



**Office of State Procurement
PROACT Contract Certification of Approval**

This certificate serves as confirmation that the Office of State Procurement has reviewed and approved the contract referenced below.

Reference Number: 2000107363 (2)

Vendor: Amerihealth Caritas Louisiana Inc

Description: Provide healthcare services to Medicaid enrollees

Approved By: Pamela Rice

Approval Date: 11/19/2015

Your amendment that was submitted to OSP has been approved.

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Amendment #: 2

LaGov #: 2000107363

CFMS #: 733526
734397

(Regional/ Program/
Facility) Medical Vendor Administration

AND

AmeriHealth Caritas Louisiana, Inc.
Contractor Name

Original Contract Amt 1,964,731,789
Original Contract Begin Date 02-01-2015
Original Contract End Date 01-31-2018

AMENDMENT PROVISIONS

Change Contract From: Maximum Amount: 1,964,731,789

See Attachment A-1.

Change To: Maximum Amount: 1,964,731,789

See Attachment A-1.

Justification:
The changes contained in Attachment A-1 are necessary for the continued successful operation of the Medicaid managed care program.

This Amendment Becomes Effective: 06-01-2015

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR

AmeriHealth Caritas Louisiana, Inc.

CONTRACTOR SIGNATURE DATE
J. Michael Jernigan 9/21/15
PRINT NAME J. Michael Jernigan
CONTRACTOR TITLE President

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS

Secretary, Department of Health and Hospital or Designee

SIGNATURE DATE
J. Ruth Kennedy 10-8-15
NAME J. Ruth Kennedy
TITLE Medicaid Director
OFFICE Bureau of Health Services Financing

PROGRAM SIGNATURE DATE
NAME

Attachment A-1
MCO Contract Amendment #2
Effective 6/01/2015

Attachment/Exhibit Letter or Number	Contract Document Name	Change From:	Change To ¹ :	Justification
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	Attachment F – Member Assignment Methodology	Replace with updated document.	A revision was necessary to ensure viability of the new MCO entrant by providing a minimum number of enrollees.
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	5.2.1. The risk-adjusted monthly capitated payment shall be based on member enrollment for the month and paid in accordance with Appendix V – Fiscal Intermediary (FI) Payment Schedule . Member enrollment for the month is determined by the total number of Medicaid eligibles assigned to the MCO as of the last working day of the previous month. For age group assignment purposes, age will be defined as of the beginning of the month for which the payment is intended.	5.2.1. The risk-adjusted monthly capitated payment shall be based on member enrollment for the month and paid in accordance with Appendix V – Fiscal Intermediary (FI) Payment Schedule. <u>Capitated payments and maternity kick payments shall be made in accordance with the payment schedule established by DHH and published on the Fiscal Intermediary website.</u> Member enrollment for the month is determined by the total number of Medicaid eligibles assigned to the MCO as of the last working day of the previous month. For age group assignment purposes, age will be defined as of the beginning of the month for which the payment is intended.	Appendix V is being removed because a more comprehensive schedule of payments is available at http://www.lamedicaid.com/provweb1/BayouHealth/BH_In dex.htm . DHH will consult with MCOs in advance of proposed schedule changes to address any MCO concerns.

¹ Additions underlined; deletions struck through

Attachment A-1
MCO Contract Amendment #2
Effective 6/01/2015

Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	5.3.6.1 Amounts withheld for MCO Incentive Based Performance Measure outcomes, as defined in Section 14.2.5., are exempt from the six (6) consecutive months duration provision of Section 5.1.6. and may be permanently retained upon validation of calculated rate by DHH's contracted external quality review organization.	5.3.6.1 Amounts withheld for MCO Incentive Based Performance Measure outcomes, as defined in Section 14.2.5., are exempt from the six (6) consecutive months duration provision of Section 5.1.6. 5.3.6. and may be permanently retained upon validation of calculated rate by DHH's contracted external quality review organization.	A revision was necessary to correct a section reference.
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	11.11.4.2. The MCO shall not request disenrollment for reasons other than those stated in this RFP. (See Appendix U – Guidelines for Involuntary Member Disenrollment). In accordance with 42 CFR §438.56(b)(3), DHH will ensure that the MCO is not requesting disenrollment for other reasons by reviewing 1) the mandatory MCO Disenrollment Request Forms submitted to the Enrollment Broker and 2) Quarterly Disenrollment Reports	11.11.4.2. The MCO shall not request disenrollment for reasons other than those stated in this RFP. (See Appendix U – Guidelines for Involuntary Member Disenrollment). In accordance with 42 CFR §438.56(b)(3), DHH will ensure that the MCO is not requesting disenrollment for other reasons by reviewing 1) the mandatory MCO Disenrollment Request Forms submitted to the Enrollment Broker. and 2) Quarterly Disenrollment Reports submitted by the MCO to DHH.	A revision was necessary to remove the quarterly reporting deliverable reference as it is not applicable to the MCOs.

Attachment A-1
MCO Contract Amendment #2
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		submitted by the MCO to DHH.		
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	12.12.2.36.3 At a minimum, the welcome member newsletter shall include the following information: How to file a complaint;	12.12.2.36.3 At a minimum, the welcome member newsletter shall include the following information: How to file a complaint <u>grievance</u>;	A revision was necessary to align with NCQA standards and provide for consistency throughout the RFP.
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	13.0 MEMBER GRIEVANCE AND APPEALS PROCEDURES Labeling complaints as inquiries and funneled into an informal review;	13.0 MEMBER GRIEVANCE AND APPEALS PROCEDURES Labeling complaints <u>grievances</u> as inquiries and funneled into an informal review;	A revision was necessary to align with NCQA standards and provide for consistency throughout the RFP.
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	17.5.4 The MCO shall track any complaints received from members and resolve the complaints according to its established policies and procedures...	17.5.4 The MCO shall track any complaints <u>grievances</u> received from members and resolve the complaints <u>grievances</u> according to its established policies and procedures...	A revision was necessary to align with NCQA standards and provide for consistency throughout the RFP.
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	17.5.6 Reporting shall include the total number of survey notices sent out to members, total number of surveys completed, total services requested for validation, number of services validated,	17.5.6 Reporting shall include the total number of survey notices sent out to members, total number of surveys completed, total services requested for validation, number of services validated, analysis of interventions	A revision was necessary to align with NCQA standards and provide for consistency throughout the RFP.

Attachment A-1
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		analysis of interventions related to complaint resolution, and number of surveys referred to DHH for further review.	related to complaint <u>grievance</u> resolution, and number of surveys referred to DHH for further review.	
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	17.8.3.2 Due no later than the twenty-fifth (25th) calendar day of the month following the month in which they were processed (paid or denied), including encounters reflecting a zero dollar amount (\$0.00) and encounters in which the MCO has a capitation arrangement with a provider. If the MCO fails to submit complete encounter data, as measured by a comparison of encounters to cash disbursements within a five (5) percent error threshold (at least ninety-five (95) percent complete), the plan may be penalized as outlined in Section 20 of the RFP.	17.8.3.2 Due no later than the twenty-fifth (25th) calendar day of the month following the month in which they were processed (paid or denied), including encounters reflecting a zero dollar amount (\$0.00) and encounters in which the MCO <u>or its subcontractor</u> has a capitation arrangement with a provider. If the MCO fails to submit complete encounter data, <u>including encounters processed by subcontracted vendors (e.g., pharmacy, non-emergency transportation, vision)</u> as measured by a comparison of encounters to cash disbursements within a five (5) percent error threshold (at least ninety-five (95) percent complete), the plan may be penalized as outlined in Section 20 of the RFP.	A revision was necessary to clarify that DHH may apply the 95% completion standard separately to claims paid by the MCO and claims paid by each of its vendors.
Exhibit 3	305PUR-DHHRFP-BH-MCO-2014-MVA	Appendix V – Fiscal intermediary (FI) Payment Schedule	Appendix V will be removed.	A more comprehensive schedule of payments is available at http://www.lamedicaid.com/providerweb1/BayouHealth/BH_In

Attachment A-1
MCO Contract Amendment #2
Effective 6/01/2015

				dex.htm . DHH will consult with MCOs in advance of proposed schedule changes to address any MCO concerns.
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**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 F.1 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 5/29/15

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 randomly assigned to one of the five MCOs in accordance with the procedure described in paragraph F.1 below.

E. **New Members Enrolled in Louisiana Medicaid On or After 5/30/15**

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:
 - i. The member will be assigned to the new MCO entrant until the new MCO entrant's membership reaches 30,000.
 - ii. After the new MCO entrant's membership has reached 30,000, the member will be assigned to one of the five MCOs in accordance with the procedure described in paragraph F.1 below.

F. **Random Assignment Procedure**

1. When members are randomly assigned pursuant to paragraph D.2.c or E.2.c.ii, 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).
2. All random assignments on or after 1/30/2016 will be distributed without preference to the new MCO entrant.

- G. DHH reserves the right to end the preference for the new MCO entrant (see paragraphs C.2.c, D.2.c, E.2.c, and F.1 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.