

ORIGINAL

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

Amendment #: 4
CFMS #: 708106
DOA #: 305-200571
DHH #: 057751
Original Contract Amt 925792432
Original Contract Begin Date 02-01-2012
Original Contract End Date 01-31-2015

(Regional/ Program/ Facility) Medical Vendor Administration
Bureau of Health Services Financing
AND
Amerigroup Louisiana, Inc
Contractor Name

AMENDMENT PROVISIONS

Change Contract From: See attachment A-4. Maximum Amount: 838259212

Change To: See attachment A-4. Maximum Amount: 838259212

Justification: See attachment A-4.

APPROVED
Office of the Governor
Office of Contractual Review

JAN 3 2012
DEC 24 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
Amerigroup Louisiana, Inc
George 9/15/12
CONTRACTOR SIGNATURE DATE
PRINT NAME George Bucher
CONTRACTOR TITLE Chief Executive Officer

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
Secretary, Department of Health and Hospital or Designee
Jerry Phillips 11/5/12
SIGNATURE DATE
NAME Jerry Phillips
TITLE Undersecretary, DHH

Madeline McAndrew 9/30/2012
PROGRAM SIGNATURE DATE
NAME Madeline McAndrew

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. <i>7/4/12</i>
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 Appendix V – Fiscal Intermediary (FI) Payment Schedule). 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 Appendix V – Fiscal Intermediary (FI) Payment Schedule). 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 Appendix V – Fiscal Intermediary (FI) Payment Schedule) adjusted for pharmacy services.</u> <u>The quarterly interim payment will be made in the weekly payment cycle nearest the 25th calendar day of September 2012 (see Appendix V – Fiscal</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. <i>7/4/12</i>

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>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)</p>	