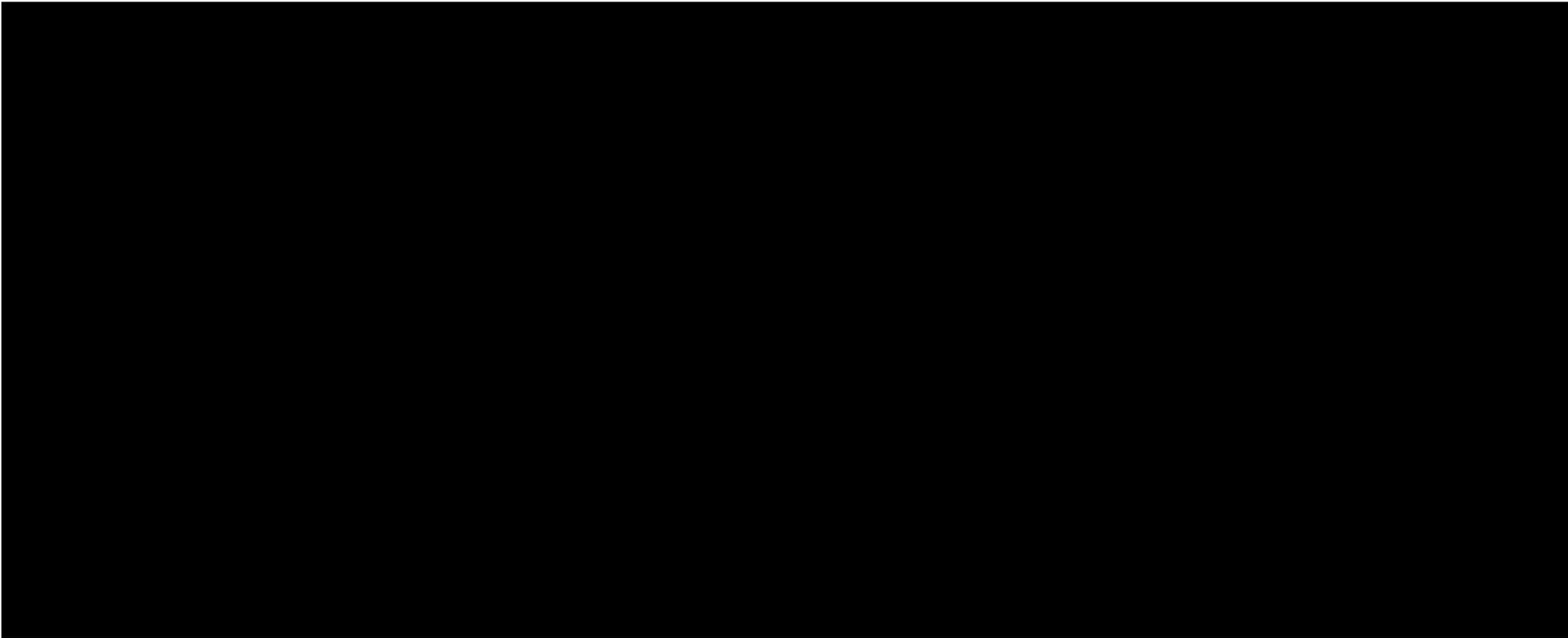


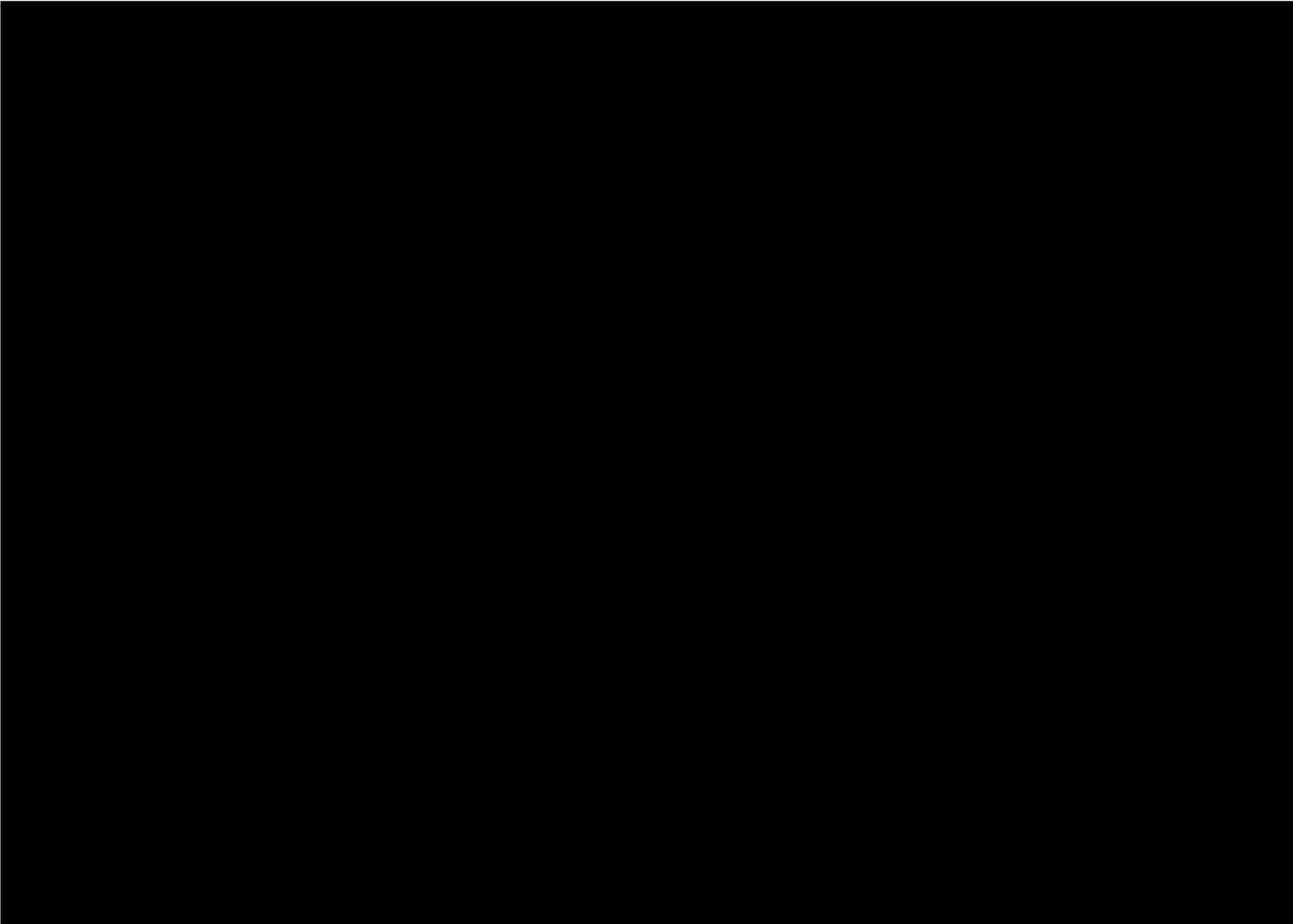
Attachments Contents

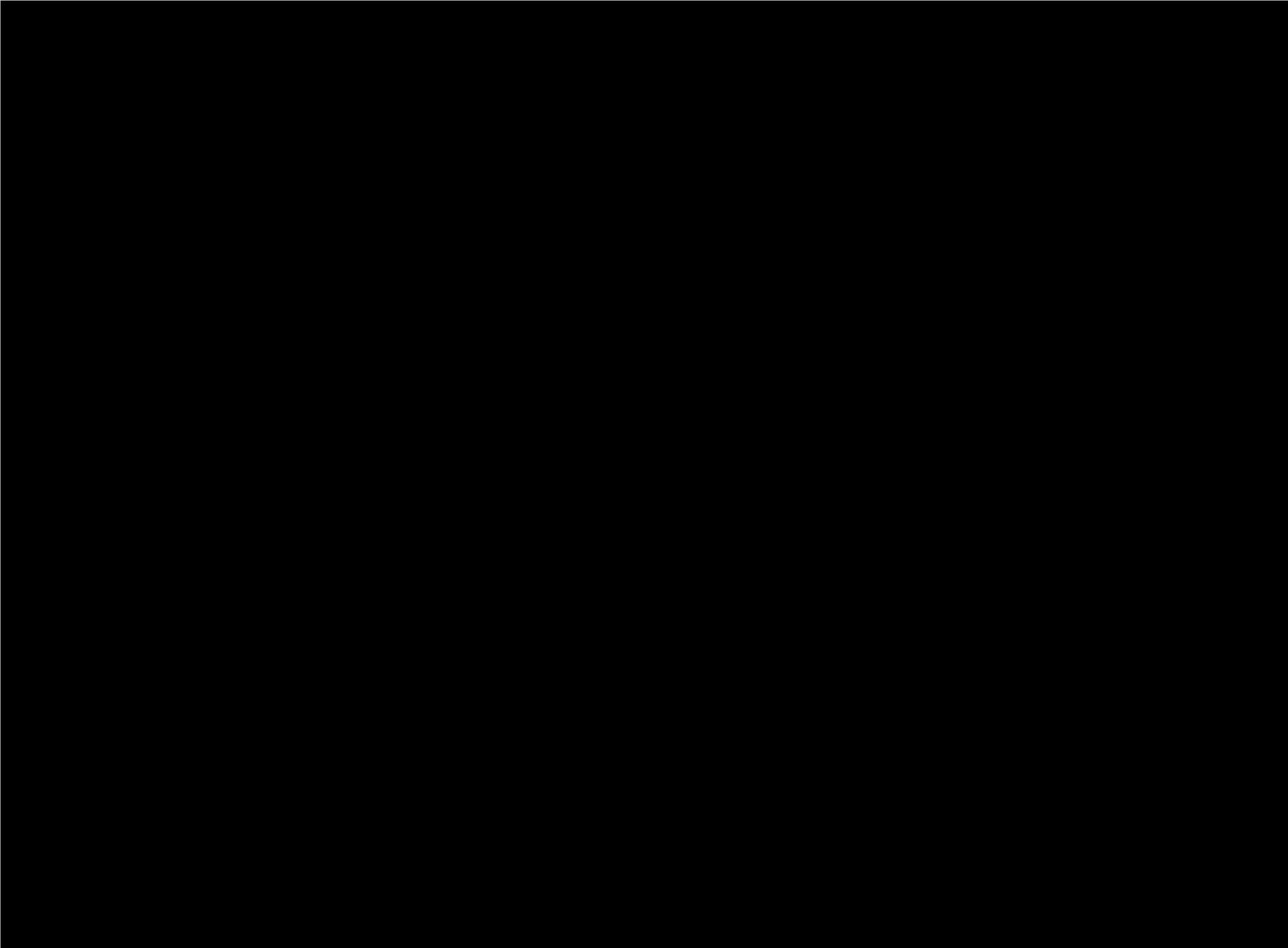
1. Claims Audit Report Sample
2. Claims System Edits
3. Implementation Plan
4. Certificates of Insurance
5. Job Descriptions and Resumes
6. Additional Information
7. Examination Reports
8. Financial Statements: Magellan Health Services
9. Financial Statements: Merit Health Insurance Company
10. Sample Reports Tracking Revenues and Expenditures by Funding Source
11. Sample Reports Monitoring Contractual Performance and Operations
12. Early Warning System Report

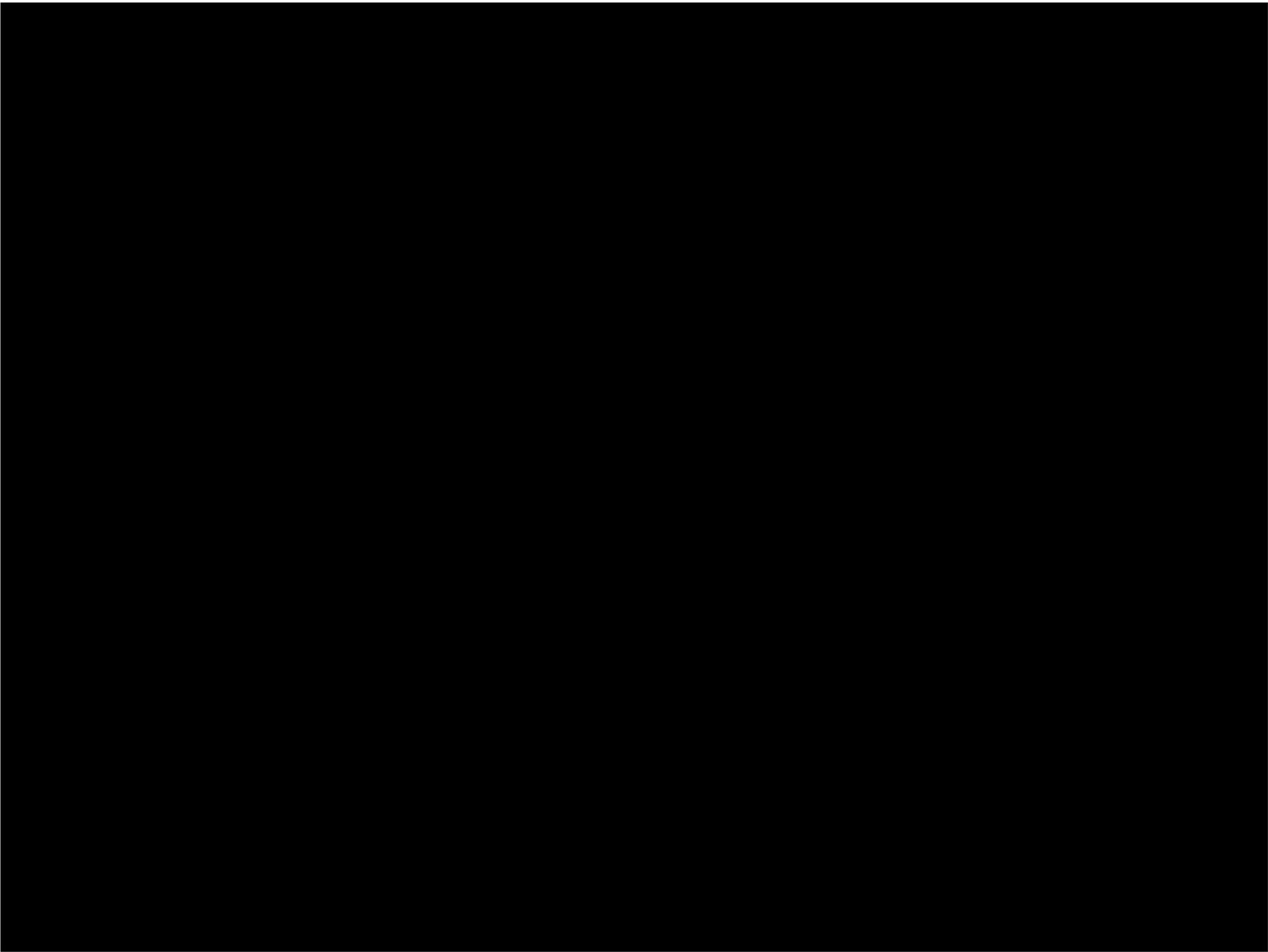
Confidential Attachment
1. Claims Audit Report Sample

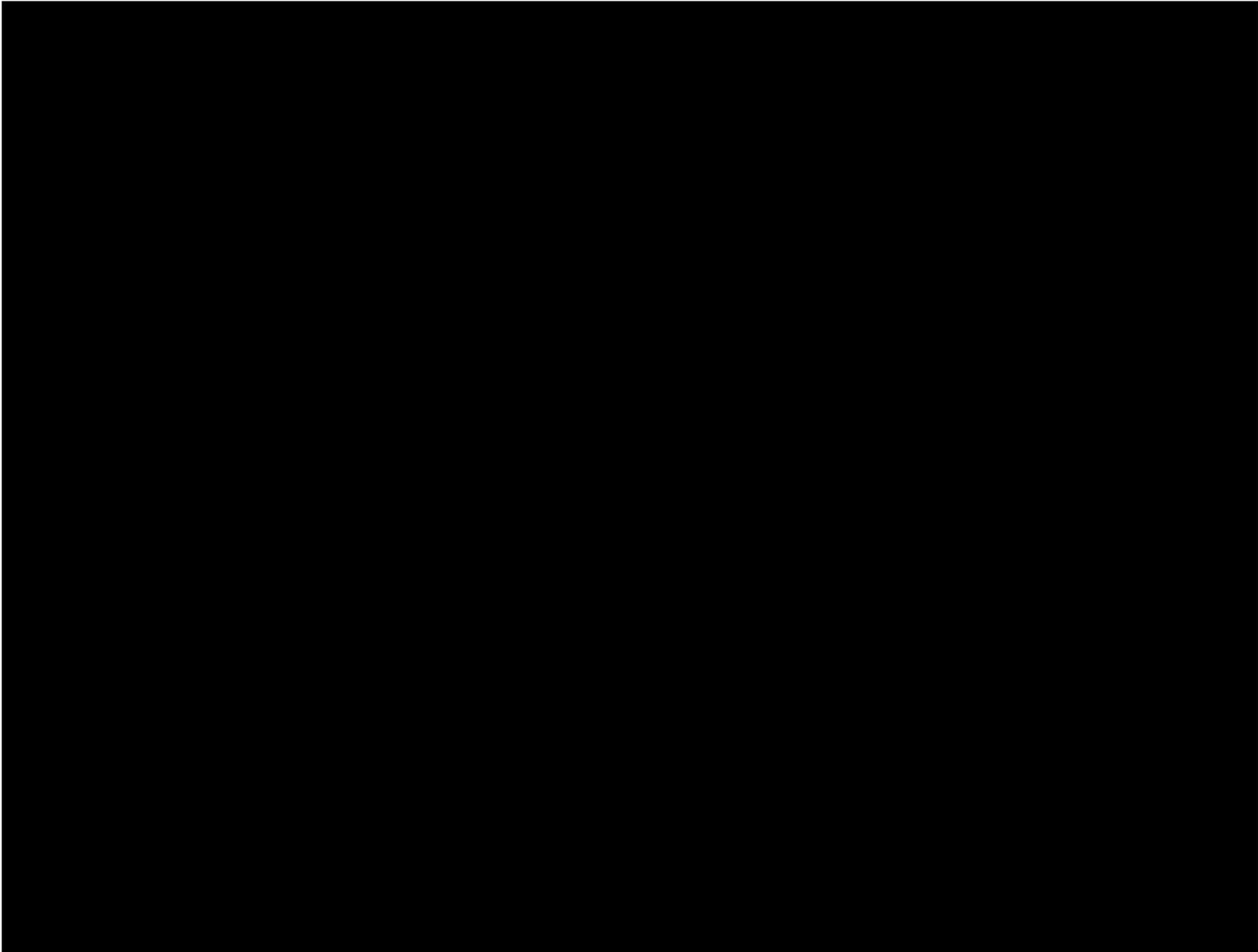


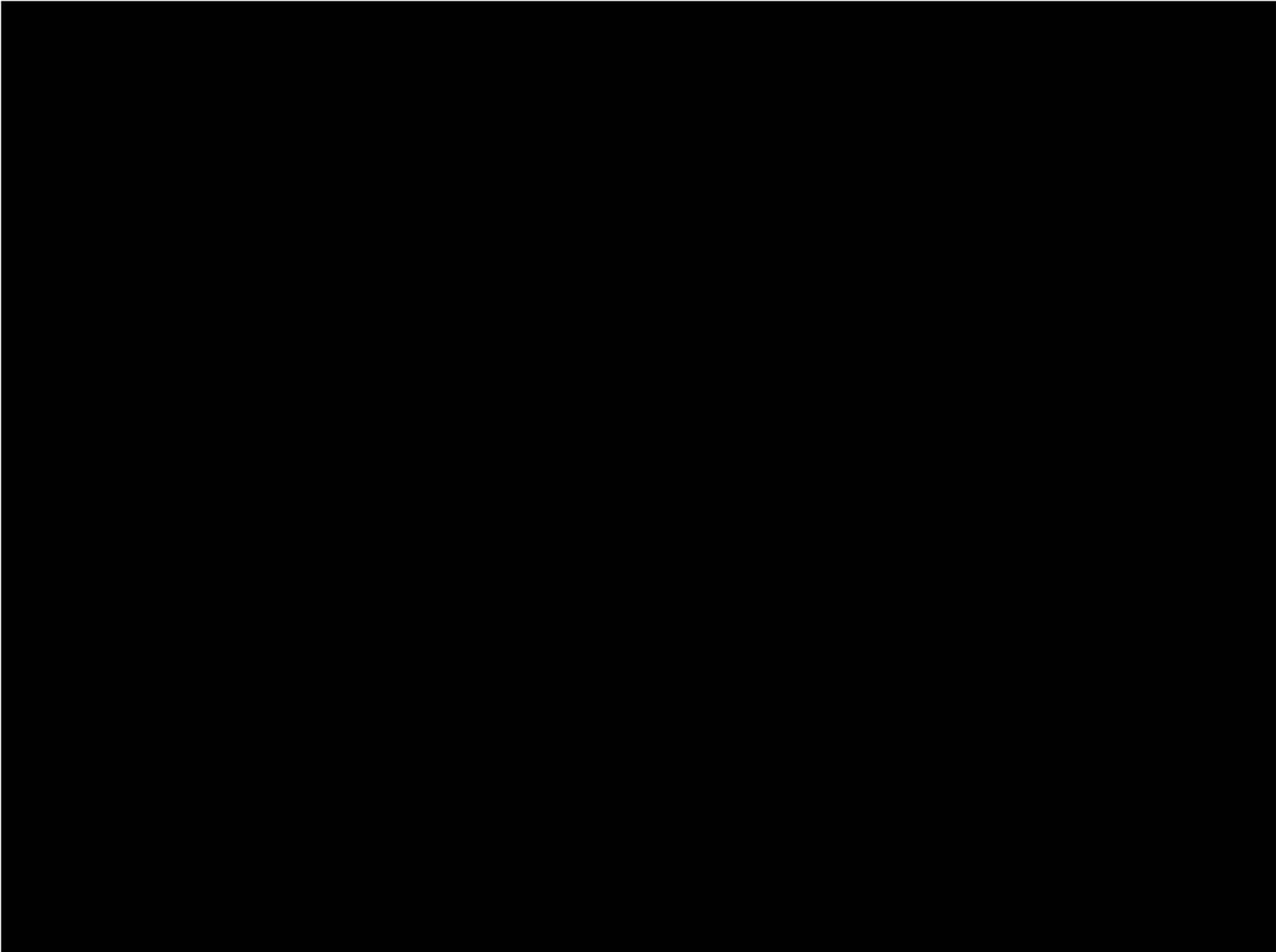
Confidential Attachment
2. Claim System Edits

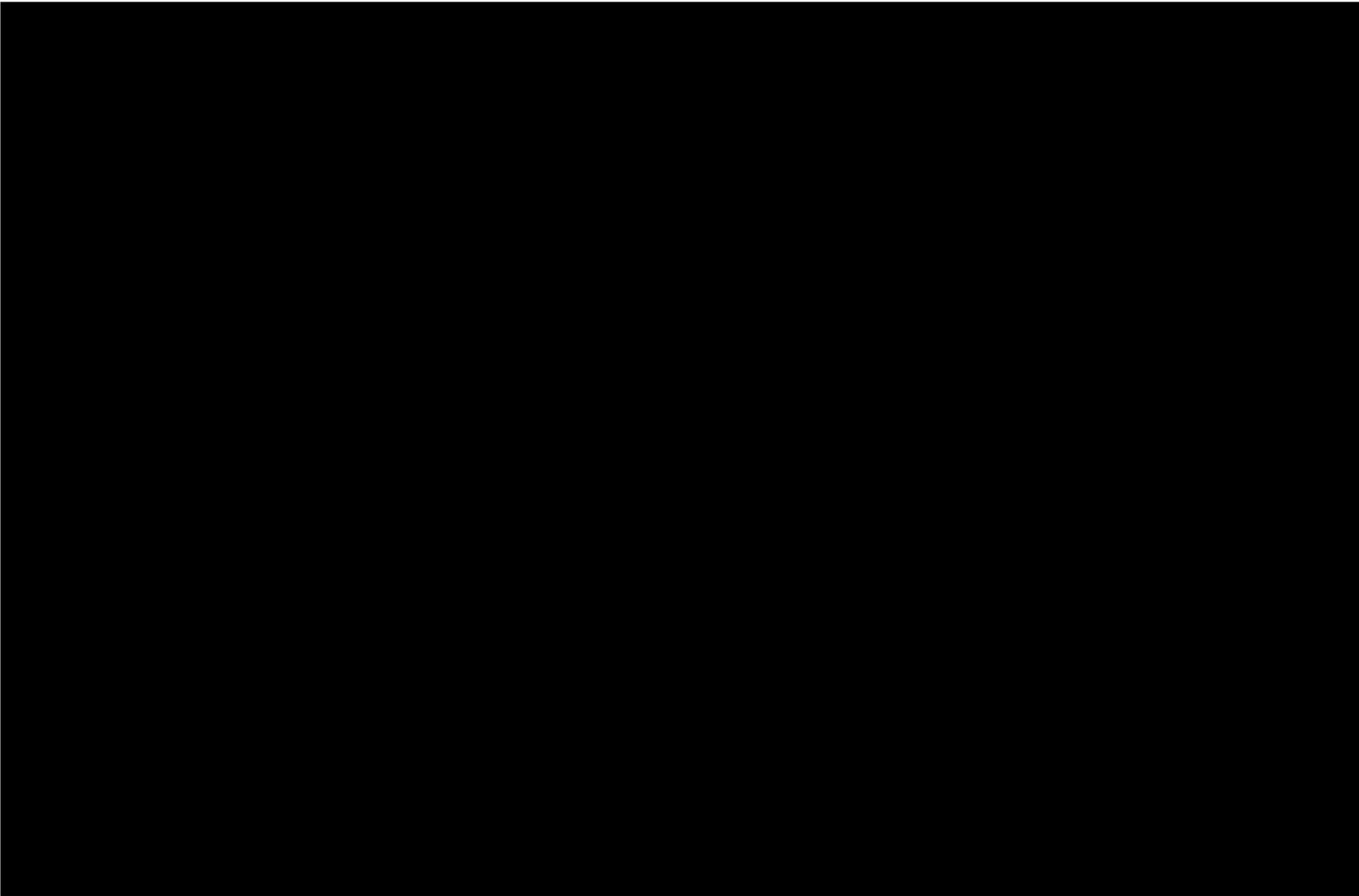


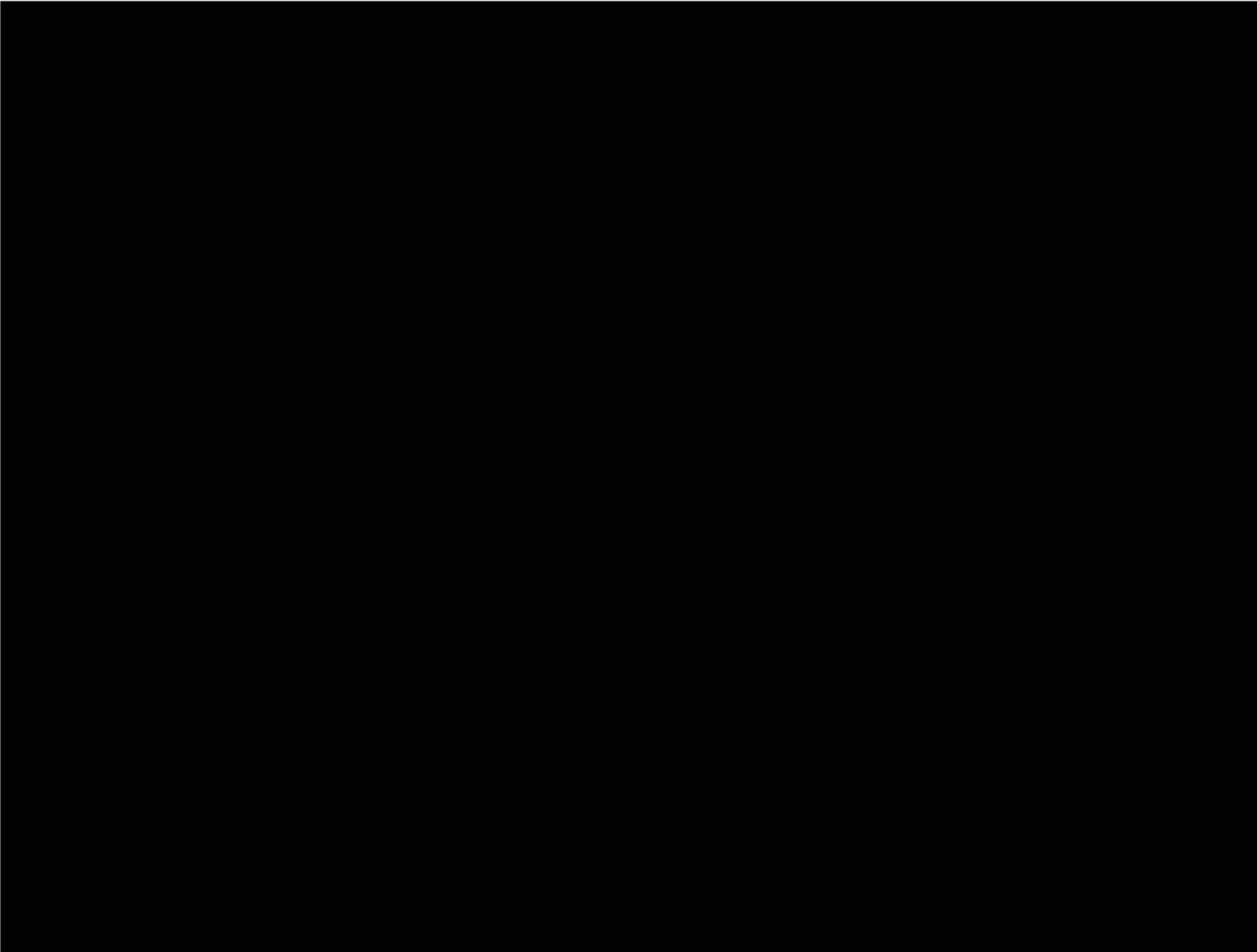






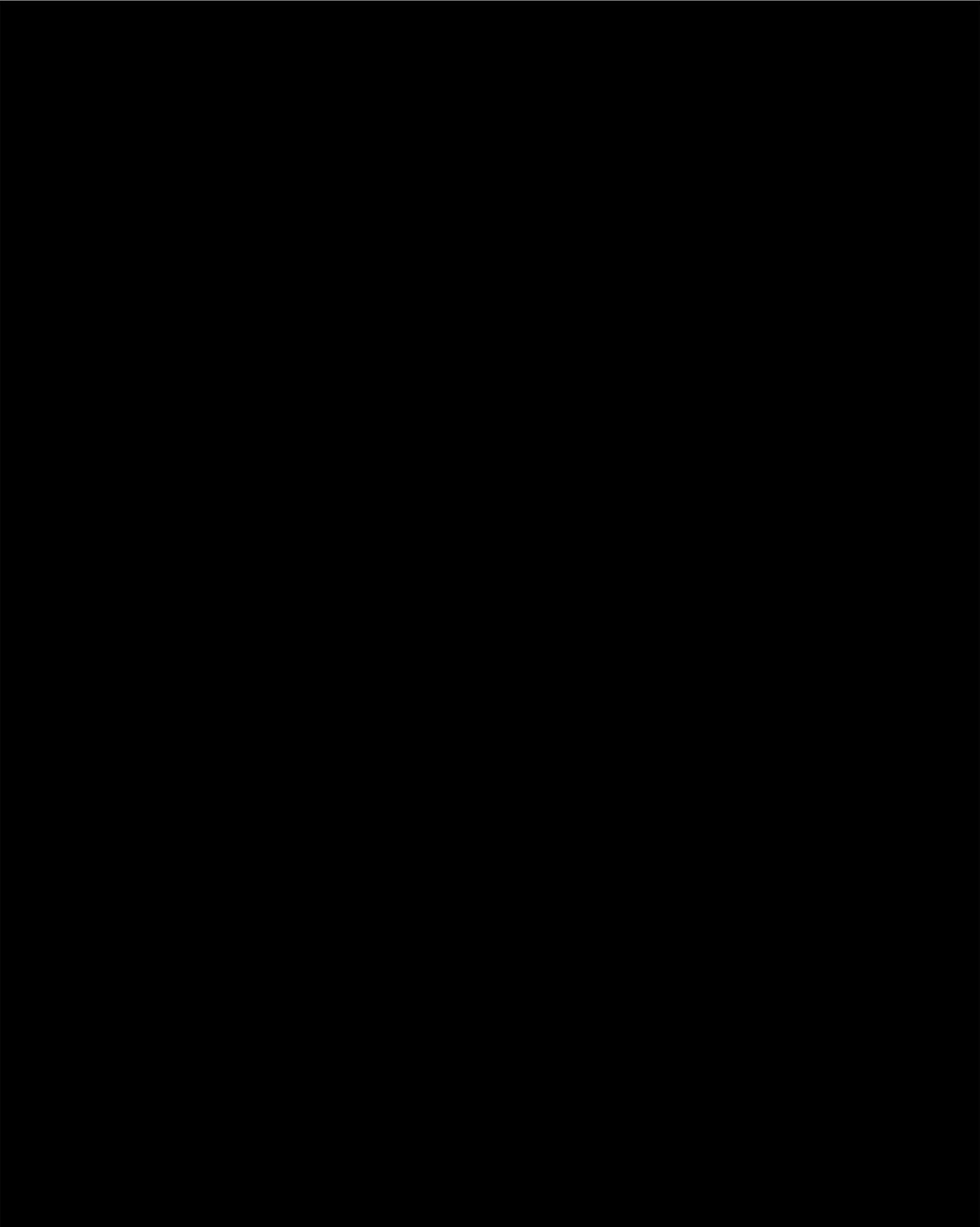


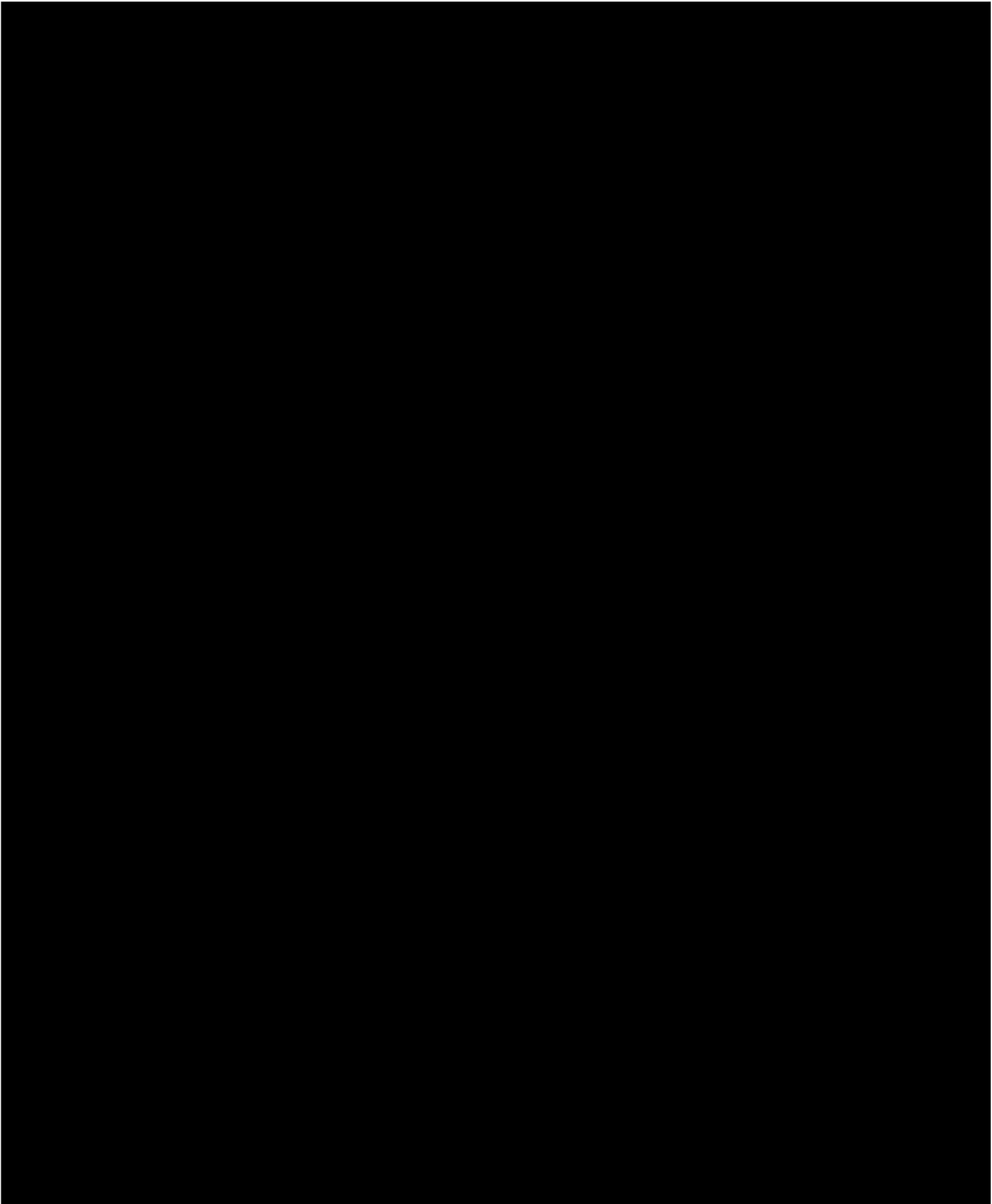


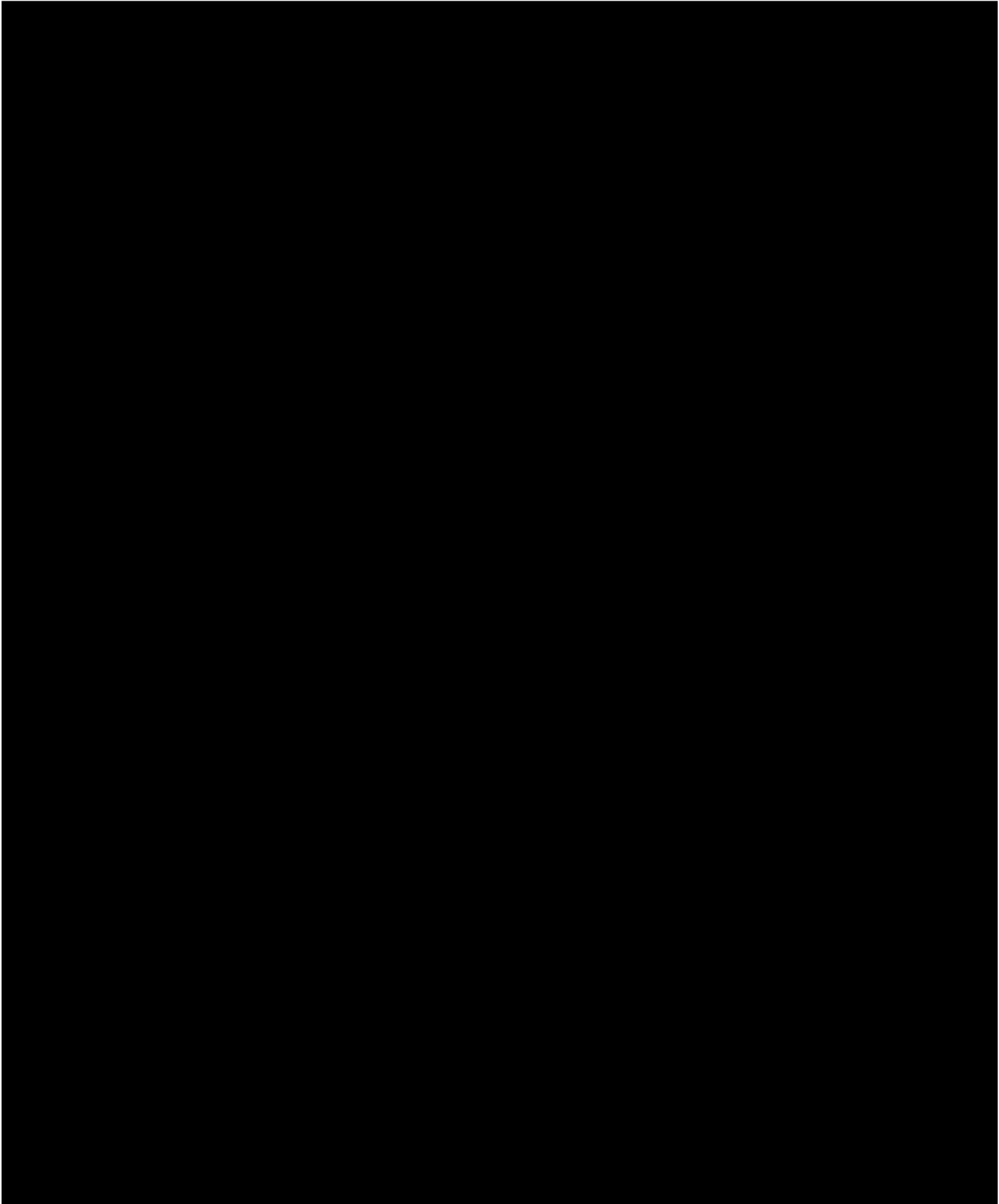


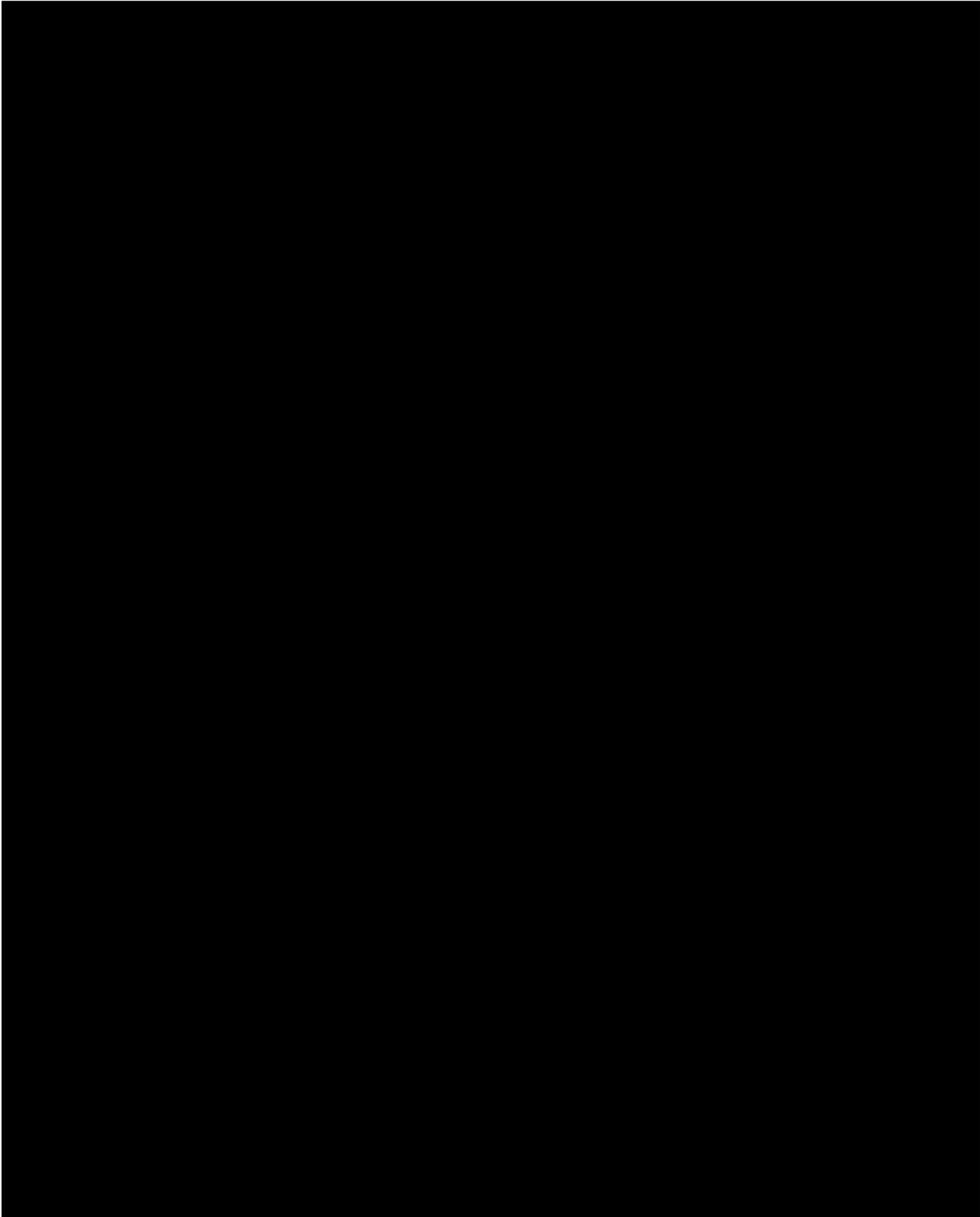


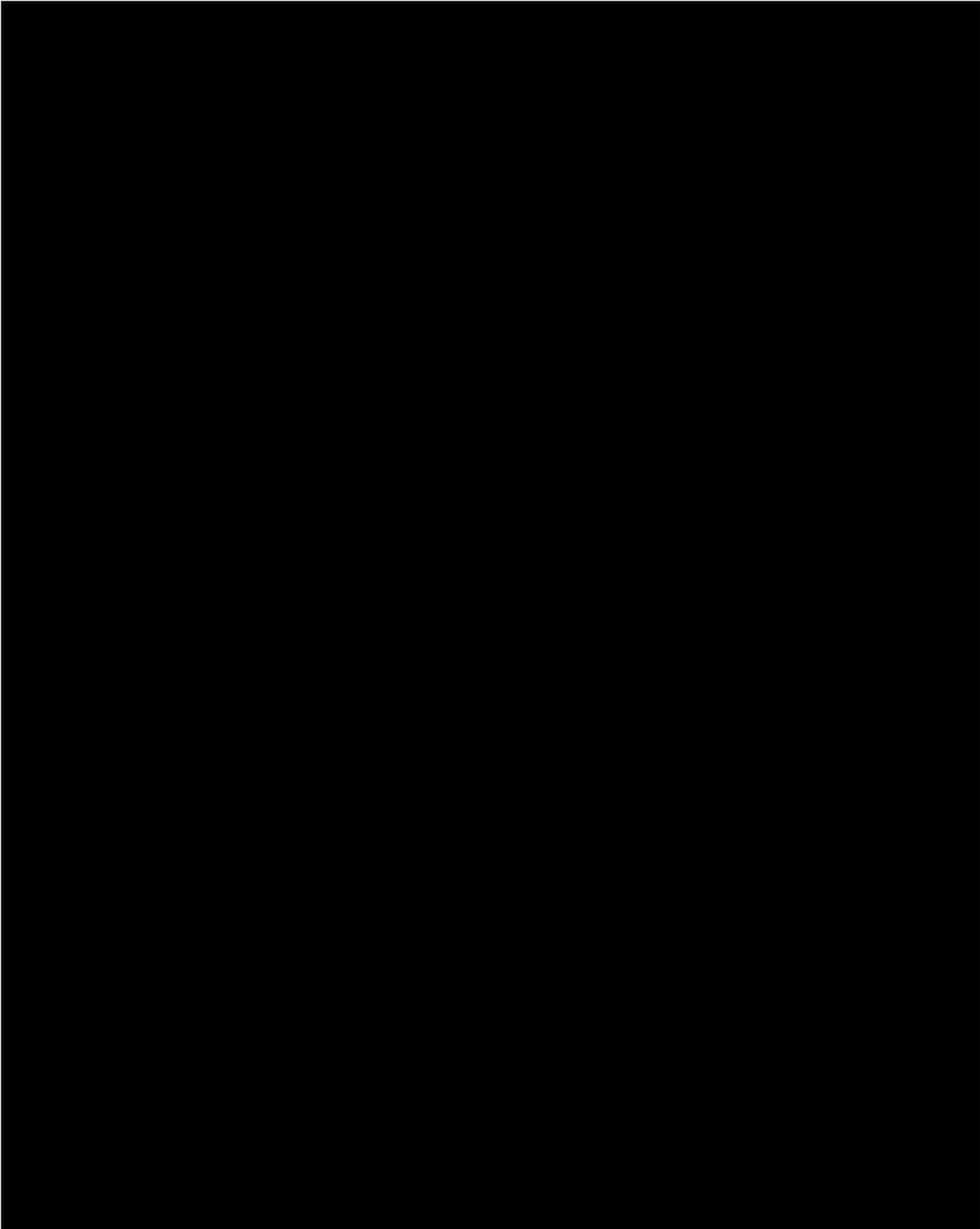


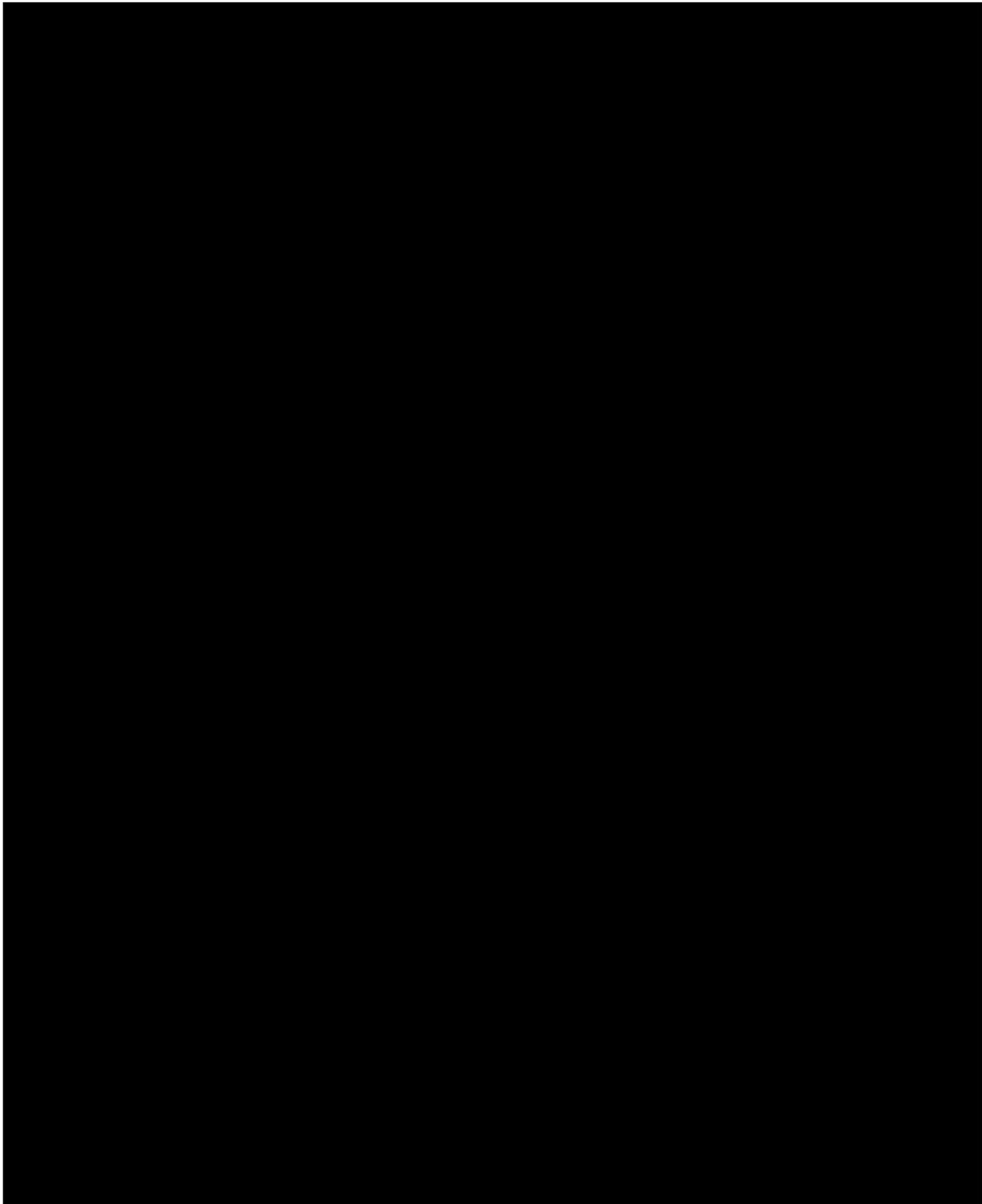


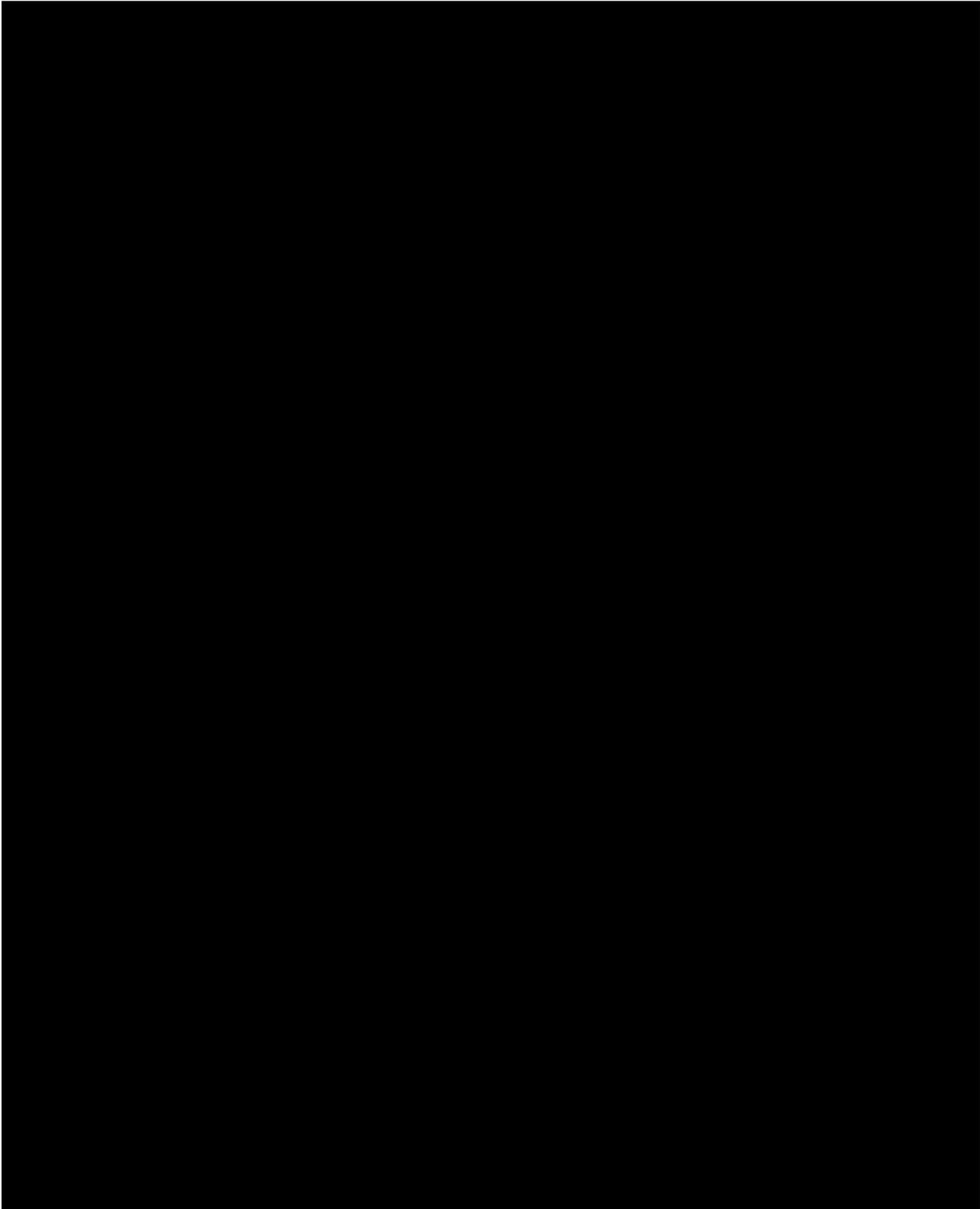


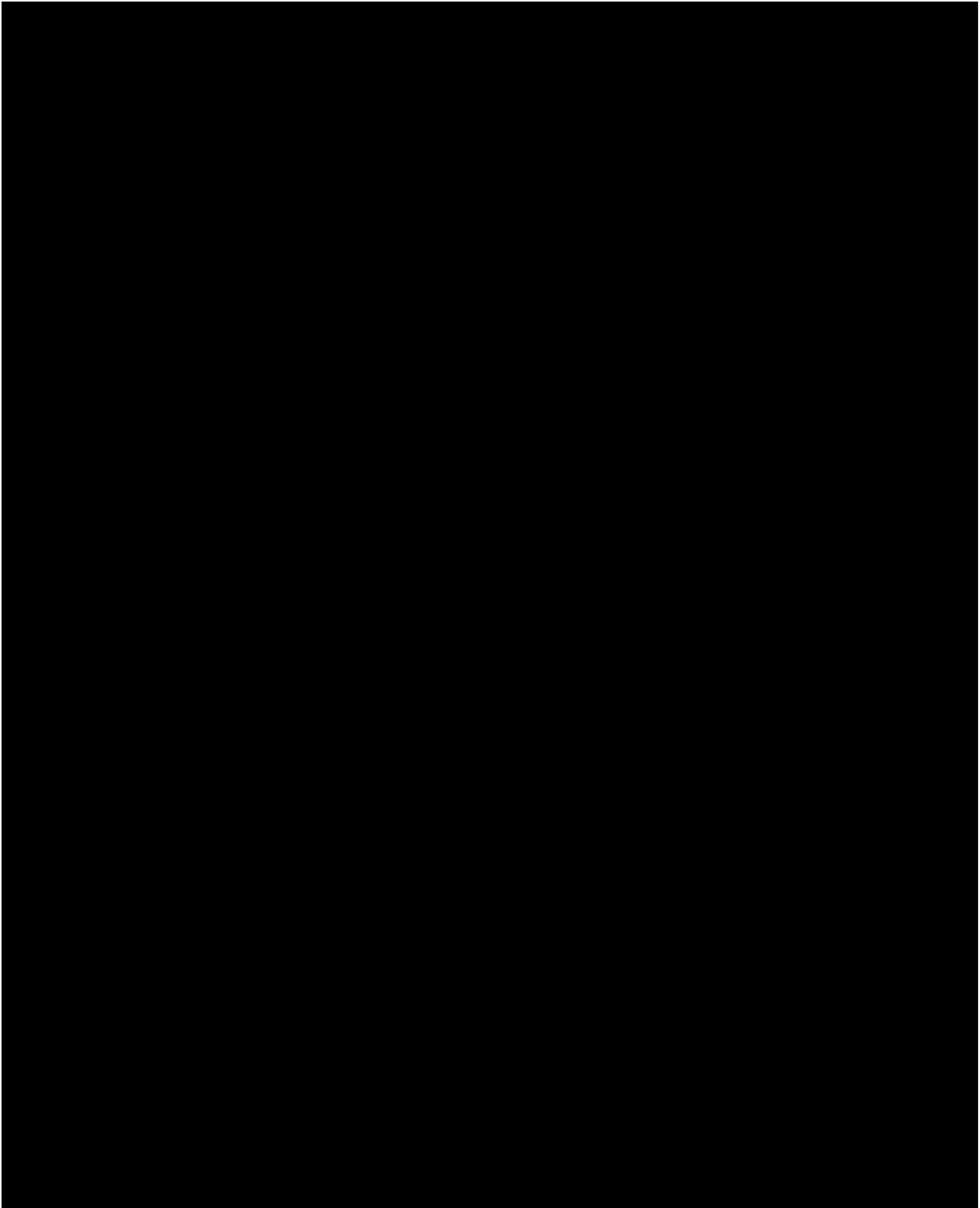


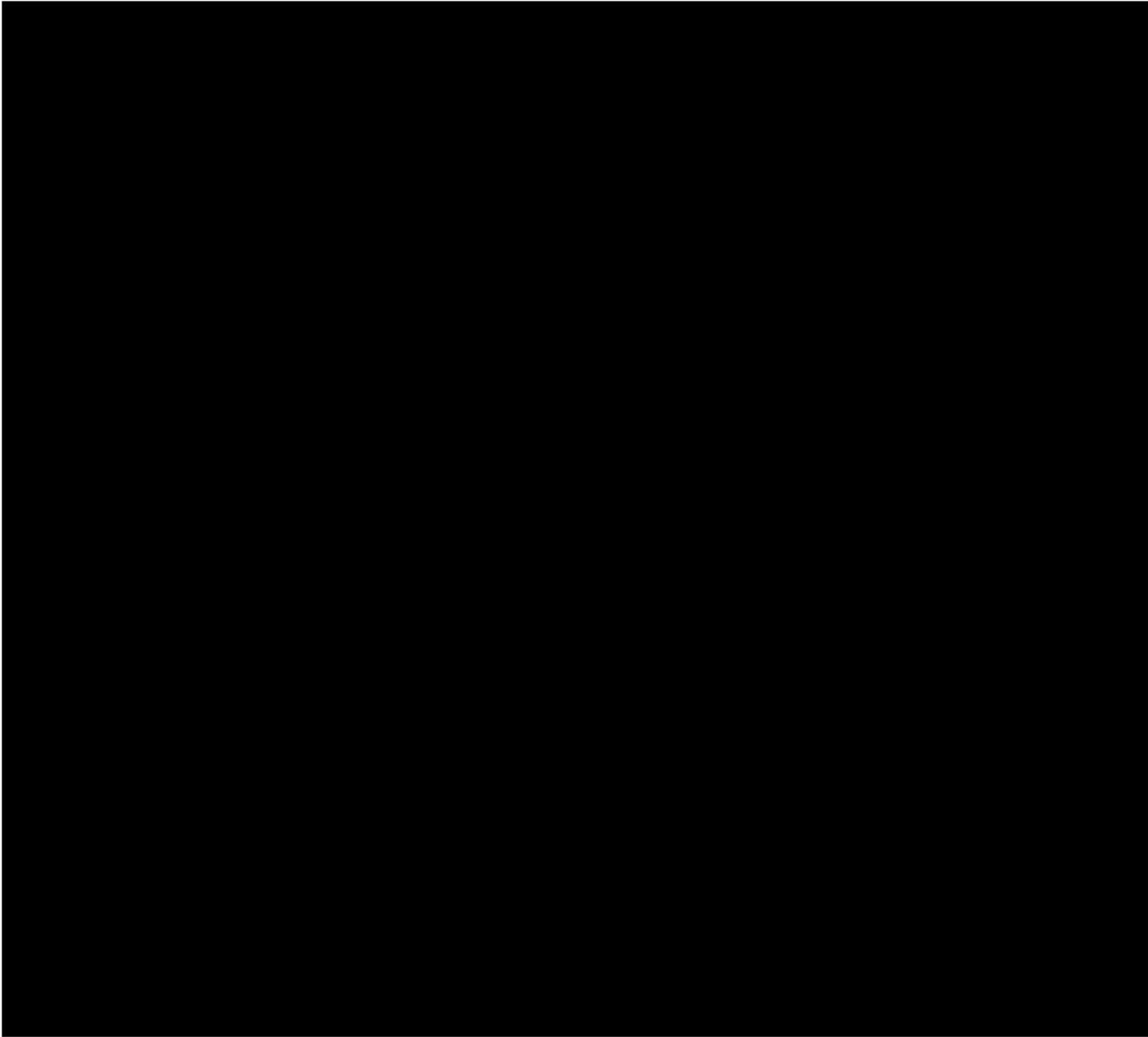


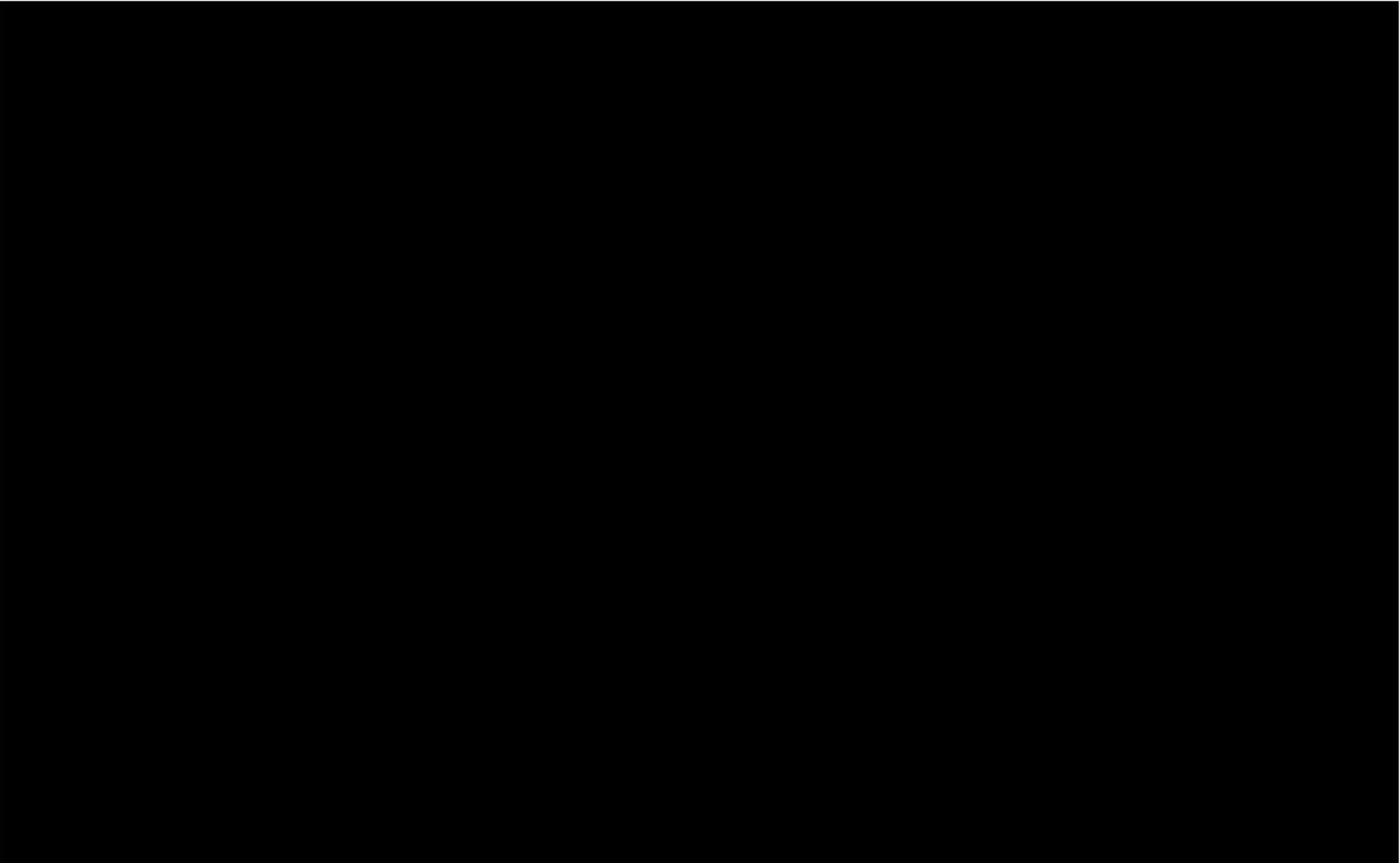


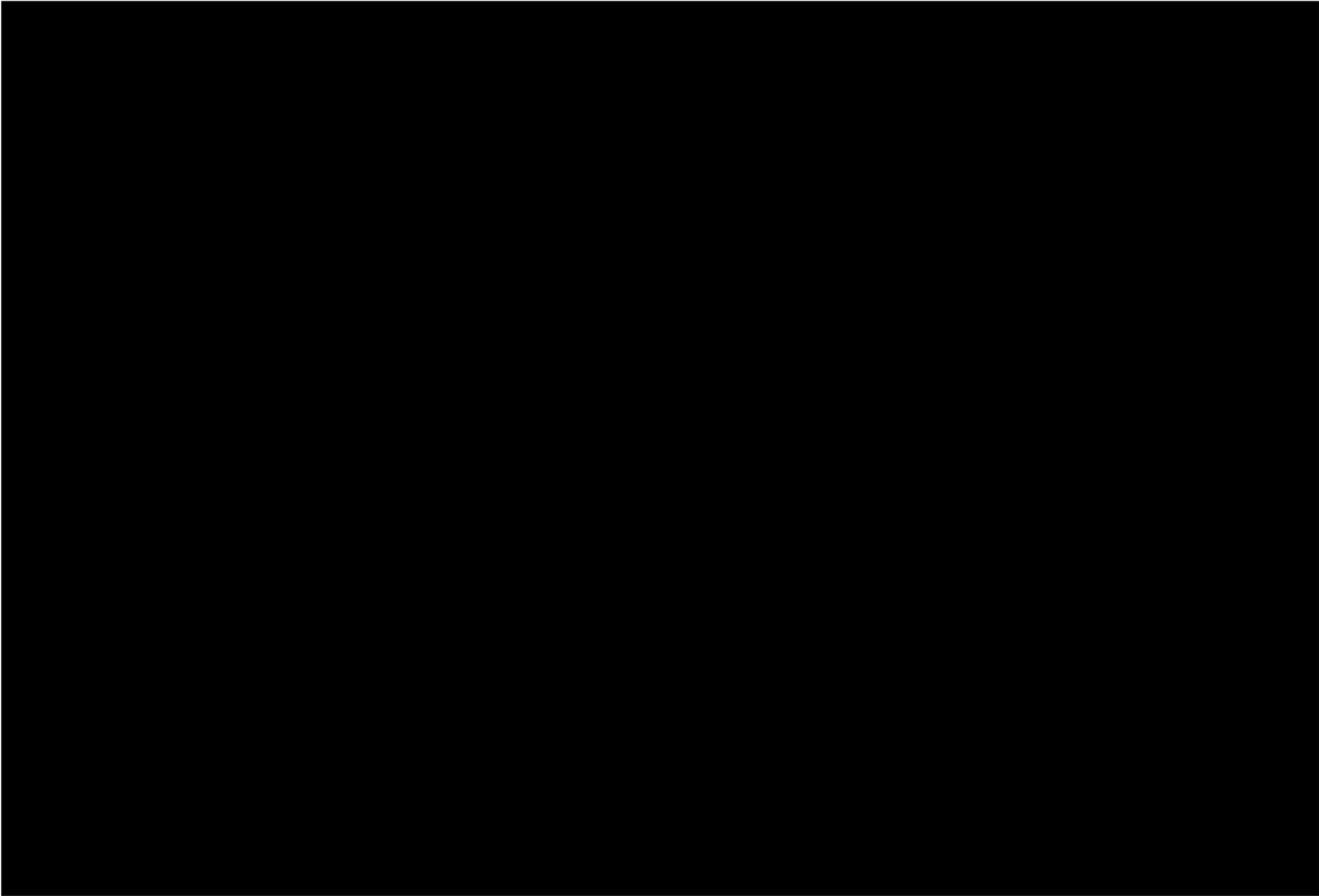


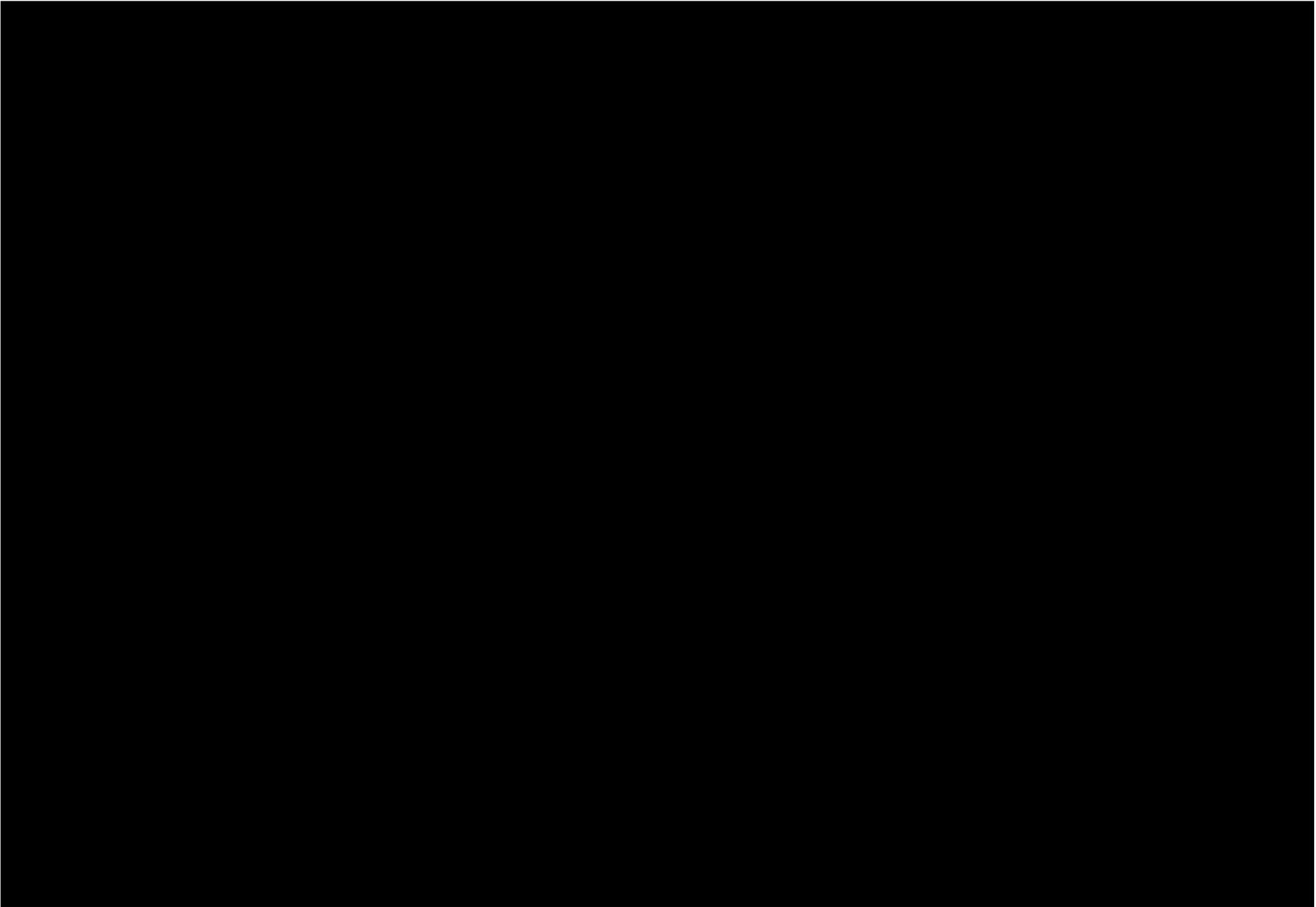


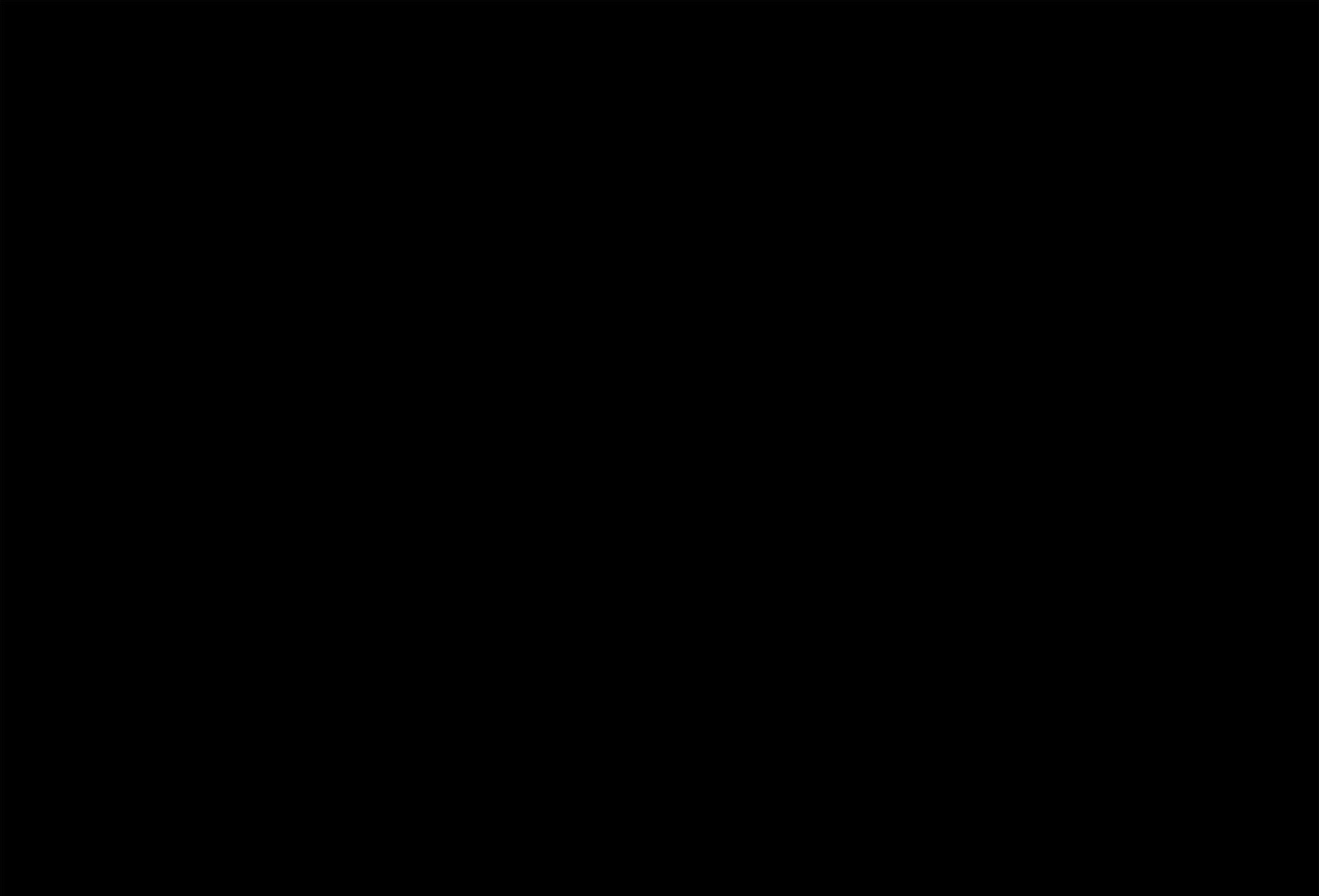


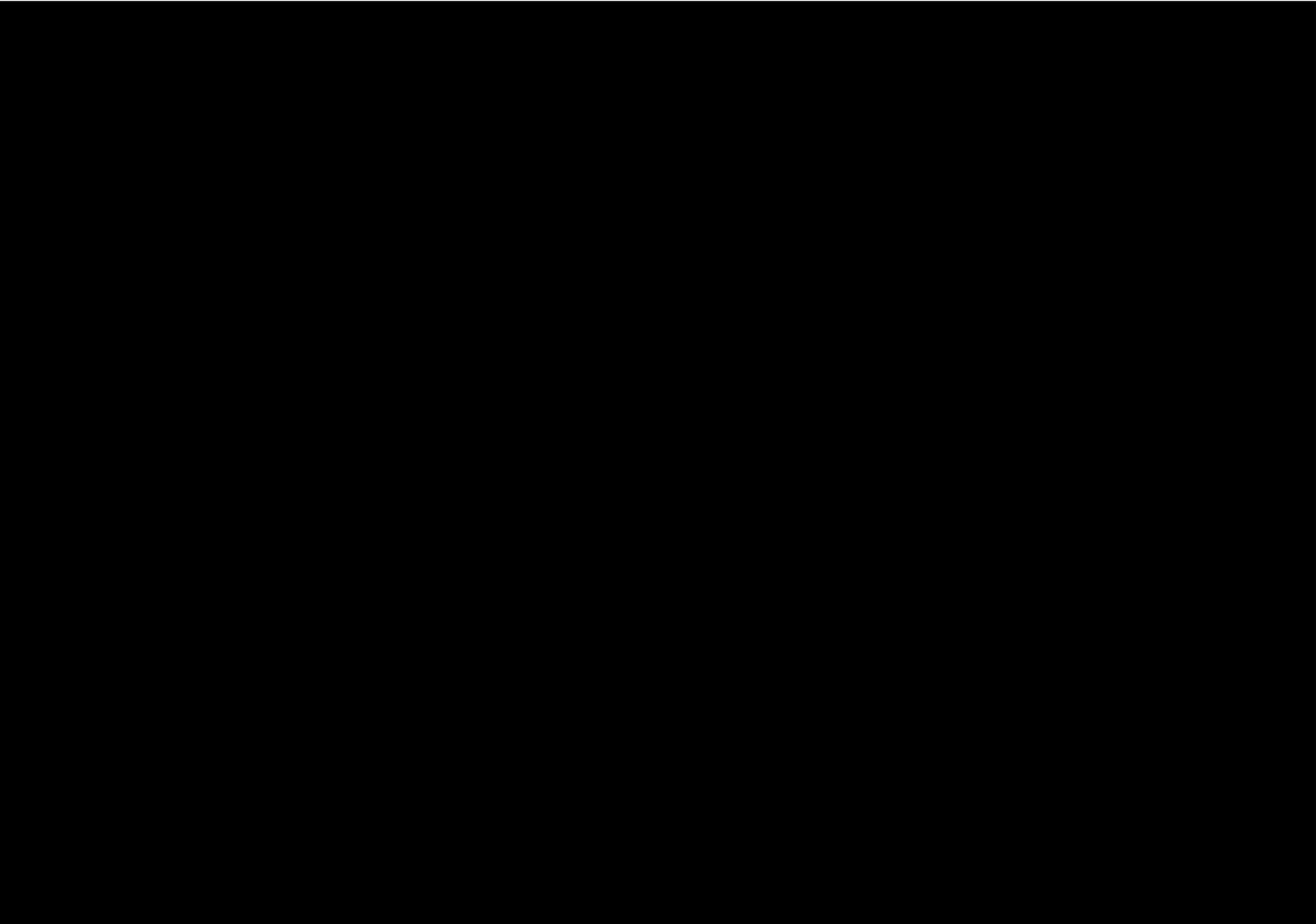


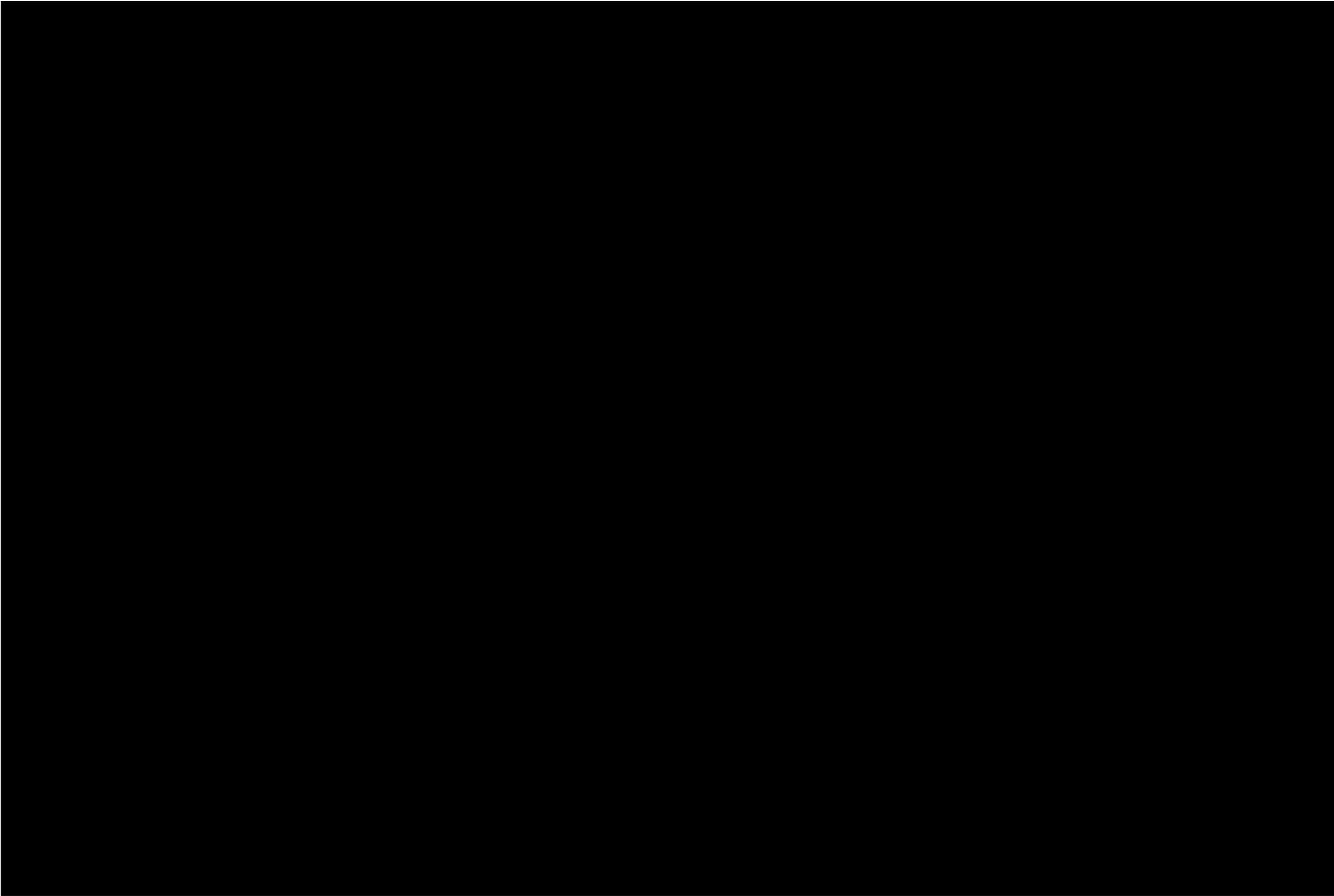












3. Implementation Plan

Magellan Health Services
Louisiana Statewide Management Organization RFP Response
Contract Award Date 9/6/11
Contract effective Date 3/1/12

Activity	Individual Responsible	Start Date	Target Completion Date
Preliminary Tasks	James Stringham	9/6/11	3/1/12
Notification of business and award to Magellan	Glenn Stanton	9/6/11	9/6/11
Negotiate contract	Anne McCabe	9/6/11	10/9/11
Finalize Magellan implementation team	Deb Happ	9/6/11	9/9/11
First meeting with Magellan implementation team	Deb Happ	9/6/11	9/15/11
Meet with DHH-OBH within 5 days of contract award	Deb Happ	9/6/11	9/11/11
Define project management team, communication paths and reporting standards between DHH-OBH and Magellan	Deb Happ	9/11/11	9/16/11
Finalize detailed implementation plan submitted to DHH-OBH within 60 days of contract award	Deb Happ	9/6/11	11/4/11
Define expectations for content and format of contract deliverables	Deb Happ	9/11/11	9/23/11
Facilities	Mark Cowin/Nancy Mednik/James Stringham		
Finalize selection for Baton Rouge and Shreveport site locations		9/6/11	10/1/11
Negotiate and sign leases on the LA CMC		10/1/11	11/15/11
Site build-out		11/15/11	12/31/11
Order furniture, telecom, and IT equipment		11/30/11	12/31/11
Installation of furniture, telecom, and IT equipment		1/1/12	2/01/12
Training room furnished and ready for use.		1/1/12	2/01/12
Site fully functional		1/1/12	2/01/12
Staffing	Dave Sawyer Pat Tourigny James Stringham		
Finalize staffing requirements		8/1/11	9/6/11
Submit requisitions for all positions		9/15/11	10/1/11
Ads placed in local newspapers, including Spanish-language publications, Web Sites		6/30/11	3/01/12
Interviews begin		9/15/11	3/1/12
Key Personnel Hired	James Stringham		

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Activity	Individual Responsible	Start Date	Target Completion Date
Chief Executive Officer		9/15/11	11/15/11
Chief Financial Officer		9/15/11	12/15/11
Chief Medical Officer and Medical Administrator		9/15/11	12/15/11
Chief Operations Officer		9/15/11	12/15/11
Children's System Administrator		9/15/11	12/15/11
Required Personnel Hired	James Stringham		
Compliance Administrator		9/15/11	1/1/12
Care Management/Utilization Management Administrator		9/15/11	1/1/12
Quality Management Administrator		9/15/11	1/1/12
Network Development Administrator		9/15/11	1/1/12
Network Management Administrator		9/15/11	1/1/12
Member Services Administrator		9/15/11	1/1/12
Information System Administrator		9/15/11	1/1/12
Claims/Encounter Administrator		9/15/11	1/1/12
Grievances and Appeals Administrator		9/15/11	1/1/12
Hire Qualified Supporting Staff			
Care management and UM staff		9/15/11	1/9/12
Quality management staff		9/15/11	1/9/12
Grievance and appeals staff		9/15/11	1/9/12
Provider services and provider network staff		9/15/11	1/9/12
Member services staff		9/15/11	1/9/12
Claims processing and encounter processing staff		9/15/11	1/9/12
Data analysts and reporting staff		9/15/11	1/9/12
Human resources staff		9/15/11	1/9/12
Clerical and administrative staff		9/15/11	1/9/12
Stakeholder Liaison staff		9/15/11	1/9/12
Medicaid, DCFS, OJJ and DHH-OBH eligibility		9/15/11	1/9/12
Health plan		9/15/11	1/9/12

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Activity	Individual Responsible	Start Date	Target Completion Date
Emergency response/business continuity/recovery		9/15/11	1/9/12
Tribal		9/15/11	1/9/12
Consumer and family organizations		9/15/11	1/9/12
Contract with behavioral health advisors		9/15/11	1/9/12
Quality Improvement (QI) team hired		9/15/11	1/9/12
LAN administrator identified		9/15/11	1/9/12
Training	Lee Ellen Meiss		
Location for training determined		12/1/11	12/31/11
Determine size and makeup of training for each shift		9/15/11	12/1/11
Identify corporate resources from learning and performance and other departments to develop and deliver training		9/15/11	10/6/11
Develop schedule for training each shift		10/7/11	12/7/11
Categorize and review relevant content for customer service and clinical training		11/1/11	12/1/11
Design and develop training materials and agenda for customer service and clinical training		12/2/11	1/2/12
Order training materials		1/3/12	1/11/12
Confirm and test equipment in training room		1/1/12	1/8/12
Conduct new hire orientation		1/10/12	2/9/12
Conduct new employee training for customer service staff		1/10/12	2/9/12
Conduct new employee training for clinical staff		1/10/12	2/9/12
Conduct new employee training for all other staff, e.g. QI, consumer/family advocate		1/10/12	2/9/12
Conduct training on meeting special needs (Pacific Interpreters, TDD, and Relay system) conducted		1/10/12	2/9/12
Conduct training for clinical staff for certification to administer FARS/CFARS conducted		1/10/12	2/9/12
MagNet site expanded to include Louisiana site		1/10/12	2/9/12
Determine resources for program start		9/15/11	12/1/11

Magellan Health Services
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Activity	Individual Responsible	Start Date	Target Completion Date
Identify ongoing training resources for Louisiana CMC		9/15/11	11/1/11
Continue training for CMC as system evolves		3/1/12	On-going
Communication	Mike Mackin Claudia Lamazares		
Call Center	James Stringham		
Determine call center communication needs		9/15/11	10/05/11
Develop call center communication plan	James Stringham		
Reserve toll-free number through carrier - 800-424-4399		8/1/11	8/4/11
Set up call distribution queues		9/15/11	2/1/12
Install and test toll-free number		9/15/11	2/1/12
Set up interactive voice response system (IVR)		9/15/11	2/1/12
Add toll-free number of the contract with Pacific Language Line		9/15/11	2/1/12
Set up TTD and relay system -800-424-4416 –TTY There is a national relay number for hearing impaired. Telecommunications relay services can be reached by dialing 711.		9/15/11	2/1/12
Customize service telephone scripts		9/15/11	2/1/12
Customize automatic attendant message		9/15/11	2/1/12
Member Handbooks	Malena Albo		
Finalize Member Handbook		9/15/11	1/30/12
Finalize outreach plan		9/15/11	10/6/11
Develop other member communications		9/15/11	12/30/11
Translate Member Handbook into Spanish or other languages needed		12/30/11	1/30/12
Mail Member Handbook		10/1/11	2/1/12
Schedule member trainings		9/15/11	2/29/12 Initial
Conduct member trainings		11/1/11	2/29/12
Identify specifications for Provider Directory if applicable		9/15/11	11/1/11
Submit request for provider list & review		9/15/11	11/30/11
Publish provider directory		1/30/12	1/30/12

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Activity	Individual Responsible	Start Date	Target Completion Date
Provider Handbooks	Brian Smock Carrie Becker		
Review contents of Provider Handbook		9/15/11	9/19/11
Draft provider handbook supplement for Louisiana		9/19/11	12/14/11
Submit Magellan Provider Handbook supplement to provider communications		12/15/11	12/31/11
Provider communications and legal review of handbook supplement		1/2/12	1/29/12
Ensure Louisiana Provider Handbook available on Magellan Web site		1/30/12	1/30/12
Website Development	Vince Smith Anne Young		
Demonstrate website to customer		9/10/11	9/10/11
Determine customization to web design is needed		9/11/11	12/11/11
Finalize web design		12/12/11	1/12/12
Network Development	Brian Smock Carrie Becker		
Establishment			
Draft provider list compiled		4/20/11	5/18/11
Letters of intent mailed to current state Medicaid providers		5/18/11 and 7/15/11	7/15/11
Follow-up calls to State Medicaid providers/answer provider questions conducted		5/18/11	ongoing
Conduct follow-up calls to preferred providers to gather further information on services provided		9/6/11	9/20/11
Outreach and initial provider meetings scheduled		9/20/11	10/31/11
Compile provider profile information into database		9/20/11	2/1/12
Complete network GAP analysis/Geo-Access		7/31/11	2/1/12
Schedule and conduct initial face-to-face provider meetings		10/1/11	11/30/11
Develop/distribute network-specific project plan		9/6/11	9/20/11
Present rate proposal to operating committee		10/3/11	10/17/11

Magellan Health Services
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Activity	Individual Responsible	Start Date	Target Completion Date
Determine if new network ID for Louisiana Medicaid is necessary		7/8/11	7/8/11
Coordinate creation of product-specific network		9/15/11	10/01/11
Submit SPR for creation of new network ID		9/15/11	9/21/11
Notify contracting team of new network ID		9/21/11	10/01/11
Establish business rules for new network ID		9/15/11	10/01/11
Develop search criteria based on new network ID and business rules		10/01/11	11/01/11
Credentialing and Contracting	Brian Smock Angie Adams		
Develop Louisiana specific credentialing materials		07/15/11	08/15/11
Submit credentialing materials for approval		08/15/11	09/06/11
Establish Provider line and points of contact for provider questions		09/06/11	09/09/11
Develop Louisiana contract documents		7/28/11	8/5/11
Submit draft contract documents for internal approval		8/1/11	9/6/11
Submit contract documents for collaborative approval		9/6/11	9/13/11
Load approved contract documents into correspondence system		9/19/11	9/19/11
Review Louisiana fee schedule		9/7/11	9/9/11
Comparison of rates to Magellan rate schedule		9/9/11	9/13/11
Develop Louisiana fee schedule		9/6/11	9/9/11
Submit Louisiana fee schedule for approval		9/10/11	9/15/11
Load Louisiana fee schedules into correspondence		9/17/11	9/21/11
Load rates into IPD/CAPS		11/7/11	ongoing
Establish contract bundles for mailing of amendment to existing provider and facility network		9/17/11	9/21/11
Prepare file and schedule time in central services to complete mailing		9/24/11	9/28/11
Mail contract, application, and cover letter to Louisiana providers and facilities		10/1/11	10/1/11
Contracts/applications returned to Magellan Network Services		10/15/11	ongoing
Identify high-volume independent practitioners requiring site visits		9/17/11	9/21/11

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Activity	Individual Responsible	Start Date	Target Completion Date
Schedule site visits for high-volume independent practitioners		9/24/11	9/28/11
Conduct site visits		10/1/11	10/1/11
Provider systems set up	Angela Adams		
Update provider, facility data into IPD		09/6/11	Ongoing
Verify provider, facilities are loaded with appropriate network ID		10/15/11	Ongoing
Load rates into claims system (CAPs)		11/7/11	Ongoing
Identify any provider data and claims system issues		9/6/11	Ongoing
Provider training	Robin Schlosburg Brian Smock		
Identify needed training materials		7/8/2011	8/15/11
Develop training materials		8/15/2011	9/6/11
Submit to provider communications for approval		9/6/2011	9/13/11
Review and obtain legal approval for training materials		9/6/2011	9/13/11
Schedule provider forums		9/6/2011	9/13/11
Conduct provider training		10/1/2011	2/28/12
Local Governing Entities	Shawn Thiele Rick Kamins Pat Hunt		
Establish regular collaborative meetings with the CSoCs, statewide coordinating council of FSOSs, LGEs and each Local Governing Entity for shared development and decision making around system transformation and expansion		9/15/11	ongoing
Write and finalize Stakeholder Collaborative Protocols with each partnering Governing Entity (DCFS, DOE, OJJ)		9/15/11	3/1/12
Implement Collaborative Protocols		3/1/12	ongoing
Children's System Development	Shawn Thiele Rick Kamins Pat Hunt		
Finalize communication and engagement strategy for introduction, relationship		9/15/11	ongoing

Magellan Health Services
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Activity	Individual Responsible	Start Date	Target Completion Date
building and ongoing planning, decision making and coordination with the existing providers, four CSoc and corresponding WAAs, stakeholder partners (DCFS, OJJ, DOE) and peer and family organizations.			
Create proposed statewide development plan <ul style="list-style-type: none"> • Assess lessons learned, strengths and needs identification with each CSoc region to support sustainability and guide expansion efforts • Map out a specific training program to include but not be limited to Wraparound, CFT and POC development, Wraparound Fidelity Index, CANS, Stakeholder Collaboration and Family Driven, Youth Guided Care • Outline coaching, supervision and consultation strategy incorporating NWI and Directive Supervision resources and experts • Develop peer youth support system 		9/15/11	ongoing
Develop a statewide Family and Youth Involvement development plan <ul style="list-style-type: none"> • Create practice guidelines for youth and family involvement • Create and implement outreach strategy for engaging and reaching youth in community, out-of-home and detention centers • Create and implement outreach strategies for engaging families, FSOs, family partners and family-run organizations 		9/15/11	ongoing
In partnership with DOE, hold regionally based school district meetings to outline the following <ul style="list-style-type: none"> • Current programming for children, youth and families • Identify SMO relationship with the school district personnel • Communication strategy about access, services and engagement for teachers, students and their families 		9/15/11	ongoing
Organize an out-of-home providers consortium around program development, coordination and treatment delivery aligned with WAA CFT and SAMHSA's Building Bridges Initiative.		9/15/11	ongoing
Crisis System	Shawn Thiele Rick Kamins		
Organize Crisis services and capacity by each region to identify services and gaps		9/15/11	3/1/12

Magellan Health Services
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Activity	Individual Responsible	Start Date	Target Completion Date
Design and implement mobile crisis team model for adults and children including specialty teams for children under DCFS custody and hospital diversion.		3/1/12	ongoing
Implement 24/7 crisis response system across the state in coordination with the regional Crisis Collaboratives		3/1/12	ongoing
Clinical Transition	Rick Kamins		
Clinical systems			
Utilization management process flows customized for Louisiana as needed		9/15/11	1/15/12
Clinical policies and procedures customized for Louisiana as needed		9/15/11	1/15/12
Transition-of-care plan finalized		9/15/11	1/15/12
List of recipients currently in treatment received		1/1/12	2/28/12
Recipients in treatment with in-plan providers vs. out-of-plan providers identified		1/1/12	2/28/12
Release of information obtained in collaboration with providers and ITPs sent to Magellan for review and authorization		1/1/12	2/28/12
ITPs for recipients in treatment at time of transition reviewed and authorized appropriately		2/15/12	4/30/12
Protocols for coordination of care finalized		1/1/12	2/28/12
Member services	Deb Happ		
Telephone scripts customized		11/1/11	12/31/11
Call flow process finalized		11/1/11	12/31/11
Utilization Management	Rick Kamins		
UM service standards reviewed		2/1/12	2/23/12
Utilization management process flows customized for Louisiana as needed		9/15/11	2/15/12
UM policies and procedures customized for Louisiana		9/15/11	2/15/12
UM processes, as needed, to support standards, customized for Louisiana		9/15/11	2/15/12
Contract-specific UM work plan prepared		9/15/11	2/15/12
UM program documents finalized		2/16/12	2/16/12

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Activity	Individual Responsible	Start Date	Target Completion Date
UM program implemented		2/16/12	ongoing
Quality Management	Steve Winderbaum		
Service standards reviewed		2/1/12	2/23/12
QI policies and procedures customized		2/1/12	2/23/12
Processes, as needed, to support standards, customized		2/1/12	2/23/12
Contract-specific QI work plan prepared		2/1/12	2/23/12
Initial QI program documents finalized		2/1/12	2/23/12
Committee structure/participation determined		2/1/12	2/23/12
System of perform indicators member/family outcome measures determined		2/1/12	2/23/12
DHH CMS QIS report template developed		2/1/12	2/23/12
Data collection processes determined		2/1/12	2/23/12
QI program implemented		2/23/12	NA
Submit annual member satisfaction survey to DHH-OBH for approval		2/1/12	2/23/12
Submit DHH-OBH, BHSF, DCFS, OJJ, OCDD, & DOE report formats to DHH-OBH for Approval		2/1/12	2/23/12
Critical incident review procedures finalized		2/1/12	2/23/12
Complaints, Grievances and Appeals	Steve Winderbaum		
Review and modify provider complaint, grievances and appeals process flow as needed		2/1/12	2/23/12
Review and modify provider complaint, grievances and appeals policies and procedures as needed		2/1/12	2/23/12
Review and modify member complaint, grievances and appeals process flow as needed		2/1/12	2/23/12
Review and modify member complaint, grievances and appeals policies and procedures as needed		2/1/12	2/23/12
Complaint, grievance and appeal policies and procedures finalized		2/1/12	2/23/12
Implement account specific procedures and protocols		2/1/12	2/23/12
MIS	Vince Smith		

Magellan Health Services
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Activity	Individual Responsible	Start Date	Target Completion Date
	Matt Hall Anne Young		
All necessary system access identified		9/15/11	10/15/11
Changes to ClaimTrak and CAPS made (if necessary)		9/15/11	1/15/12
ClaimTrak installed, logons tested and ready for users		1/15/12	2/15/12
Any customer-specific security and access procedures reviewed		10/15/11	11/15/11
Disaster recovery procedures finalized		12/1/11	12/31/11
Business requirements for loading new eligibility feed determined		09/15/11	10/1/11
Eligibility Load process developed		10/1/11	12/31/11
Eligibility Client test file scheduled, first test file		1/1/12	1/10/12
Eligibility Client test file scheduled, second test file		1/11/12	1/31/12
Eligibility File loaded into test environment and reviewed		2/1/12	2/10/12
Load process to production implemented		2/11/12	2/28/12
Business Continuity	Vince Smith Anne Young		
Disaster recovery		10/1/11	11/30/11
Determine routing needs		10/1/11	11/30/11
Review and plan telecom needs		10/1/11	11/30/11
Business Continuity/Disaster Recovery Plan	Nick LoPresti Brian Haddock		
Review and modify current business continuity/disaster recovery plan as needed.		9/15/11	10/6/11
Contract Compliance/Fraud & Abuse	John DiBernardi		
Fraud and abuse policies consistent with signed contract		9/15/11	10/5/11

4. Certificates of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/29/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 10193198	
INSURED Magellan Health Services, Inc. 55 Nod Road Avon CT 06001 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Chartis Specialty Insurance Company	NAIC # 26883
	INSURER B: Lexington Insurance Company	NAIC # 19437
	INSURER C: Travelers Property Cas Co of America	NAIC # 25674
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 570040261557 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			7055341	06/17/2010	06/17/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS			TJ CAP 823K149-9-TIL-10	10/01/2010	10/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comprehensive Deduct \$1,000 Collision Deductible \$1,000
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			7055342	06/17/2010	06/17/2011	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TRKUB2922B08A10	10/01/2010	10/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	ManageCare Liab			019514198 Claims Made SIR applies per policy terms & conditions	06/17/2010	06/17/2011	Each occurrence \$10,000,000 Aggregate \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Magellan Health Services, Inc. 55 Nod Road Avon, CT 06001 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc.</i>
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Holder Identifier :

Certificate No : 570040261557

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Magellan Health Services, Inc.

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
05/04/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 1650 Market Street Suite 1000 Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 10193198	
INSURED Magellan Health Services, Inc. 55 Nod Road Avon CT 06001 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Federal Insurance Company	NAIC # 20281
	INSURER B: Zurich American Ins Co	16535
	INSURER C:	
	INSURER D:	
	INSURER E:	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570042418979 **REVISION NUMBER:**

LOCATION OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	35811867	12/01/2010	12/01/2011	BUILDING		
	<input type="checkbox"/> CAUSES OF LOSS				PERSONAL PROPERTY		
	<input type="checkbox"/> BASIC				BUILDING	<input checked="" type="checkbox"/> BUSINESS INCOME w/o Extra Expense	Included
	<input type="checkbox"/> BROAD				CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	Included
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	
	<input type="checkbox"/> EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	Included
	<input type="checkbox"/> WIND					<input checked="" type="checkbox"/> BLANKET PERS PROP	Included
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	
	<input checked="" type="checkbox"/> Deductible				\$5,000	<input checked="" type="checkbox"/> Loss Limit	\$250,000,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY					
	<input type="checkbox"/> CAUSES OF LOSS	POLICY NUMBER					
	<input type="checkbox"/> NAMED PERILS						
B	<input checked="" type="checkbox"/> CRIME	FID903749704	05/01/2011	05/01/2012	<input checked="" type="checkbox"/> Policy Limit	\$15,000,000	
	<input type="checkbox"/> TYPE OF POLICY Crime - Primary						
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						

CERTIFICATE NUMBER: 570042418979

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of coverage.

CERTIFICATE HOLDER Magellan Health Services, Inc. 55 Nod Road Avon, CT 06001 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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