2nd

Validate

DHH - CF - 1
Revised: 2011-06

**CONTRACT BETWEEN STATE OF LOUISIANA**
**DEPARTMENT OF HEALTH AND HOSPITALS**

**CFMS:** 728349
**DHH:** 060056

MVA ORIGINAL **Medical Vendor Administration**

**Agency #** 305 305

**AND**

**Mercer Health & Benefits, LLC**

**FOR**

☐ Personal Services ☒ Professional Services ☐ Consulting Services ☐ Social Services

| | |
|---|---|
| 1) **Contractor (Legal Name if Corporation)**<br>Mercer Health & Benefits, LLC | 5) **Federal Employer Tax ID# or Social Security #**<br>34201546302 **(Must be 11 Digits)** |
| 2) **Street Address**<br>3560 Lenox Road, Suite 2400 | 6) **Parish(es) Served**<br>ST Statewide |
| **City** Atlanta **State** GA **Zip Code** 30326 | 7) **License or Certification #** |
| 3) **Telephone Number**<br>(404) 442-3100 | 8) Contractor Status ! |
| 4) **Mailing Address (if different)** | Subrecipient: ☐ Yes ☒ No<br>Corporation: ☒ Yes ☐ No<br>For Profit: ☒ Yes ☐ No<br>Publicly Traded: ☐ Yes ☒ No |
| **City** **State** **Zip Code** | 8a) **CFDA#**(Federal Grant #) |

9) **Brief Description Of Services To Be Provided:** !
The contractor will provide methods for the development and calculation of capitation rates for the Medicaid Managed Care Program and other support services that must be provided by an actuary and other similarly qualified staff employed by contractor. Methods will be analytically sound, acceptable to the Centers for Medicare and Medicaid Services, and readily replicated.

| | |
|---|---|
| 10) **Effective Date** 05-16-2014 | 11) **Termination Date** 05-15-2017 |

12) This contract may be terminated by either party 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** $ 9,849,374.00 SF14 $410,390 SF15 $3,283,125 SF16 $3,283,125 SF17$2,872,734

14) **Terms of Payment** !
If progress and/or completion of services are provided in accordance to the terms of this contract, payments are to be made as follows:
DHH shall pay such invoice within thirty (30) days of approval, which shall not be unreasonably withheld or delayed. DHH will promptly notify contractor of any good faith dispute and the parties shall work together to resolve such dispute expeditiously and the time for payment of such portion of the invoice shall be extended until a resolution is reached. If any invoice has not been paid within 90 days from date submitted by Contractor to DHH, Contractor may suspend the provision of services here until payment is received. Contractor will be paid based on the hourly rates listed in Attachment B upon the submission and approval of detailed invoices.

Contractor obligated to submit final invoices to Agency within thirty (30) days after termination of contract.

| | | |
|---|---|---|
| **PAYMENT WILL BE MADE ONLY UPON APPROVAL OF:** | **First Name** Marisa | **Last Name** Naquin |
| | **Title** Medicaid Program Manager 2 | **Phone Number** (504)568-8280 |

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

Attachment A: HIPAA Addendum
Attachment B: Statement of Work
Attachment C: Additional Provisions

Exhibit 1: Resumes
Exhibit 2: Board Resolution
Exhibit 3: Out of State Justification and Multi-Year Request
Exhibit 4: Emergency Preparedness Plan

< Reset

Attachment:HIPAA Addendum
Attachment:Standard Provisions
Attachment:Special Provisions
Attachment:Statement of Work
Attachment:Fee Schedule
Attachment:Budget
Attachment:
Exhibit:Board Resolution
Exhibit:Disclosure of Ownership
Exhibit:Multi Year Letter
Exhibit:Late Letter
Exhibit:Out of State Justification
Exhibit:Certificate of Authority
Exhibit:Resume
Exhibit:License
Exhibit:

**following terms and conditions:**

d by Titles VI and VII of the Civil Rights Act
ce Act of 1974; Americans with Disabilities
; Sec. 202 of Executive Order 11246 as
he regulations of the U. S. Department of
e in the rendering of services to and/or
national origin, handicap, political beliefs,

iality which safeguard information and the
nner except as necessary for the proper
the confidentiality rules and facility access
regulations known as the HIPAA Privacy,
arts 160 and 164 and the HIPAA Business
s to patients.

stration, and Department Auditors or those
unts pertaining to this contract during the
nable prior written notice to the Contractor.
gislative Auditor, Department of Health and
ner such officially designated body the right
ered by a Louisiana state or federal court)
guidelines for fiscal administration as may
g normal working hours.

uiring an audit of the Contractor's operation
ithin thirty (30) days after the completion of
If an audit is performed within the contract
o the Department of Health and Hospitals,
**ge, LA 70821-3797** and one (1) copy of the

evant to the contract and funds expended
d in 45 CFR 74:53 (b) whichever is longer.
hirty (30) days of the Department's written
artment's central office in Baton Rouge,
v the Department to inspect, audit or copy
on reasonable prior written notice to the

nsfer any interest in the same (whether by
ereto, provided, however, that claims for
s contract may be assigned to a bank, trust
of any such assignment or transfer shall be
Office of Contractual Review.

the funds received under this contract shall
oviding services hereunder and shall make
ompensation funds.

insurance including automobile insurance,
ne required insurances shall protect the
of Louisiana from all claims related to
be filed with the Department for approval.
hout thirty (30) days advance written notice
protection during the performance of work
ding accidental death, as well as claims for
ent in Attachment C.

d separate from the fee for services, such
contains a maximum compensation which

against any candidate or proposition on an
oposition or matter having the effect of law
his provision shall not prevent the normal
on ballot or a proposition or matter having
g authority. Contracts with individuals shall

service of the State of Louisiana during the
authority of any existing contract with State
yment. This is applicable only to contracts

nd other material delivered or transmitted
by Contractor to State, at Contractor's
e and source code, records, reports,
pecifically and exclusively for the
ontracted for herein shall become the
xpense, at termination or expiration of

lated under this contract without
by the Department shall be subject to
owever, that notwithstanding the
l shall not be required for the purchase
r the performance of the work required
ility for the performance of contractual

alf of contractor or any subcontractor is
nended in the 2008 Regular Session of

or, not provided for in this contract, shall

lation of Federal and/or State funds; and
arties until the contract has been
act exceeds $20,000, the Director of the
R.S. 39:1502.

ls from the legislature to fulfill the
nies to provide for the continuation of the
ny means provided in the appropriations
at year, or for any other lawful purpose,
tion of the contract, the contract shall
not appropriated.

shall be valid only when reduced to
he Contractor and the Department; and,
al Review, Division of Administration.
ot require an amendment if the revision
ories.

d regulations in Louisiana administrative

under will not infringe upon or violate
n the event of any such claim by any
ng and Contractor shall defend such
harmless DHH against any loss,
ssful. This provision is not applicable to
iders solely for medical services. This

siana, DHH, from all claims for damages,
rt from this contract or arising from
agents, employees, officers or directors
ions for which LA R.S. 40:1299.39
and performance of evaluations of
urther it does not apply to premises
d by DHH.

the laws of the State of Louisiana or the
deral law, or applicable State or Federal

contracts, negotiations, and all other
e current contract.

**THE TERMS AND CONDITIONS
THEREOF, THIS CONTRACT IS**

**ATE OF LOUISIANA
OF HEALTH AND HOSPITALS**

**DATE**

**al Vendor Administration**

5/15/14
**DATE**

APPROVED
Office of the Governor
ice of Contractual Review

JUN 26 2014

Bartfay Rice
DIRECTOR

**ndum**

ntract in its entirety as Attachment A to

d Entity, as that term is defined herein,
transmits health information in

in, because contractor either: (a)
r (b) provides legal, actuarial,
accreditation, or financial services for

the HIPAA Privacy, Security,
ts 160 and 164, which were originally
s (DHHS) pursuant to the Health
were subsequently amended pursuant
lth ("HITECH") Act of the American

ctronic protected health information"
h plan", "protected health information"
rth in 45 C.F.R. § 160.103.
5 C.F.R. § 164.304.
unsecured PHI") have the same

with all applicable requirements of the
y them pursuant to this contract and
dendum.
s under the contract; or (b) as required
quired or permitted by this contract and

vent any use or disclosure of PHI not
rative, physical, and technical
integrity, and availability of the
s, or transmits on behalf of DHH.
4.308(b)(2), contractor shall ensure that
aintain, or transmit PHI on behalf of
hat apply to contractor with respect to
d appropriate safeguards to protect
hat its agents', employees' or
his contract and addendum.
disclosure of PHI, other than as
ng to the person(s) named in section 14
ported by contractor include, but are not
l, and any "breach of the security
on Law, La.R.S. 51:3071 *et seq.* The
siness Associate to Covered Entity of
ecurity Incidents (as defined below) for
ssful Security Incidents" shall include,
sociate's firewall, port scans,
the above, so long as no such incident
DHH, any harm or damage resulting
hall be mitigated, to the extent
in which case contractor shall
king such mitigation activities.
ions under 45 C.F.R. Part 164, Subpart
to DHH in the performance of such

is required for DHH to provide an
event that a request for accounting is
H within two (2) days of such receipt.
able it to comply with the requirements
for which accounting is required by 45
sclosure.
with 45 CFR § 164.524.
nt and shall incorporate any

o the use and disclosure of PHI
ilable to the Secretary of the U. S.
ules.
and all liabilities, claims for damages,
ddendum by contractor or by its
exclusion of damages provision

r is strictly an independent contractor
create a joint venture, agency,
actor.
right to terminate the contract
of the HIPAA Rules or any material

curs first, contractor shall return or
hat contractor still maintains in any
ction is not feasible, contractor shall
nd limit further uses and disclosure to
easible.

vill allow for rate development
cer Health & Benefits, LLC (the
on of, capitation rates for the
that must be provided by an
tractor. Contractor's methods
edicare and Medicaid Services

ts Bayou Health Prepaid and
Medicaid enrollees in a Dental
nt requires ongoing assistance
s of claims and encounters,
other reporting requirements

plishing its goals include:

Managed Care Organizations
ent fees for Primary Care Case
id managed care models that

state statutes and economic
nsure that capitated plans are

ursement methodology and
ance with the principles and

tate policies, procedures and
implementation of Medicaid

tation of a risk adjustment

ared Savings (PCCM) program
avings plan.
lated issues.

epted actuarial principles and
ients' age, gender, eligibility
d care models. In addition,
gibility category of aid. The
ally and as requested by DHH

nts required by CMS to the
H and the Contractor of each

on of each specific Medicaid
tates that Federal regulations
essary) and which includes a
logy, including all necessary
fied by DHH including but not

payment rates are:
r the Louisiana Medicaid State
e services, such as health plan
e individuals.
o the base year data including
effect of the adjustments.
dministration, medical service

cell by category for each rate

s examined base year data for
tastrophic costs, and adjusted

ovided reinsurance and other

naged care rate development,
here appears to be any conflict

DHH and the Contractor, of
ng period.
ions on proposed rates for
ar(s).
e of participating Medicaid
ees.
ulated under all tasks meet all
setting methodologies will be

quired by the Affordable Care
DHH in the reporting and
HH.
ting methodology to DHH as
data analysis and litigation
ermined by DHH.
for Medicaid, LaCHIP and/or

d care rates.

not requiring an audit on all
nt data provided by Medicaid
Medicaid managed care entities
from Medicaid managed care
ns in resolving reliability and

ata collected from capitated

fer mechanisms to verify the

r risk adjustment purposes.

care entities a risk based per
ted Clinical Group (ACG) Case-
djustment method specified by
plan contracts. In addition, the
g the same underlying method
ion of its ACG distribution of

the health of recipients using
aims and encounter data.
ual risk scores and enrollment

naintain budget neutrality and
sed through existing age/sex

risk-adjusted per member per
ings benchmarks for Medicaid

er time.
pleteness for risk adjustment

adjustment, including agreed

actuarial value of enhanced
bers that may be proposed by
e to the Request for Proposals

Shared Savings Program, and
hared entity performance to

CM fees) are paid to Shared
ally review and/or revise these
s using actuarial principles for
o occur annually.

eriods requested by DHH. The
at use a variety of parameters
and geographic location for
periodic adjustments due to
clude:

ments required by CMS to the
nd the Contractor each year.
for each specific Bayou Health
Federal regulations regarding
ecessary) and which includes a
logy, including all necessary
fied by DHH including but not

evelopment;
ll Shared Savings benchmarks

r the Louisiana Medicaid State
se services, and to Medicaid-

o the base year data including
effect of the adjustments.
medical service cost, trend

mark rate cell by category for

s examined base year data for
tastrophic costs, and adjusted

rovided reinsurance and other

d managed care benchmark
ise DHH if there appears to be

DHH and the Contractor, of
ach benchmark period.
s on proposed benchmarks for
ar(s).
ou Health plans for use in
opriate.

Shared Savings benchmarks
requirements. All reports and
DHH for approval by CMS.
quired by the Affordable Care
ist DHH in the reporting and
HH.
tting methodology to DHH as
l data analysis and litigation
termined by DHH.
s for Medicaid, LaCHIP and/or

Savings ePCCM rates.

requested by DHH. The Shared
difference in Shared entity
iod. Such work will include:

s as requested by DHH based
DHH for the periodic initial

nations following the claim
l determination.
determinations to the Shared
e may include statistical data
es rates or rate setting as

es for Medicaid, LaCHIP and/or

red Savings Program.
avings determination related

regarding the development of
eting, and monitoring or such
ot be limited to, develop of
fees.

financial projections related to
sted by DHH. Such work may
nd managed care/utilization
uch as Medicaid radiology,

s (RFPs), data books, contracts,
ograms and re-procurement of

ocuments relevant to the rate
cified by DHH. The Contractor
media format(s) designated by
cept and be able to process
format(s) by DHH.
equested by DHH and provide

nplies with the CMS Medicaid
the necessary costs associated
eas.
d methodologies to document
lative to the matters herein

ers and related documents as
l.
s as prescribed by DHH to be
chmarks.

ested by DHH.
re plan financial reports for

greed upon by DHH and the

ughout each capitation rate
logy, and ongoing results of
vide documents and data, as

ees and CMS representatives
notice.
entities, provider groups and

ngoing support of Medicaid
fee-for-service program. This
c requests, interpretation of
state plan amendments in
ts, and other assistance as

work cooperatively with
and successfully implement a
, documentation, and ongoing
lor, or firm. The turnover plan
uled termination date of the

es and a data analyst on staff

ety of Actuaries (FSA) and a
AAA) with proven experience

A and have proven experience

e principle actuary to perform

rson or by phone within four
rs of 7:30 AM and 5:00 PM CT
s.
n 72 hours, seven days a week
stify on actuarial matters and

rsonnel, including the project
rvices of this contract. The
f experience and employment

ctor who will be involved with
percentage of total work the

0th of each month
ng deliverables.

face meetings to discuss

elephone to ensure that
plished; and

ntractor shall provide written
scription of the error, including

se and without significant
all not bill nor will DHH pay

vision of a major deliverable,
vings benchmark or
n plan and may assess

o provide a means for DHH to
ful operation of the Contract.

tion of some or all of the

previously occurred;

to avoid errors.

o the Contractor or if the
equired to make cash

may be liable to DHH for
Monetary penalties escalate

wing rates:

| | **Hourly Rate** |
|---|---|
| | $450 |
| | $395 |
| | $375 |
| | $335 |
| | $300 |
| | $235 |

$275
$300
$90

ours worked, and the
the 20th of the month

provals and concurrence with the
end for up to twenty-four (24)
al contract term. Subsequent to
approval by the Joint Legislative
shall be obtained. Such written
act amendment to the Office of
the initial 3 year term. No
he contract/amendment, until it
ee, the contractor and has been
view. Total contract term, with

n of funds by the legislature to

Attachment C

, clause 19 shall not apply
tellectual property rights to
priation is caused by : (i)
(ii) modifications made by
ontractor or Contractor's
materials provided to the
ny parts thereof, or (iii)
uch other materials or any
e contract.

lly and exclusively for the
ll be owned exclusively by
contrary set forth in this
tent and other intellectual
nods of analysis, ideas,
es, skills, knowledge and
before the commencement
er, the performance of the
such systems, software,
erials created, owned or
s or subcontractors in the
l Property"). To the extent
, Contractor hereby grants
nsferable right to use such
s of this contract.

ctor shall have no liability
any person other than
Contractor) to the Work,
provided to the State by
llectual Property or other
ct in a manner other than
s first retained to perform

s and any officer, director
Contractor Parties") to the
es or those of its affiliates
g to the provision of any
rties shall not exceed, the
ne services giving rise to
all have no liability for the
er than its affiliates or

liable in connection with
its affiliates or any third
quential, special, indirect,

damages, claims, liabilities,
party claims, interest, costs
fees, whether arising under
laims sounding in tort (such
erwise), contract (whether
claims seeking any kind of
tandard of liability such as

s is intended to confer any

e 22, it is the intent of the
ll be enforced to the fullest
t the terms set forth herein
f law for any reason, such
n a manner so as to afford
benefit commensurate with
e other terms of this contact
nter into an amendment of
urt.

nformation supplied by the
same, and the Contractor
eness of such information.

the Department and a third
urly rates set forth in the
extent the Contractor is at

Exhibit 1

[redacted]

ombines her organizational,
e projects for Mercer Medicaid
iana, Massachusetts and New

[redacted]

e Shield of Arizona for five years

e:

dlines related to Connecticut's
s several entities including the

ns, including Massachusetts
Payment reform, Louisiana risk
l Term Care (MLTC).

ons for several projects, including
he Massachusetts Primary Care

Health Plans and other state
LTC.

several clients, including New

ouisiana and Pennsylvania.

rate-setting process on several
ayment reform.

usetts Comprehensive
uest for Proposal selection

iduals into a Basic Health Plan
assachusetts.

[redacted]

/

ercer since 1994. Denise
o capitation rate development and
lders to successfully implement and
sk adjustment models, risk
nd sufficiency determination of the
over the last decade, and Mercer
dition, Mercer works side-by-side

us complex engagements with
nt relationship manager, the state's
e that the project is on time and on
the big picture of the project and

rate adjustment, bid evaluation,

to support various financial
asurements, and other

luding capitation rate development,
nts and reviews of health plan

e, Florida, Louisiana, New Jersey,

s used in Colorado,
a to support future risk-adjustment

vider relations, claims systems,
could adversely impact risk

with the State of New York

the risk adjustment programs in

s health areas for consideration to
pectives

ıer stakeholders, including
riety of topics including data

el developers

act of waiver programs for

port risk adjustment, rate-

ts of individuals at risk of
stment techniques

e and Ohio, which includes
arization and other

age (Part C and Part D) bid

[redacted]

chigan University

[redacted]

olved in Florida and Louisiana
ual eligible population
rogram. Her other responsibilities
lysis, risk adjustment, CMS bid

dicaid pricing, risk adjustment and
ce working at a Medicare

[redacted]

nancial and encounter data
d managing the rate-setting

re Advantage (MA) and

care Advantage (MA) and

iption Drug Plan (PDP) bids
stration program for Medicare and

lvantage plans
contacting
l rates
Advantage plan enrollees
e EHB, risk adjustment

[redacted]

n

[redacted]

[redacted]

art of Mercer Health & Benefits
Scott has been a certified public
ce managing finance teams in both
Medicare and Medicaid

ancial oversight of capitation rate
and interventions to maximize
up alternative payment

f their Dual Eligible and Long Term
ment to create efficient, auditable

[redacted]

are plans.

Medicaid rates and Medicare bids

-coordinated products.
bility, including 1915(c) waiver

contracts. Working with Actuarial

profit MCO, including regulatory
IC) filings, Medicaid program

around Medicaid and Dual-Eligible

ners to reduce improper or ineligible

[redacted]

y from the University of Minnesota

[redacted]

[redacted]

with Mercer since 2008. Robert
ures that there is a strong level of
. Robert has a keen ability to relate
r. Robert also serves as Mercer's

[redacted]

s experience and accomplishments

program through managed care,

g federally qualified health clinics

on reporting requirements

ver

g homes, facilities for the

aid HMOs, Nursing Home

waivers, including those related to

orts

ture projections for the state

proportionate Share Program and

n care facilities, including

logies

oordinated rate development for

[redacted]

caid and CHIP policy and waiver
e has experience in the planning,
ts, managed care programs and
program strategy and program

the CMS San Francisco Regional
ed in Medicaid managed care,
pport to CMS staff nationally and

ontract and state plan

cluding waiver, contract and
naged long-term care expansion

5 demonstration waiver program,

& Medicaid Services (CMS) for
care and Medicaid

nts

r increasing home and community
with chronic conditions

ervices programs and developing

in the area of health care reform,
-service and managed care rate

CHIP Program and Financial
dicaid and CHIP eligibility,

na, Nevada and Hawaii for ten
ws

d care regulations in 2003

ver cost-effectiveness test

red Care and Family Planning

[redacted]

PA

[redacted]

ent Human Services Consulting
nd processing using SAS
siana and District of Columbia.

[redacted]

claims and eligibility data

or client reporting

al projects for Mercer's clients
exas and DC

care), Marietta, GA

[redacted]

Uganda)
SAS programming using Proc

[redacted]

[redacted]

ved in Louisiana Medicaid rate
His other responsibilities include
vantage bid reviews.

alysis, forecasting, and Medicare
perience working at an insurance

[redacted]

dvantage plans

orting at a large insurance

icies

and Operated (Co-Op) health

e commercial insurer

ss (LOB) financial results

[redacted]

[redacted]

[redacted]

Services Consulting (Mercer).
ledicaid and Medicare Managed
the Centers for Medicare and
plementing financial reporting and
pense review he developed that

[redacted]

for 2 ½ years with the Arizona
DBHS). He was responsible for
o served as a financial consultant
hree years. While at AHCCCS, he
e contractors and was

for two of the nation's largest
LC for three years.

l operational examination of

erforming readiness reviews of

al management systems,

nning through report writing and

onitoring procedures within
North Carolina, New Mexico and

e solvency and fiscal policies

nses and profit of MCOs through

ed with MCO financial reports

[redacted]

ty

[redacted]

[redacted]

lved in Louisiana and Florida
rking for Coventry Health Care
me, Jaredd was also involved in
d with coordination across

[redacted]

ate development

, Louisiana, Virginia, and

a and Pennsylvania

[redacted]

[redacted]

**RETARY**

**LC**

Health & Benefits LLC, a

luly authorized meeting of

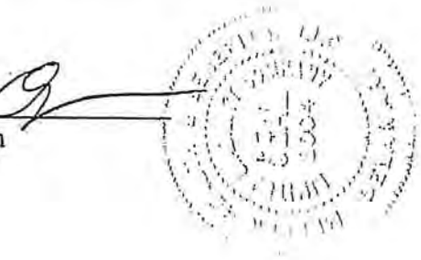
Board adopted procedures

LC, including the list of

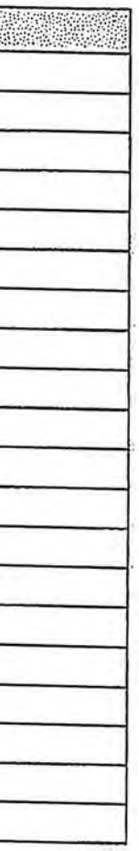
, applications and other

en amended nor rescinded

fix the seal of the LLC this



MARSH & McLENNAN COMPANIES



RD OF DIRECTORS

ors of this LLC, hereby

grade level "E" is
ociate of this LLC
ion from office or
vs, whichever first

grade level "F" is
enior Associate of
resignation from
LLC's by-laws,

ade level "G" or a
e in the office of
tion, removal or
fied in this LLC's

ade level "I" or a
in the office of
ion, removal or
fied in this LLC's

s to serve in the
h Senior Partner
tion, removal or
ied in this LLC's

rtner of this LLC is
h the guidelines set
ocedures, to execute
locuments on behalf

la

Kathy Kliebert
SECRETARY

Exhibit 3

# na

itals

lti-Year Contract

vices Financing would
"Mercer"), to function as
ental managed care
calculation of, capitation
cording to federal law and
ices to DHH for the past
r a number of other
not exist within
30 days.

three-year contract with
are contracts that are in place
contracts will be in place for
t payment for subsequent

u will give this contract your

hone at (337) 233-9627 or

isiana 70821-9030
DHH.LA.GOV

## ncy Program as of June, 2012

mitment to the protection of client
To support that commitment, we
ess Impact Analyses; establishing and
lent response plans; and testing of
port our clients in the event of a

Group provides business continuity
Marsh, Mercer, Guy Carpenter and
nse resources, including emergency
dor contracts for items such as space

Business Resiliency/Disaster
ces, recovery of network and
. These plans were created based on
s and priorities.

Disaster Recovery plans in three
liency Management internet portal.
employees keep a copy of the plan

mentation

s

ces, data centers and resources in

nent and facilities

g alternate work sites in the event
d closely with each of our
ll phases of our operations. In this

ernal data networks

as been made

e critical client support activity has

rant approach to system designs.
a systems failure, office location
ng global standards that facilitate

e required to enter a user ID and
the network.

vare applications, all of which are
industry standard applications.

re stored both at offsite storage
replication of critical or high-volume
offices enables recovery efforts at

e can be up and running at another
nd applications designated as Tier
r the disaster.

three global regions. Recovery plans
t Analyses and include:

orted to senior management and

vities during disruptions of normal
ch occasion where the Plan has been

Attacks

e Gulf of Mexico

H1N1 (Swine Flu)

concert with our Health and Life
nicable diseases and develops and
our colleagues, and our ability to

our Health and Life Safety
cluding pandemics such as avian
nal SOS, iJET Intelligent Risk
nies, including Marsh and Mercer.

service to our clients is part of the way
saster Recovery, Crisis Management

| | Amount<br>**$ 9,849,374.00** |
|---|---|
| 2017 | **BA-22 ATTACHED**<br>☒ |

n the services called for by the proposed
being performed by persons who are

personal contract.

nder R.S. 39:1503-1507, have been

n providing for the assignment of specific
ual of staff unit responsible for

**one No.**
(504)568-8280

, documents, exception reporting, or

discuss priorities and provide direction;
e completion of deliverables is being

aid Bayou Health and Dental managed

harges" (3600 series) of Budget:

provide services to Medicaid

ew within **60** days after termination of
**,000)**

se (not exceeding $20,000).

services from the private sector is
eement with another state agency and

easures and a plan for monitoring the

**T PUT N/A)**

| | **TERM:**<br>05-15-2014 |
|---|---|

:

on which the contract will terminate.

ctives to be met.

received, when applicable.

ed, when applicable.

xpenses, it contains language to effect the

e part of the total maximum payable under

ount payable under this contract shall be paid
ursable expenses; (and)

Division of Administration Policy and
Regulations).

terminated either with or without cause and

rity to audit records of the individual(s) or

:4.

each contract.

e ability to obtain such resources as required

cations, skills and facilities or has the ability
ts).

y or performance schedule.

ormance (contractors which are seriously
e number of contracts and the extent of
the contrary or compelling circumstances

pplicable laws and regulations.

he head of the using agency has prepared,
on which a determination of responsibility of
ment.

ors recent performance history indicates
have been determined by the heads of the

**EMPT AS PER ACT 673 of 1985,**

emorandum

**CRETARY OR DESIGNEE SIGNATURE**

Services Financing

09-305 / Prg 200

CFMS Contract #: 728349

ogram Contract #: 060056

05/15/14 (Start Date) — 06/30/14 (End Date)

s:
05/15/17
(End Date)

34201546302
Contractor/Vendor No.)

d Care Program and other support

Start Date) — (End Date)

m Level

| NIT Total Contract | % |
|---|---|
| $4,924,687.00 | 50.00% |
| $0.00 | 0.00% |
| $0.00 | 0.00% |
| $0.00 | 0.00% |
| $4,924,687.00 | 50.00% |
| $9,849,374.00 | 100.00% |

Yes

vel

| ces |
|---|
| 3460 |
| $262,192,561 |
| $126,624,058 |
| $410,390 |
| $135,158,113 |

ed in an Object Category deficit.

gram Manager 4

| REPT CAT | AMOUNT |
|---|---|
| 4436 | $410,390.00 |
| | |
| | |

KRISTY H. NICHOLS
COMMISSIONER OF ADMINISTRATION

our officeon May 15, 2014.

d by this office and is used as
referring to the contract in

**ying the funds available for
Office of Contractual Review.**

eceipt of a final performance
tatute 39:1500.

s an employment relationship
your agency is responsible for
umbent upon your agency to
y must make the appropriate
le.

1-800-354-9548 • Fax (225) 342-8369