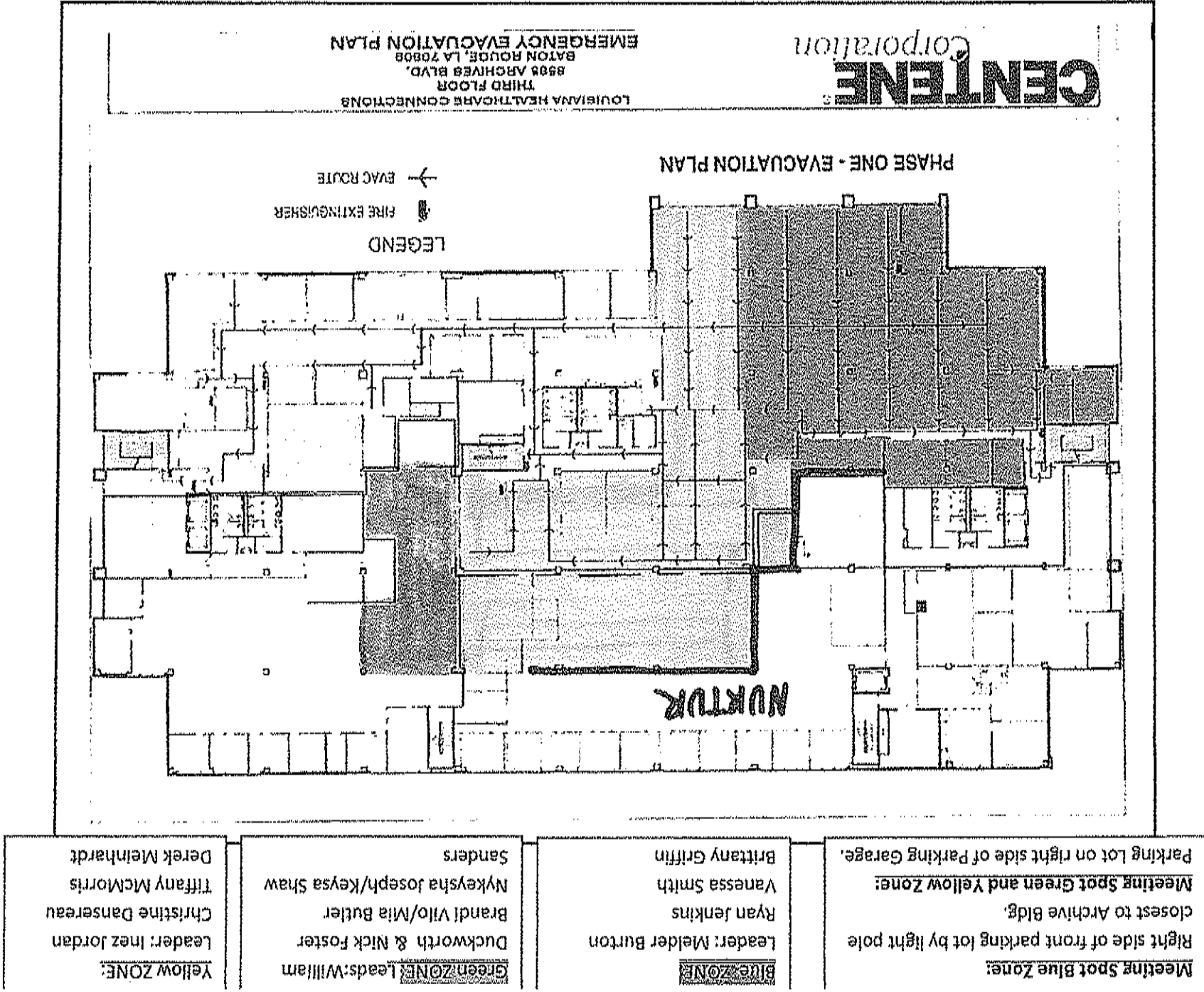
Suspect Envelopes or Packages

If an envelope or package seems suspicious:

- Notify your Manager.
- DO NOT open the envelope or package.
- DO NOT disturb the contents.
- Leave it and evacuate the room.
- Keep others from entering the room.
- If you touched the package, wash your hands with soap and water.

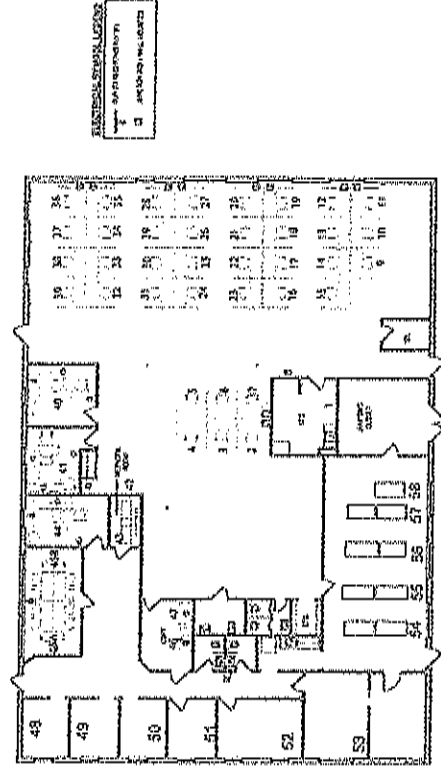
*For company updates during a disaster, please call the
Employee Emergency Number: 1-855-865-9472*

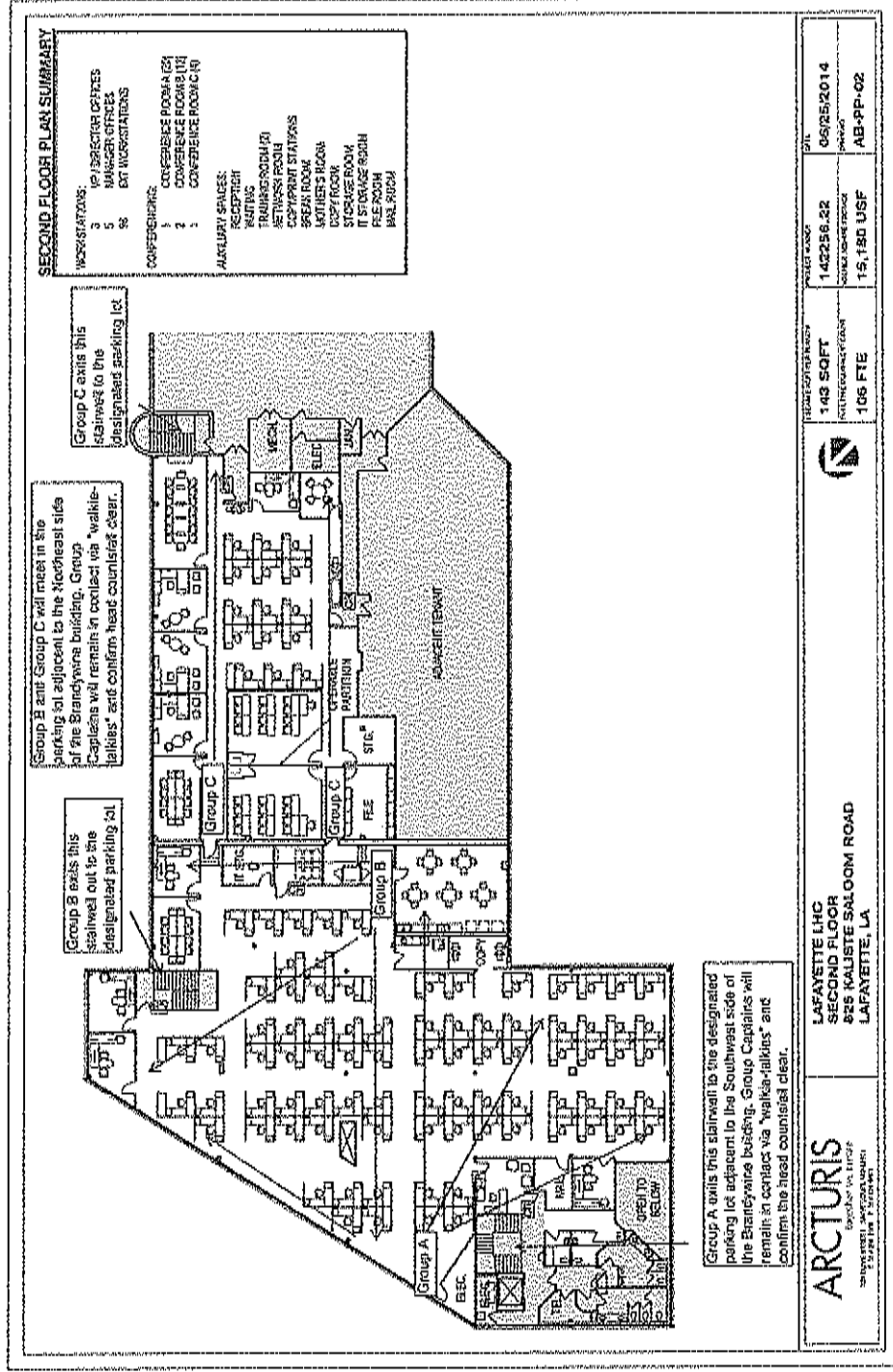
Storage



<p>Yellow ZONE: Leader: Inez Jordan Christine Dansereau Tiffany McMorris Derek Meinhardt</p>	<p>Green ZONE: Leads: William Duckworth & Nick Foster Brandi Vilo/Mia Butler Nykeysha Joseph/Keysha Shaw Sanders</p>	<p>Blue ZONE: Leader: Melder Burton Ryan Jenkins Vanessa Smith Brittany Griffin</p>	<p>Meeting Spot Blue Zone: Right side of front parking lot by light pole closest to Archive Bldg. Meeting Spot Green and Yellow Zone: Parking Lot on right side of Parking Garage.</p>
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Louisiana Healthcare Connections/Centene Corporation
 2000 Covington Centre,
 Covington, Louisiana 70433





Group A exits this stairwell to the designated parking lot adjacent to the southwest side of the Braniff area building. Group Captains will remain in contact via "walkie-talkies" and confirm the "heads counted" clear.

ARCTURIS
 2000 W. BRANIFF AVENUE
 SUITE 200
 LAFAYETTE, LA 70503

LAFAYETTE LHC
 SECOND FLOOR
 225 KALISTE SALOOM ROAD
 LAFAYETTE, LA



PROJECT NUMBER
143 SOFT
 DATE: 05/25/2014

PROJECT NAME
1432556.22
 DATE: 05/25/2014

PROJECT LOCATION
15,130 USF
 DATE: 05/25/2014

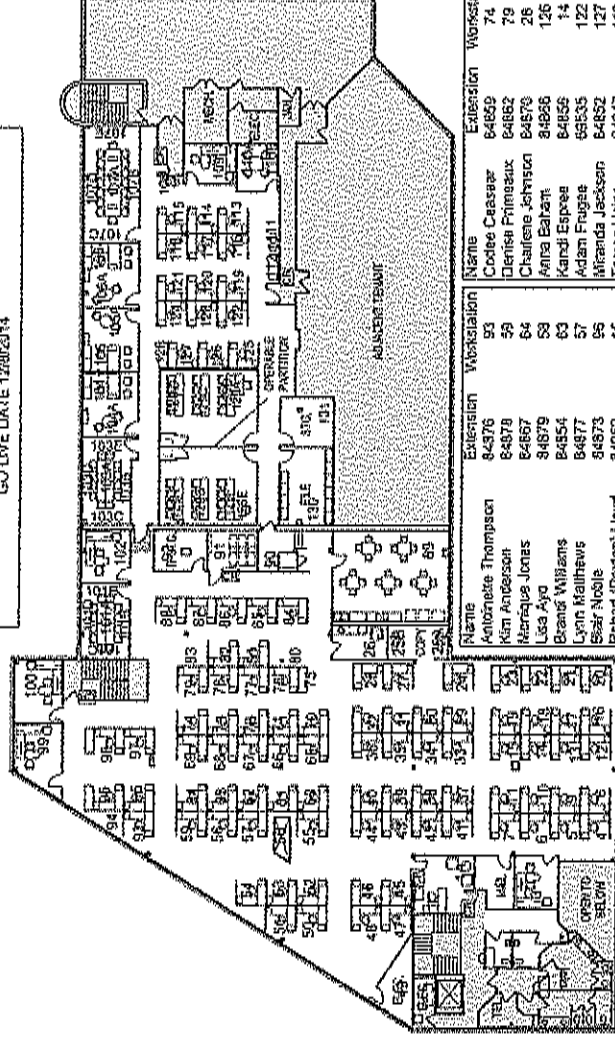
Louisiana Healthcare Connections - Grandvivre (Permanent Office)
 MOVE DATE 12/5/2014
 GO LIVE DATE 12/01/2014

SECOND FLOOR PLAN SUMMARY

WORKSTATIONS
 VP DIRECTOR OFFICES 2
 MANAGER OFFICES 4
 SECRETARIES 31

CONFERENCE
 CONFERENCE ROOM/AGER 2
 CONFERENCE ROOMS (11) 11
 CONFERENCE ROOMS (N) 1

AVAILABILITY SPACES
 RECEPTION
 WAITING
 TRAINING ROOM 27
 RECEPTION ROOM
 OFFICE SINKS
 BREAK ROOM
 COPY ROOM
 STORAGE ROOM
 IT STORAGE ROOM
 FILE ROOM
 MAIL ROOM



NOTE: Teresa Isham, Stephanie Blumie, and Kassandra Czapson will move to workstations #11, #12 and #13 respectively immediately following the Day 3 move. Karol Espada is assigned #14

Name	Workstation	Extension	Workstation	Name	Extension	Workstation	Light	New Office Location
Katherine Thompson	93	84376	93	Colette Cassar	84859	74	Shirley Bowes Mail	
Ken Anderson	59	84378	59	Dennis Primeaux	84862	79	Mgmt Machine	2
Marcque Jones	64	84677	64	Chantene Johnson	84870	26	IT Available Stock Equipment	92
Lisa Ayo	58	84679	58	Anna Edzart	84836	126	Religiarator	89
Brenda Williams	63	84654	63	Kandi Espose	84856	14	Printer - color	28B
Lynn Mathews	57	84877	57	Adam Frigate	84835	122	Printer - b & w	234
Esai Noble	55	84873	55	Miranda Jackson	84852	127	Printer - color	10B
Robert (Pranish) Lloyd	15	84933	15	Teresa Helms	84847	119	Office Supplies/Shelves - Storage	131
Laura Williams	100	84869	100	Keandra Coleman	84853	66	Kitchen Shelves - Storage	131
Kristal Corney	87	84861	87	Rebecca Malibu	84854	85	Training Room Equipment	129
Deal Smith	88	84620	88	Stephania Baras	84851	120	2 Folding Tables	131
Cable Scudreux	82	84857	82	Darlene Dalcourt	84831	123		
				Melaysia Guitory	84817	125		
				Melrose Case	84848	105		

ARCTURIS
 helping you create
 new ways of working
 together

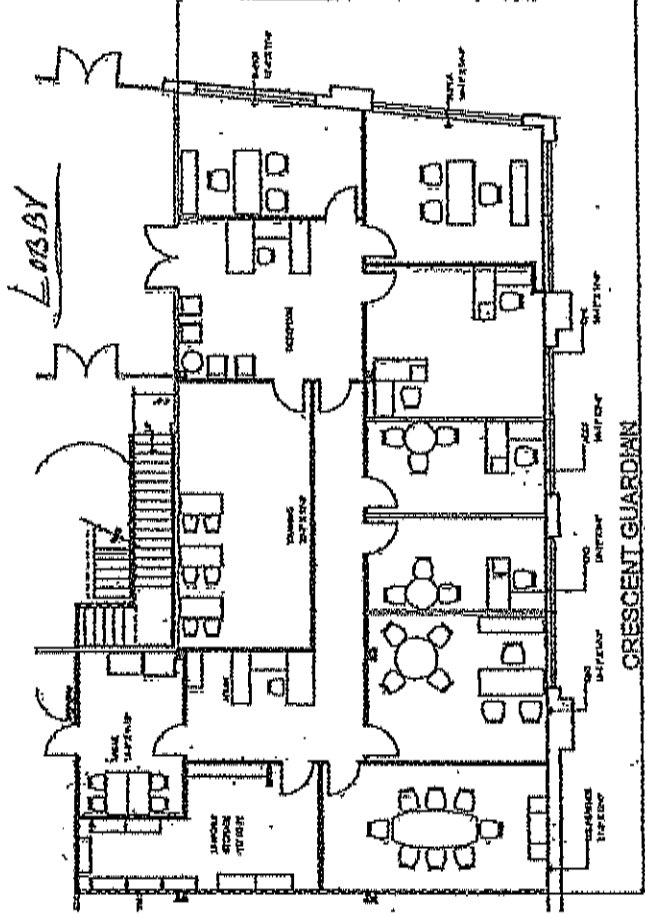
LAFAYETTE LHC
 SECOND FLOOR
 825 KALISTE SALOOM ROAD
 LAFAYETTE, LA

PROJECT NUMBER	DATE	PROJECT NAME
143 SOFT	06/25/2014	14225622
106 FTE		15,190 USF

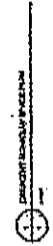
EXHIBIT "B"
FLOOR PLAN - SUITE 1A

URBAN LEASING BLDG - 1st Floor SUITE

S. CARROLLTON AVE.



CRESCENT GUARDIAN
2,907 USF 3,144RSF



EVACUATION

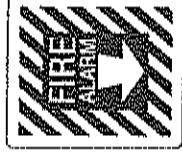
PLAN

For
Louisiana Healthcare
Connections
8585 Archives Ave.
Suite 310
Baton Rouge, LA 70809

EMERGENCY EVACUATION PLAN

PURPOSE

To provide a plan for an orderly and successful evacuation of the building during threat or fire or other emergency situations, to plan for a regular and systematic inspection of emergency and fire fighting equipment and to locate existing fire and safety hazards.



WHAT HAPPENS WHEN THE FIRE ALARM SOUNDS?

All door locks release.

Multiple zones being triggered or intense heat may activate sprinkler system.

WHAT SHOULD I DO WHEN I HEAR THE FIRE ALARM GO OFF?



All should proceed, without running, to the nearest safe exit and to the designated meeting area outside. Exit signs will direct you to an escape door.

All doors should remain closed when not in use. This may help to slow the spread of fire. Do NOT prop open any doors.

Do NOT use cell phones. This may interfere with the Fire Department's communication equipment.

ESCAPE ROUTE

Evacuation routes are posted throughout the building by each elevator and stairwell.

Familiarize yourself with your nearest TWO evacuation routes. Use stairwells and exterior doors to escape.

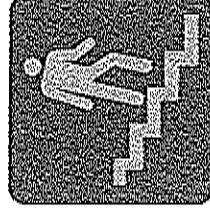
Do NOT use elevators for emergency evacuations.

Find out from your supervisor what escape route to take.

Memorize your route and keep in mind that in some circumstances the lights may be out and/or smoke may inhibit your vision in an actual emergency.

LOCATION OF STAIRS

- To the right when exiting the front door- near the Freight elevator.
- To the left around the elevators when exiting the front door.



LOCATION OF EMERGENCY EQUIPMENT

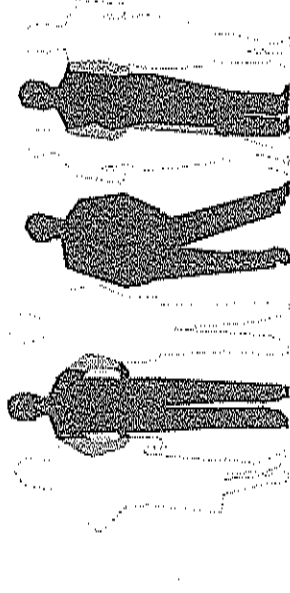
- Fire Control Panel Engineer Office by the loading dock exit
- Fire Alarm Pulls Area hallways by stairwells
- Fire Alarms Throughout the suite
- Fire Extinguishers On the wall in the kitchen
- Near the door to the large training room
- On the wall near the back door to the suite



LOUISIANA HEALTHCARE CONNECTIONS MEETING AREA

Louisiana Healthcare Connections **BLUE ZONE** employees exiting the building toward Essen Lane will meet in the small parking lot between the Louisiana Archives Building and the parking lot in the front of the building.

Louisiana Healthcare Connections **YELLOW & GREEN ZONE** employees exiting the building toward the parking garage will meet in the parking lot to the right of the garage.



Once everyone is outside, the **Section Leader** will account for those missing or those “visiting”. The **Section Leader** should try to ascertain the last known location of each person who is missing from his or her area. The **Fire Marshall** will notify the **Floor Captains** when all is clear for re-entry and the **Floor Captains** will notify the employees. **Floor Captains** will also have walkie talkies for communicating between blue, yellow and green groups. **Floor Captains** can be identified by their orange vests.

EVACUATION BUDDIES

Evacuation Buddies should be assigned to each employee who may need assistance at the time of the evacuation. Those who may need assistance include those who are hearing impaired, pregnant, and/or walking impaired. If you need an **Evacuation Buddy**, please notify your manager.

Each **Section Leader** should ensure those who need assistance know who will be helping them. Those providing assistance need to be made aware of the special needs of their buddy.

FIRE SAFETY

STOP, DROP AND ROLL !!!

- If your clothing catches fire, STOP, DROP to the floor/ground, and ROLL until the flames are smothered. If someone else's clothes catch fire, wrap them in a blanket or rug, rolling them on the floor if necessary, to smother the flames.
- Do NOT remove any fabric stuck to a burn. Instead, cover loosely with a clean cloth and seek medical attention.
- Minor burns can be treated with cool water. Never use butter or grease.

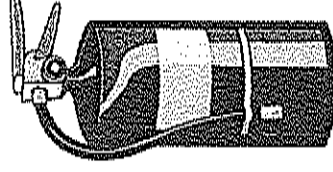
I SEE A FIRE. WHAT DO I DO?

- If you spot a fire, safely inform others along your escape route about the fire and turn on the fire alarm.
- If you hear the fire alarm sound, follow your rehearsed emergency plan.

KNOW WHERE THE FIRE EXTINGUISHERS ARE AND HOW TO USE THEM ON DIFFERENT KINDS OF FIRE.

Fire extinguishers are usually classified for:

- A= wood or paper fires
- B= flammable liquids and gases
- C= electrical equipment or wiring
- ABC= combination fires
- D= combustible metals such as sodium or magnesium



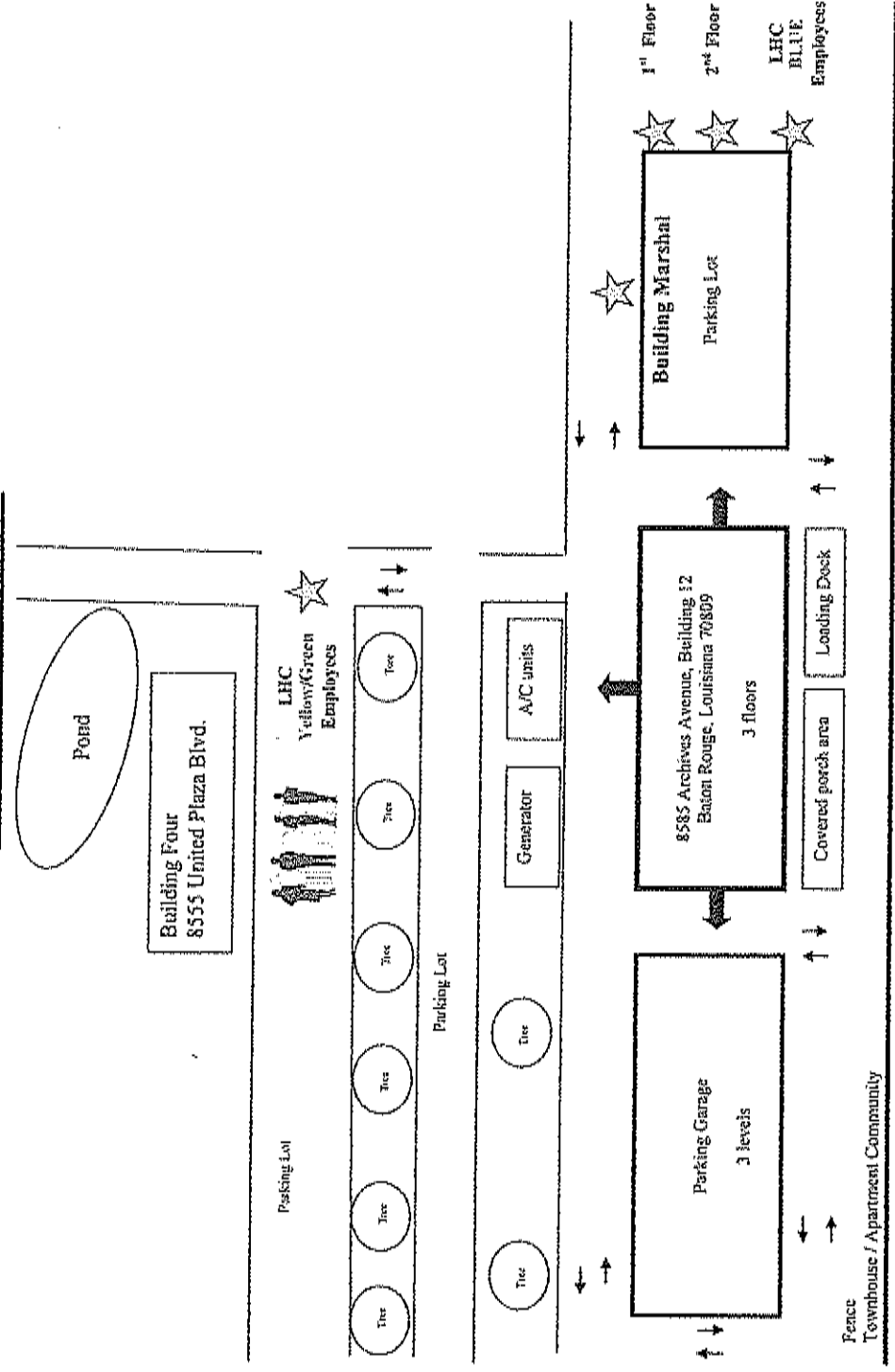


HURRICANE AND TORNADO ALERT

When threatening conditions occur, the Floor Marshals will be notified by the Building Marshal of the impending danger. The Floor Marshals will immediately notify all persons in his/her area to proceed to the first floor by way of stairways.

All persons should congregate in the stairways and hallways of the first floor away from windows, skylights or any breakable objects.

Emergency Meeting Areas



Employee Hotline Instructions Remote Announcement Recording Instructions

When recording employee hot-line messages over existing announcements *you must first listen to the existing announcement (Press 2) then delete it (Press 3)*. Wait one minute then record a new announcement (Press 1). See steps below for more detail. Note that the hotline is for announcements only with no options to transfer.

Steps to Record an Announcement

1. Pickup Handset
2. Dial 866-480-6915 (or 314-512-9599) – you hear a quick beep and a dial tone.
3. Dial 8393778 – you hear a dial tone.
4. Dial 199 – you hear a dial tone.
5. Dial Announcement Extension – XXXX – you hear a dial tone.
6. Dial 2 to listen to the recording (ensure you are in the correct one). Then press 3 to delete the current message (You must hang up phone after deleting).
7. Wait 1 minute then repeat steps 1-5. Dial 1 to begin recording – state your script.
8. Push the switch-hook button (hangup w/ your finger) when done recording.
9. Wait 30 seconds and dial the assigned toll free for your site to verify.

Health Plan	Employee Hot Line Number	Announcement Extension
Louisiana Healthcare Connections	1-855-865-9472	6020538

LHC Company Policy for Inclement Weather Conditions

The company policy is to remain open on all scheduled workdays. However, the weather can affect employees in different ways, depending on the severity of conditions in the area, traveling distance and means of travel. It is essential for each employee to use good judgment in determining whether to come to or remain at work in the event of a severe weather incident.

Closing Announcements:

In the rare instance when weather conditions are so severe that the decision is made not to open or to delay opening the office, announcements will be made by 6:30am (EST) on the voice messaging system of Louisiana Healthcare Connections. The system can be accessed by calling 1-855-865-9472. Dial this number for updates if and when Louisiana Healthcare Connections will be open for business. The CEO, or an appointed designee, will contact the Department Heads, who in turn will contact their direct reports to inform the employees of an office closure.

If a severe storm begins during business hours and a decision is made by the CEO to close the office early, employees who are already at work will be informed of the closing by their manager, supervisor or human resources. Closings after business hours will be announced on the Louisiana Healthcare Connections main number.

While at home during a storm, employees can continue to get updated messages through the Employee Information Line 1-855-865-9472. This message will direct employees as to the status of returning to work or support needed for resumption of business at an alternate facility.

LHC Inclement Weather Overview

HURRICANES

The National Hurricane Center issues tropical storm advisories and hurricane updates. As a storm develops, bulletins are issued to inform the public of the weather system approaching the coast. The Center will issue advisories on a basis of every three (3) hours. If the Hurricane reaches radar surveillance, which is approximately 175 miles from the coast line, the advisories will be issued every two (2) hours to predict the storm's path.

A Hurricane Watch: Issued to communities that are in the potential path of a hurricane or a tropical storm. The watch is issued by the National Hurricane Center when a storm is approaching, and names a wide area of coastal cities and counties as being threatened. It is issued 48 hours prior to a possible hurricane impact. The storm may change direction after the watch is given...either towards you or away...so if your building is in this watch area... **this is the time to start initial preparation.**

A Hurricane Warning: Issued within 36 hours in advance of the time the National Hurricane Center expects the storm to impact the area. Your preparations should be complete as possible, so very little needs to be done when the warning is issued. If a storm is a Category 2 or greater and you are planning to leave the area, allow at least 72 hours to drive to the nearest safest place.

TORNADOES:

A Tornado watch is issued when weather conditions appear to be ripe for sprouting a funnel cloud. Advisories will come from your local Radio/TV stations, a funnel cloud sighting or conditions being active for a formation of a tornado. A warning means an actual sighting, which may indicate cloud travel in our path. Upon winds escalating, the office should be secure for an approaching high windstorm. Tornadoes appear quickly with very little warning.

- Shut down your computers and move equipment away from window areas.
- Clear windowsills of any files or documentation.
- **Employees should move to inner office hallways away from windows.**
- Stay put until the storm passes.
- Contact Property Management Office immediately if help is needed.

THUNDERSTORMS:

We have all witnessed the intensity of a quickly approaching thunderstorm. Local news will broadcast areas of probable severe storms and advise the estimated duration of the activity.

- Shut down computer equipment
- Move away from window areas
- Stay indoors

LHC Acts of Terrorism and/or Man-Made Disasters

Bomb/Terrorist Threats: In the event that a bomb or other terrorist threat is called into the office, the receptionist will notify Senior Staff who in turn will notify the directors. Once everyone is safely out of the building, contact the Service Desk at 866-675-8852 to initiate the Business Continuity plan. The Director of Information Technology will contact the property manager and police to search the premises. All computer files are held on the remote server and are in no danger of being lost. Should a bomb threat be received by telephone, the following steps will be followed by the receptionist:

- Keep the caller on the phone as long as possible. Ask him/her to repeat the message. Record every word spoken by the person. If possible try to get someone else to listen in on the call.
- If the caller does not indicate the location of the bomb or time of possible detonation, ask for this information.
- Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.
- Pay attention to background noises, such as car motors, train whistles, music playing or any other indicators of where the person may be calling from.
- Listen closely to the voice, voice quality, accents and speech patterns or impediments. Immediately after the caller hangs up (or if possible, during the call via email) report the incident to the director or Human Resources or Senior Staff, who in turn will notify the police department, fire department and FBI.

Mail Threats: Any suspicious package or letter is to be brought immediately to the attention of the Director of Human Resources or a member of Senior Staff in the director's absence. If the package is still considered suspicious (no return address, white powder substance coming from the package, et cetera) Senior Staff will be consulted and if agreed, the police will be called to investigate the package or envelope. If immediate danger is suspected, the office will be evacuated and the property manager will be notified.

Email Security: Centene Corporation handles the email security for Louisiana Healthcare Connections. Any threat will be reported immediately to Senior Staff and addressed with corporate for decisions on reporting any incidents to the police and/or FBI.

Bombing or other Terror Attack: In the event of any actual bombing or other attack of the office building, employees are to exit from the nearest clear exit as far from the building as possible to your designated emergency evacuation location. Any or all members of Senior Staff and/or directors will call 911. The Director of Information Technology will also call the property manager. We will follow the call trees and contingency plans as set forth in the Management and Department Team business continuity plans, as appropriate.

LHC Office Closure Procedures

In the event that the office would need to close due to inclement weather or other unforeseen situation, the Local Crisis Response Team (LRT) is authorized to close the office.

Office Closure During Regular Office Hours

Procedure	Point Person
Advanced Warning – Monitor weather conditions and determine if office closing or building evacuation is warranted.	Local Response Team (LRT) Building Management Meeting Location – Conference Room
No Advanced Warning – Meet at a central location to determine the status of the situation and whether building evacuation is warranted. If decision is made to close or evacuate the building, all Senior Managers will notify direct reports.	Alternate location –
Send a global e-mail message to all LHC employees notifying them of office closure and provide them with the information below	Primary: Manager, Human Resources Back-up: Director, Information Technology
Route incoming lines to an emergency announcement and/or alternate site	LRT
Initiate emergency preparedness procedures	LHC Management Team

Message to employees office closure during business hours:

- Please be prepared to stay away from the office *until you are notified* that it is safe to return. The building will be locked and remain locked until the power is restored and all systems are properly functioning. Please contact the employee hotline each morning and evening for updates.

LHC Office Closure Procedures Continued

If time allows:

- LRT will coordinate closure with the Centene Corporate Service Desk at 1-866-675-8852 or servicedesk@centene.com
- All employees in Customer Service and Medical queues will log off
- Management Team will notify strategic business partners of office closure.
- Important documentation with records should be securely locked up. All window ledges should be clear of documentation.
- Each department will have a designated person assigned as record keeper to take disks/tapes/records/client phone numbers home for safety.
- Close all outer office doors
- Each Department Head should take home a telephone listing of their employees, including cell phone numbers if available. During a major disaster, cell phones may be the only means of communication.
- All tenants will be requested to leave the building

Office Closure after Regular Office Hours

Procedure	Point Person
Advanced Warning - Monitor weather conditions and determine if office closing or building evacuation is warranted.	LRT Building Management
Prior to 6:00am, CEO is to call Manager of Human Resources to advise of office closure. CEO and / or Plan President will initiate BCP call-tree. Manager of HR will place a message on the Employee Hotline.	CEO and / or Plan President Manager Human Resources
Department heads will initiate their call trees.	LHC Management Team
Send a global e-mail message to all LHC Employees.	Primary: Manager, Human Resources Back-up: CEO and / or Plan President
Route incoming lines to an emergency announcement and/or alternate site by contacting the corporate service desk.	LRT

CEO or designee will call staff to report to the office to assist in storm preparation	LRT and LHC Management Team
--	-----------------------------

NEWS RELEASE



FOR IMMEDIATE RELEASE

[TITLE OF PRESS RELEASE... TYPE IN ALL CAPS AND BOLD]

[CITY, STATE (Date)] – [Press Release Copy ... One space between paragraphs and no indenting needed for paragraphs.] Example:

The Louisiana Healthcare Connections corporate office, located in Baton Rouge, Louisiana, will be temporarily closed due [insert reason here] on [insert date(s) here]. Members may either call NurseWise® at 1-866-595-8133 (TDD/TTY 1-877-285-4514), their primary care physician (PCP), 911 or their local urgent care center.

Louisiana Healthcare Connections will be monitoring [describe the situation here, i.e. weather reports] and provide updates as needed.

About Louisiana Healthcare Connections

Established to deliver quality healthcare through local, regional and community-based partners, Louisiana Healthcare Connections is a Bayou Health Plan headquartered in Baton Rouge, Louisiana. We exist to improve the health of our beneficiaries through focused, compassionate and coordinated care. Because Louisiana Healthcare Connections believes healthy is a way of life, our members benefit from programs and services designed for their personal well-being. For more information, please visit www.LouisianaHealthConnect.com.

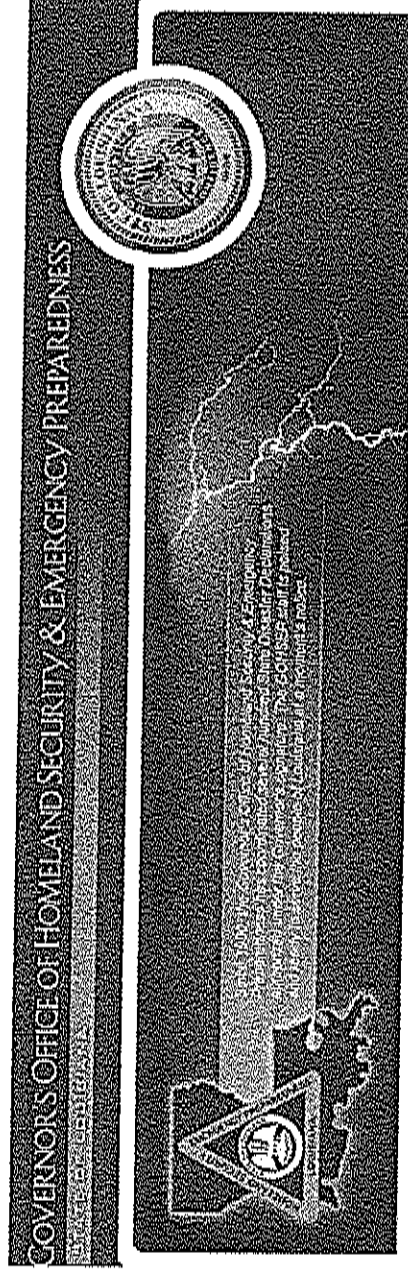
LHCC Recovery Matrix

Functional Teams or Departments	SHORT Term Resources Need By Department										Notes
	Total number of Employees	Other Office in Home - All Locations	New Orleans	Changem	Delta Ridge	Lafayette	Medical Center	Other Centers	Other Front Home	Specialty Services	
Functional Teams or Departments	245	72	0	6	0	15	20	134	0		
Operational	19	15									
Care Management	7										
Case Operations	7										
Case Management	2										
Case Operations	5										
Case Management	2										
Case Operations	11										
Case Management	9										
Case Operations	1										
Case Management	1										
Case Operations	13										
Case Management	26										
Case Operations	11										
Case Management	15										
Case Operations	25										
Case Management	1										
Case Operations	4										
Case Management	14										
Case Operations	30										
Case Management	12										
Case Operations	52										
Case Management	1										
Total	245	72	0	6	0	15	20	134	0		
Total Employees	245										

Functional Teams or Departments	LONG Term Resources Need By Department										Notes
	Total number of Employees	Other Office in State - All Locations	New Orleans	Changem	Delta Ridge	Lafayette	Medical Center	Other Centers	Other Front Home	Specialty Services	
Functional Teams or Departments	245	72	2	0	0	9	20	52	0	105	
Operational	19	15									
Care Management	7										
Case Operations	7										
Case Management	2										
Case Operations	5										
Case Management	2										
Case Operations	11										
Case Management	9										
Case Operations	1										
Case Management	1										
Case Operations	13										
Case Management	26										
Case Operations	11										
Case Management	15										
Case Operations	25										
Case Management	1										
Case Operations	4										
Case Management	14										
Case Operations	30										
Case Management	12										
Case Operations	52										
Case Management	1										
Total	245	72	2	0	0	9	20	52	0	105	
Total Employees	245										

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<http://gohssep.la.gov/>

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PREDICTED EVENTS - HURRICANE WATCH, WARNING AND POST EVENT CHECKLISTS

This checklist is designed for hurricanes, or other predicted events. Watch is 24-48 hours prior to impact. Warning is 1-24 hours prior to impact.

Item No.	Stage	Task	Area	Responsibility	Status
1	Watch	Conduct Local Response Team meeting to discuss current status of hurricane activity.	Local Response Team		
2	Watch	Contact Service Desk to begin Crisis Management Team conference call to discuss situation and potential contingency needs.	Local Response Team		
3	Watch	Determine message for the Employee Hot Line Number- Remember to time and date stamp.	Information Disbursement Coordinator		
4	Watch	Send reminder memorandum to all employees containing hot line telephone number.	Human Resources		
5	Watch	Determine if physical assets should be moved away from windows and doorways. (Fax machines, PC's file cabinets etc.)	Local Response Team		
6	Watch	Discuss potential need to send employees to alternate work sites.	Local Response Team		
7	Watch	Consider ordering additional water, food, and toilet paper supplies for employee consumption.	Local Response Team		
8	Watch	Acquire money for safe (optional).	Command Center		
9	Watch	Verify call routing instructions (emergency table) / voice messages are correct.	Local Response Team		
10	Watch	Determine if Hotel Rooms should be reserved (be aware that hotels could book up quickly by FEMA, media, etc.)	Local Response Team and Corporate/Telecom		
11	Watch	Determine if there are any IT tapes that should be sent off-site (to Iron Mountain, etc.)	Local Response Team and IT Liaison		
12	Watch	Ensure local power/electricity company contacts are available.	Local Response Team		
13	Watch	Contact diesel fuel supplier to ensure fuel availability.	Facilities		
14	Watch	Review property to identify debris.	Facilities		
15	Watch	For example, remove patio furniture, cigarette urns.	Facilities		
16	Watch	Secure mailroom items.	Facilities		
17	Watch	Contact Payroll to print current employee listings including emergency contact list.	Human Resources		
18	Watch	Ensure all Temporary Agencies are contacted/identified of the potential event. (Check with all Department Heads to ensure all agencies are known and communicated with).	Human Resources		
19	Watch	Send reminder to Department Heads to update employee and vendor lists with names and phone numbers and third party contracting employees.	Human Resources		
20	Watch	Identify Disaster Restoration companies (such as Servpro)	Corporate Facilities		
	Watch	Ensure you communicated up (Your boss), out (external communication) and down (general employee population.)	Local Response Team		

PREDICTED EVENTS - HURRICANE WATCH, WARNING AND POST EVENT CHECKLISTS

Item No.	Stage	Task	Area	Responsibility	Status
1	Warning	Ensure Corporate Finance / Insurance contacts are aware of situation.	Local Response Team		
2	Warning	Contact YOUR CITY Emergency Management or appropriate government agencies (police station, Emergency Operations Center, etc.). If the city closes down, we should consider an appropriate response.	Local Response Team		
3	Warning	Determine if and then notify employees to move physical assets away from windows and doorways (fax machines, PC's, file cabinets, etc.)	Local Response Team		
4	Warning	Notify and send key people to their predetermined backup locations. People can only fly out during watch, airports close down at warning level or wind speed reaches 35 mph.	Local Response Team		
5	Warning	Ensure message for the Employees hot line number is prepared and someone is assigned to record message.	Information Disbursement		
6	Warning	Prepare message(s) for local news media - radio stations/local television news, etc.	Information Disbursement		
7	Warning	Determine if Hotel Rooms should be reserved (be aware that hotels could book up quickly by FEMA, media, etc.)	Local Response Team		
8	Warning	Ensure Watch tasks are complete.	Local Response Team		
9	Warning	Distribute plastic sheeting to cover hardware, office equipment, etc.	Facilities		
10	Warning	Contact Employee Assistance (EAP) Program to ramp up additional counseling resources.	Human Resources		
11	Warning	Ensure you communicated up (Your boss), out (external communication) and down (general employee population.)	Local Response Team		

PREDICTED EVENTS - HURRICANE WATCH, WARNING AND POST EVENT CHECKLISTS

Item No.	Stage	Task	Area	Responsibility	Status
1	Post Event	Determine extent of damage to building.	Facilities		
2	Post Event	Determine condition of equipment. Identify any issues.	Local Response Team		
3	Post Event	Determine salvagability of supplies, equipment, paper files, etc.	Local Response Team		
4	Post Event	Assess operational capability.	Local Response Team		
5	Post Event	Contact Disaster Restoration company (such as Servpro) to initiate clean up operations.	Corporate Facilities		
6	Post Event	Do not handle any damaged equipment or documents until Disaster Restoration company evaluates!!!	Local Response Team		
7	Post Event	Obtain city, county, and parish disaster declarations.	Local Response Team		
8	Post Event	Ensure Corporate Finance / Insurance contacts with current information.	Local Response Team		
9	Post Event	Determine message to communicate into Employee hot line number.	Local Response Team		
10	Post Event	Continue to update the message into the Employee hotline number. Include date and time stamp on every message.	Information Disbursement Coordinator		
11	Post Event	Contact previously notified third parties that were established in Watch/Warning section.	Local Response Team		
12	Post Event	Cancel Hotel Rooms, if necessary.	Local Response Team		
13	Post Event	Continue to communicate with CMT.	Local Response Team		
14	Post Event	Work with senior management to determine the impact on short and long term business goals.	Local Response Team		

Damage Assessment Form

Assessment Area	✓
Office Areas	
Office Area Equipment	
Storage Area	
Computer Equipment	
Telecommunications Equipment	
Environmental Systems	
Building Structure	
Other:	

INSTRUCTIONS:

- Use this form to record findings during damage assessment.
- Select the assessment area with a check mark.
 - Indicate by whom the assessment was performed.
 - Describe area inspected and assessment results. Where necessary, use the additional information section for more detail.

Assessed by	Title

Describe Area		Assessment							
		Water Damage		Smoke Damage		Fire Damage		Estimated Repair	
No.	Description	Yes	No	Yes	No	Yes	No	Date	Time
1								/	:
2								/	:
3								/	:
4								/	:
5								/	:
6								/	:
7								/	:
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									

Incident Recovery Status Summary Form

The incident is managed and tracked by the Local Response Team. An ongoing status report called the Incident Recovery Status Summary should be maintained. The purpose of this status report is to aid communications and control. An example Incident Status Summary form follows:

RECOVERY STATUS SUMMARY		
Incident:	Date of Incident:	
Milestone:	Department:	Date and Time:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

LHCC – Emergency Notification System (NotiFind)

The Emergency Notification System (NotiFind) is an externally hosted website and can be accessed at the following link: <http://www.notifind.net/centene/>

User Name and Password held by the Service Desk and Business Continuity Team.

Who is included in Emergency Notification System?

- All employees in our Human Resources system ADP (Automatic Data Processing) are included in the Emergency Notification System.
- Messages can be sent to individuals or to a list of people which can be built in the NotiFind tool. Lists for teams in this plan are located in the Custom List Directory and are prefaced with LHC. Current lists are built as follows:
 - LHC - All Employees

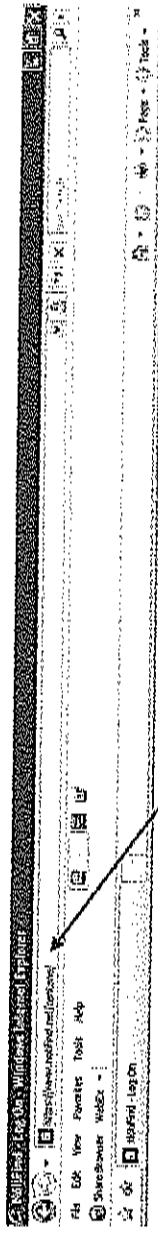
- **Additional lists may also be present**

How does the Emergency Notification System work?

- An authorized user logs into the system and creates a message.
- The appropriate people to whom the message should be sent are selected.
- Depending on the event and direction by management, the following devices may also be used to notify employees:
 - Work Email
 - Work Mobile Phone
 - Personal Cell Phone
 - Home Phone
 - Work Phone

Instructions for Activating Notifind

Go to: www.notifind.net/centene Input your Username and Password. Click 'Log On', as depicted below.



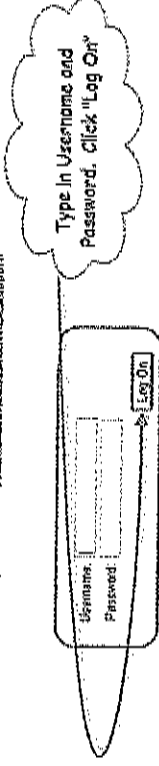
<https://www.notifind.net/centene/>

SUNGARD®

Availability Services

To access Notifind, please enter your username and password. Email: help@notifind.net

If you need assistance, please contact SunGard Customer Service & Support.



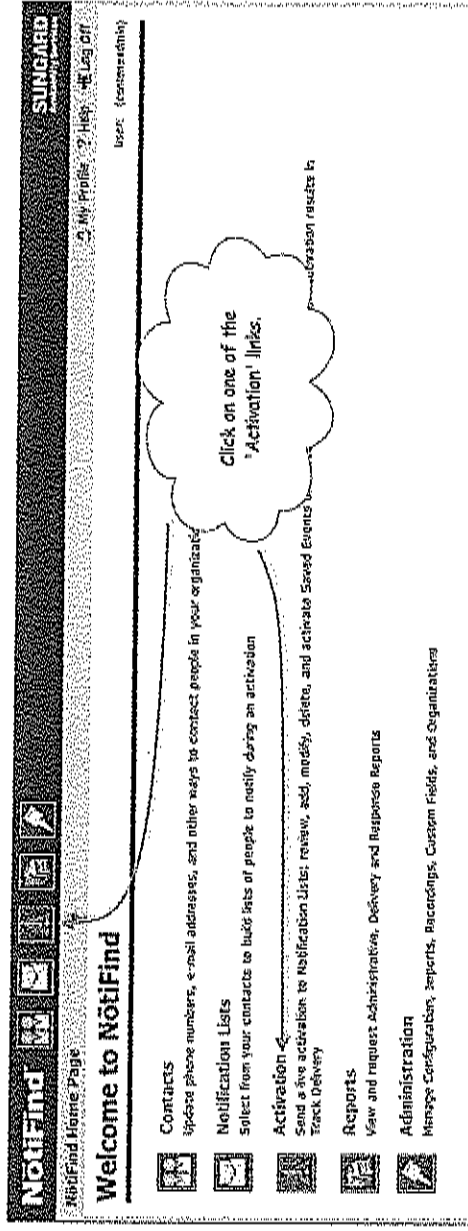
Version: 10.07.015.003.01

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Business Event Management
Child Communications

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Multiple users require separate approvals.

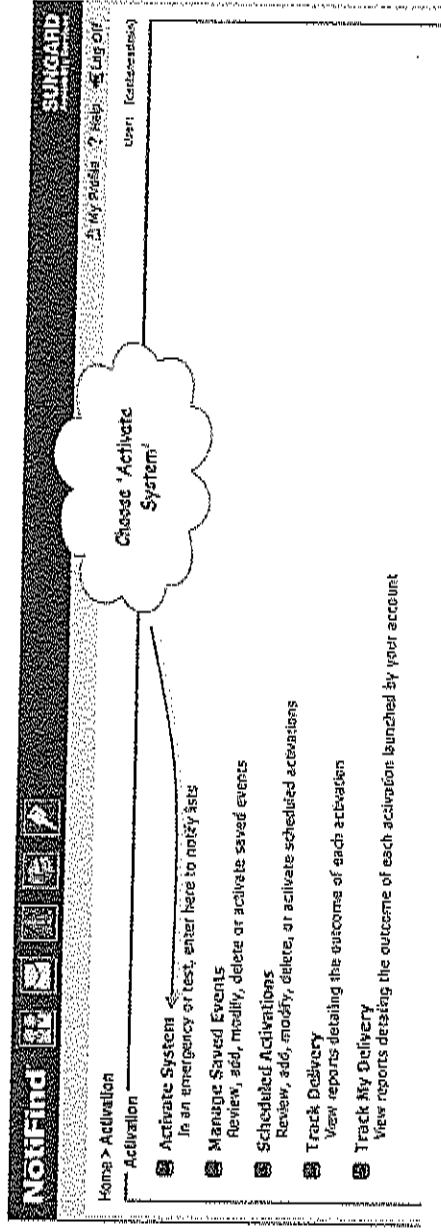
Privacy Policy: [\(20130601\) \(10\)](#)

Click on the Activation icon (there are two 'Activation' icon choices):

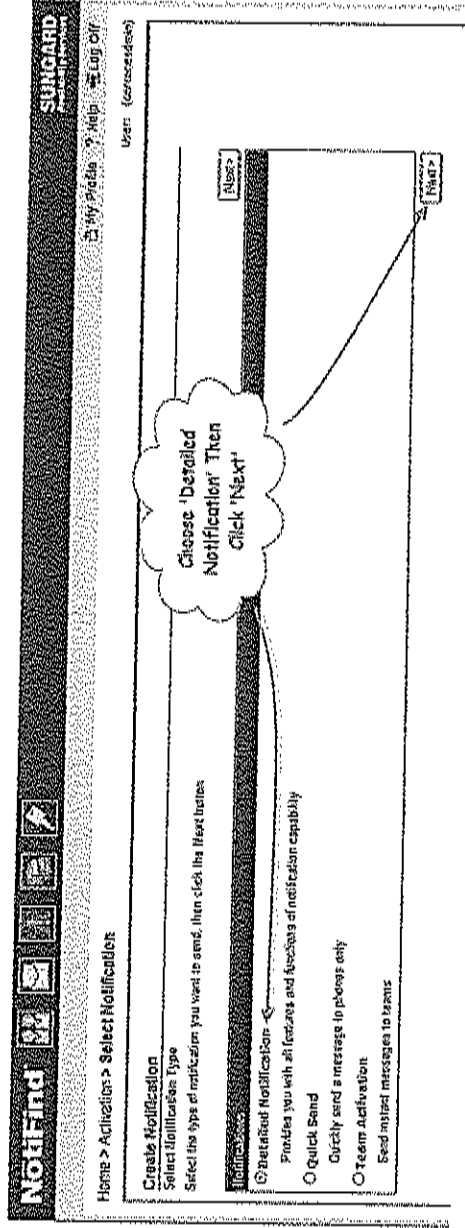


Instructions for Activating NotiFind

Choose 'Activate System':



Select 'Detailed Notification' and then Click 'Next':



Instructions for Activating Notifind

From the Notification Details Screen, you will create the Notification Message. Paste or type in the Subject and Message Body. Please note: There is no spell check in the Notifind system – you may want to type your message in Microsoft Word, and then copy/paste into Notifind.

Under Message Body, keep the following in mind:

- Include the date and time at the beginning of the message
- Keep sentences brief/concise
- Do not use hyphens
- Spell out state abbreviations
- Use spaces between acronyms and numbers for proper voice enunciation
- Notifind does not offer spell check
- Include next update time at the end of your message
- Make sure you put a period at the end of the last sentence

Communication Tips: you may want to add the following

- Time incident occurred, (As of and include time zone)
- Clarify if this is an exercise, no damage to report.
- Key methods of updates and communication (what channels will you use)
- Special Number to call if normal channels of resolution are not working or unknown.
- Next communication update is expected in X number of hours.
(Inform members if this is the last communication of the evening and when communications will resume in the morning.)

Leave the following sections as they are (do not enter any information):

- Polling Options
- Security Options
- Call Bridging Options
- Person to Person Escalation
- Attachments
- Sender Information

Under Activation Options, there are four (4) options (the system will allow you to choose only one of these 4 options):

- Use List Escalation Rules - **DEFAULT**
- Use Member Schedules – **DO NOT USE**
- Use All Devices – **DO NOT USE**
- Use Selected Devices – **OPTIONAL**

'Use List Escalation Rules' (DEFAULT) -- In most situations, you will use this option. Click in the box to the left of 'Use List Escalation Rules' to choose this option. Alternatively, depending on the event and if directed by management, you may select 'Use Selected Devices' (OPTIONAL) instead of choosing 'Use List Escalation Rules'. Click in the box to the left of 'Use Selected Devices' then put a check mark next to the appropriate devices (work phone, home phone, etc.) Keep in mind that there will be no escalation pattern if you choose this option, enabling multiple devices to be called at the same time.

Instructions for Activating NotiFind

Home > Activation > Select Notification > Notification Details

NOTIFIND **SUNGARD**
 Home | Contact Us | My Profile | Help | Log Out | (Logout)

Create Notification
 Notification Details
 *Required Field

Notification Details
 Event Type: Detailed Notification

Subject: This is a test.
Message: Include date and time at the beginning of the message. Keep sentences short. Use correct grammar and punctuation. This will help with voice announcements. System does not enter special characters. Include your phone number.

Message Recording: Enter...

Questions:
 Question Recipients: 1 - None

Enable Call Bridging:
 Enable Phone #:
 Bridge Pass Code:

Optional: To Add a Conference Call:
 1. Check Enable Call Bridging.
 2. Enter Conference # in full.
 3. Enter Attendee Access Code. (You must estimate the conference call prior to sending the notification)

Select Activation Options: Use Escalation Rules' is Set as a default. In Some Events You May Want to Use Selected Device.

Click Next

Additional Information:
 Name:
 Caller ID: 817-724-1177
 Email: EmergencyFundraising@Centene.com
 Fax:
 Numeric Pager:

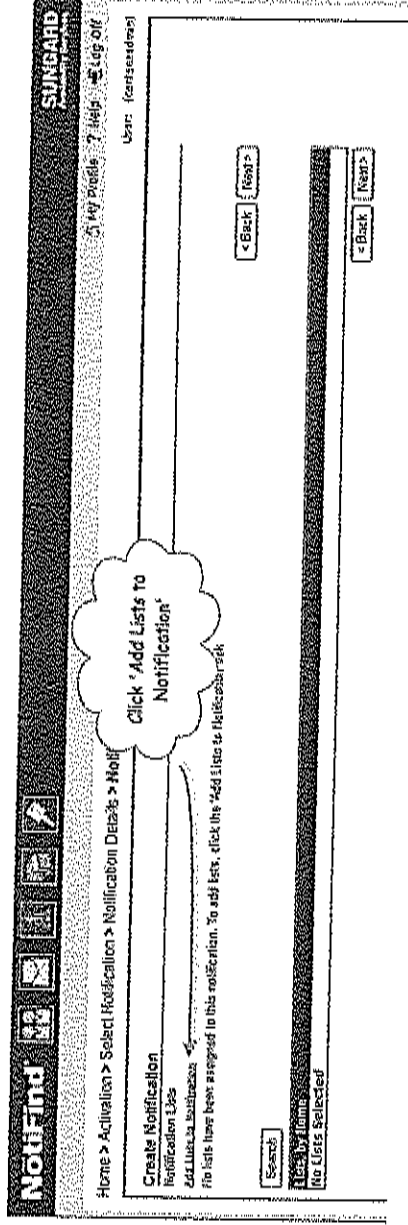
Required Field

-Optional-

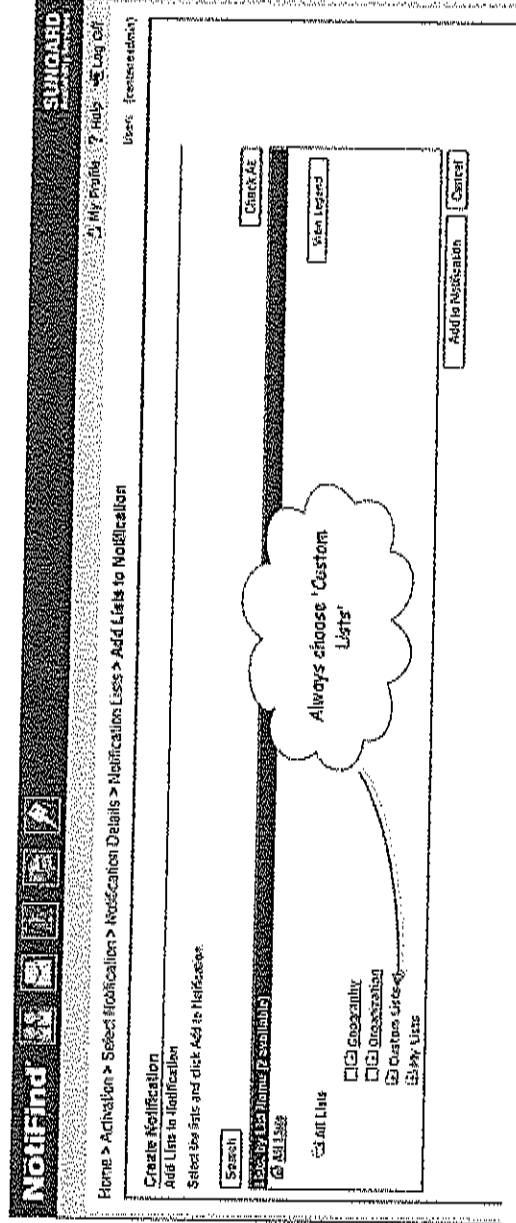
Instructions for Activating NotiFind

If needed, you can add a conference call number and access code to this notification. This will prompt those called to automatically join a conference call in progress. If you want to enable a call bridge for this notification you will need to.

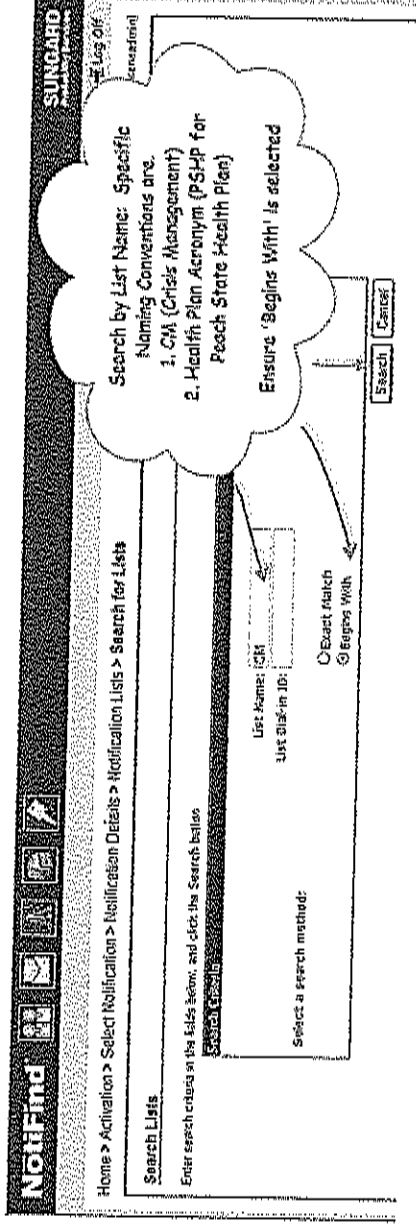
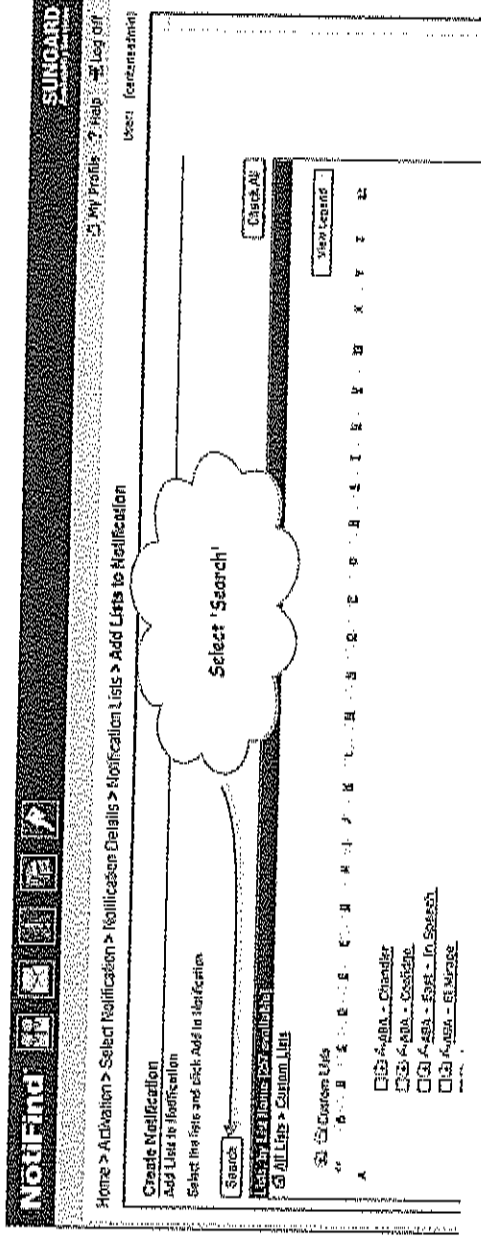
1. Ensure that enable call bridging is checked
2. Enter the bridge phone number
3. Enter the attendee access code (You must start the bridge call prior to sending the notification)



Click on the plus sign to the left of the 'Custom Lists' folder.



Instructions for Activating NotiFind



When searching for a distribution list always search by list name and ensure that 'Begins With' is selected as a search method.

Lists are created using naming conventions at the beginning of each list. Select naming conventions are shown below.

1. CM (CM stands for crisis management)
2. Health Plan Acronym (Ex. PSHP stands for Peach State Health Plan, SSHP stands for Sunshine State Health Plan.
3. Others may be used based on what the distribution list was created for.

Instructions for Activating NotiFind

From this next screen, you can see your message before sending. Please note -- you will *not* be able to edit from here. You will have to choose 'Back' to make any edits. If the message is acceptable, click 'Send':

The following screen will display, and you can see that Delivery is in progress:

Instructions for Activating NotiFind

The following screen advises you that the message has been delivered:

Home > AdminTools > Track Delivery > Track Delivery Summary

Track Delivery Summary
This is a test

Message ID: 10-1007-2011/2129PM
Sender: Centene Admin (CenteneAdmin)

Processed by Device

Processed: 1 (1 of 4)
Delivered: 1 (1 of 4)
In Progress: 3
Undeliverable: 0

Supplied Dates

Total Recipients: 1
Links: 1
Routes: 4

Individual Details

Subject: This is a test message. Include date and time at the beginning of the message. Keep sentences short! Use spaces between acronyms and numbers. This will help with voice email when the system does not offer spell check. Include next update time.
Device Delivery Options: Use Team Escalation rules

You may Log Off (upper right corner of screen) if no additional messages need to be sent.

Exhibit 8

Tom Schedler
Secretary of State

State of
Louisiana
Secretary of
State

COMMERCIAL DIVISION
225.925.4704



Fax Numbers
225.932.5317 (Admin. Services)
225.932.5314 (Corporations)
225.932.5318 (UCC)

Name	Type	City	Status
LOUISIANA HEALTHCARE CONNECTIONS, INC.	Business Corporation	BATON ROUGE	Active

Business: LOUISIANA HEALTHCARE CONNECTIONS, INC.

Charter Number: 40041839D

Registration Date: 11/2/2009

State Of Origin:

Domicile Address

8550 UNITED PLAZA BLVD.

SUITE 103

BATON ROUGE, LA 70809

Mailing Address

7700 FORSYTH BOULEVARD

SUITE 800

SAINT LOUIS, MO 63105

Status

Status: Active

Annual Report Status: In Good Standing

File Date: 11/2/2009

Last Report Filled: 10/3/2014

Type: Business Corporation

Registered Agent(s)

Agent: KEITH ARMSTRONG

Address 1: C/O CHAFFE MCCALL, LLC

Address 2: 8550 UNITED PLAZA, SUITE 103

City, State, Zip: BATON ROUGE, LA 70809

Appointment Date: 3/14/2012

Officer(s)

Officer: JESSE N. HUNTER

Title: Vice-President, Director

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Officer: KEITH H. WILLIAMSON

Title: Secretary, Director

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

Additional Officers: No

City, State, Zip: SAINT LOUIS, MO 63105

Officer: WILLIAM N. SCHEFFEL

Title: Vice-President, Director

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Officer: JAMIE SCHLOTTMAN

Title: Director, President

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Officer: JEFFREY A. SCHWANEKE

Title: Treasurer

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Officer: CHRISTOPHER BOWERS

Title: Director

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Officer: MARK W. EGGERT

Title: Director

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Officer: BRENT D. LAYTON

Title: Director

Address 1: 7700 FORSYTH BOULEVARD

Address 2: SUITE 800

City, State, Zip: SAINT LOUIS, MO 63105

Amendments on File (5)

Description	Date
Appointing, Change, or Resign of Officer	4/22/2010
Disclosure of Ownership	8/2/2011
Appointing, Change, or Resign of Officer	9/22/2011
Domicile, Agent Change or Resign of Agent	3/14/2012
Appointing, Change, or Resign of Officer	12/6/2012

Print