

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

**ORIGINAL**  
Amendment #: 4  
CFMS #: 708102  
DOA #: 305-200567  
DHH #: 057750

(Regional/ Program/ Facility)	<u>Medical Vendor Administration</u>	Original Contract Amt	<u>925,792,432</u>
	<u>Bureau of Health Services Financing</u>	Original Contract Begin Date	<u>02-01-2012</u>
	<b>AND</b>	Original Contract End Date	<u>01-31-2015</u>
	<u>AmeriHealth Mercy of Louisiana, Inc</u>		
	Contractor Name		

**AMENDMENT PROVISIONS**

Change Contract From: \_\_\_\_\_ Maximum Amount: 910,720,510

See attachment A-4.

Change To: \_\_\_\_\_ Maximum Amount: 910,720,510

See attachment A-4.

Justification:

See attachment A-4.

**APPROVED**  
Office of the Governor  
Office of Contractual Review

**JAN 3 2012**

*Pamela Bartley Rice*  
**DIRECTOR**

This Amendment Becomes Effective: 09-01-2012

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 Mercy of Louisiana, Inc

<i>J. Michael Jernigan</i>	<u>9/24/12</u>
CONTRACTOR SIGNATURE	DATE
PRINT NAME	J. Michael Jernigan
CONTRACTOR TITLE	President

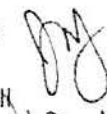

**STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS**

Secretary, Department of Health and Hospital or Designee

<i>Jerry Phillips</i>	<u>11/15/12</u>
SIGNATURE	DATE
NAME	Jerry Phillips
TITLE	Undersecretary, DHH
OFFICE	Office of Management and Finance
<i>Madeline W. McAndrew</i>	<u>9/24/2012</u>
PROGRAM SIGNATURE	DATE
NAME	Madeline McAndrew

RFP: 305 PUR - DHH RFP - CCN - P - MVA

## Bayou Health – Prepaid Contract Amendment Attachment A-4

Exhibit/ Attachment	Document	Change From	Change To	Justification
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	5.0 CCN Reimbursement DHH shall make monthly risk-adjusted capitated payments for each member enrolled into the CCN.	5.0 CCN Reimbursement DHH shall make monthly risk-adjusted capitated payments for each member enrolled into the CCN.  <u>DHH shall make a quarterly interim payment for the period October 1, 2012 through December 31, 2012 as described in Section 5.3.1.</u>	One time quarterly payment for October – December 2012 to generate additional Federal revenue. Was approved by CMS. Monthly payments will resume 01/01/2013. 
Exhibit E	RFP 305 PUR- DHHRFP- CCN-P- MVA	5.3.1. The risk-adjusted monthly capitated payment shall be based on member enrollment for the month and paid in the weekly payment cycle nearest the 15th calendar day of the month (see <b>Appendix V – Fiscal Intermediary (FI) Payment Schedule</b> ). Member enrollment for the month is determined by the total Medicaid eligibles assigned to the CCN as of the third (3rd) to 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.	5.3.1. The risk-adjusted monthly capitated payment shall be based on member enrollment for the month and paid in the weekly payment cycle nearest the 15th calendar day of the month (see <b>Appendix V – Fiscal Intermediary (FI) Payment Schedule</b> ). Member enrollment for the month is determined by the total Medicaid eligibles assigned to the CCN as of the third (3rd) to 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.  <u>The quarterly interim payment shall be equal to three times the risk-adjusted monthly capitated payment made in the weekly payment cycle nearest the 15th calendar day of September 2012 (see <b>Appendix V – Fiscal Intermediary (FI) Payment Schedule</b>) adjusted for pharmacy services.</u>  <u>The quarterly interim payment will be made in the weekly payment cycle nearest the 25<sup>th</sup> calendar day of September 2012 (see <b>Appendix V – Fiscal</b></u>	One time quarterly payment for October – December 2012 to generate additional Federal revenue. Was approved by CMS. Monthly payments will resume 01/01/2013. 

## Bayou Health – Prepaid Contract Amendment Attachment A-4

Exhibit/ Attachment	Document	Change From	Change To	Justification
			<p><u>Intermediary (FI) Payment Schedule</u>). The quarterly interim payment will be a manual payment sent by the FI to the CCN by mail or delivery service.</p> <p><u>A negative balance equal to the quarterly interim payment will be posted to the CCN's provider record. The negative balance will be reduced by the risk-adjusted monthly capitated payments based on member enrollment for the month and paid in the weekly payment cycle nearest the 15th calendar day of the month (see Appendix V – Fiscal Intermediary (FI) Payment Schedule)</u></p>	